Proceedings 2025

IADR Council, 103rd General Session

Barcelona, Spain • June 25–28, 2025

AADOCR Council, 54th Annual Meeting

New York, NY, USA • March 12–15, 2025

IADR
INTERNATIONAL ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

AADOCR
American Association for Dental, Oral, and Craniofacial Research

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The 103rd General Session & Exhibition of the IADR

The 103rd General Session of the IADR was held in conjunction with the IADR Pan European Regional Congress on June 25-28, 2025 .The event provided dental, oral, and craniofacial researchers the opportunity to present, discuss, and critique their latest findings in Barcelona, Spain .

The meeting was attended by 4,681 total delegates representing 96 different countries .Those in attendance attending the meeting could choose from among 354 Oral Presentations, 2,595 Poster Presentations, 6 Lunch & Learning Sessions, 23 Hands-on Workshops, 7 Satellite Symposia, 41 Symposia, and three Distinguished Lecture Series plenary sessions .Delegates also had the opportunity to visit the exhibit hall, which had 17 Corporate booths and 25 Institutional booths .

The 2025 Distinguished Lecture Series speakers were Leslea J .Hlusko, National Center for Research on Human Evolution, Spain, Ahmed Ogwell, VillageReach, Seattle, USA, and Nobuhiko Kamada, University of Michigan, USA and IFReC, Osaka University, Japan .

Pamela Yelick was installed as IADR's President at the conclusion of the 2025 General Session .Her inaugural address, "Reimagining Dental Oral and Craniofacial Research: New Opportunities for the IADR's Efforts to Achieve Global Oral Health," is published in the *Journal of Dental Research* .

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

- Bisco in support of the IADR Dental Materials Group Reception
- The Borrow Foundation in support of the IADR E W . Borrow Memorial Award
- Church & Dwight Co ,. Inc .in support of an IADR Distinguished Scientist Award
- BioGaia in support of and Industry-Sponsored Symposium and the IADR/IAP Ricardo Teles Clinical Research Award
- Colgate-Palmolive Company for being a Gold Scientific Session Sponsor and in support of the IADR/PER Past Executives' Business Meeting, the IADR Council Dinner, an Industry-Sponsored Symposium, the IADR Colgate Research in Prevention Travel Awards and Luncheon, an IADR Distinguished Scientist Award, the IADR Cariology Research Group Student Research Award, the IADR Colgate Oral Health Research Award, the IADR Periodontal Research Group Past Presidents' Travel Award, and the IADR Women in Science Promising Talent Award
- Colgate Palmolive Europe in support of the IADR Meet-a-Mentor Luncheon
- Dentsply Sirona in support of an IADR Distinguished Scientist Award and the IADR Women in Science Award for Distinguished Female Mentor
- GC Corporation in support of an Industry-Sponsored Symposium, the Japan Night Reception, the IADR Scientific Networking Center, the IADR Dental Materials Group Reception, the IADR Toshio Nakao Fellowship, and the IADR Geriatric Oral Research Awards
- Haleon in support of an Industry-Sponsored Symposium, the Science Lounge, IADR Distinguished Scientist Awards, the IADR Innovation in Oral Care Awards, and the IADR 'Sustainability in Oral Health' Research Award
- Ivoclar in support of an Industry-Sponsored Symposium and the IADR Dental Materials Group Reception
- J .Morita in support of the IADR/AADOCR William J .Gies Award and the IADR Distinguished Service Award, and as an IADR general meeting sponsor
- Kenvue in support of an IADR Distinguished Scientist Award, the IADR Joseph Lister Award for New Investigators, and an Industry-Sponsored Symposium
- Kulzer in support of the IADR Dental Materials Group Reception and IADR Kulzer Travel Awards
- Kuraray in support of an Industry-Sponsored Symposium
- LION in support of the IADR Lion Dental Research Award
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of the IADR President's Induction Ceremony and Reception and the IADR Young Investigator Award
- The Sarnat Family Foundation in support of an IADR Distinguished Scientist Award
- SDI in support of the IADR Dental Materials Group Reception
- Shofu in support of an Industry-Sponsored Symposium
- SmileTrain in support of an Industry-Sponsored Symposium
- Solventum for being a Gold Scientific Session Partner
- Unilever Oral Care in support of an IADR Distinguished Scientist Award
- vVardis in support of an Industry-Sponsored Symposium

Proceedings of the IADR Council Meeting

2025 IADR Council Meeting • June 24, 2025, 1 p.m. – 5 p.m. Local Time • Barcelona, Spain

Board of Directors in Attendance: President, Satoshi Imazato, President-elect, Pam Yelick; Vice President, Jenny Gallagher; Immediate Past President, Ophir Klein; Regional Board Members: Olga Baker, Sadika Khan, Marcello Riggio, and Gabriel Sanchez; Young Investigators: Gustavo Nascimento and Fatemeh Momen-Heravi; JDR Editor-in-Chief, Nick Jakubovics; JDR CTR Editor-in-Chief, Jocelyne Feine; and Chief Executive Officer, Christopher Fox .

Board of Directors Unable to Attend: Regional Board Member, In-Sung Yeo .

Staff in Attendance: Chief Operating Officer, Denise Streszoff; Chief Financial Officer, Pete Quinlivan; Director of Science Policy, Makyba Charles-Ayinde; Director, Meetings and Scientific Content, Kourtney Skinner; and Recording Secretary, Brenda Moreno .

IADR Councilors from Groups/Networks: Behavioral, Epidemiologic and Health Services Research Group, Stéphanie Tubert-Jeannin; Cariology Research Group, Cinthia Tabchoury .

Clinical and Translational Science Network, Theresa Madden; Craniofacial Biology Group, Lorri Morford; Dental Anesthesiology and Special Care Research Group, Ines Phlypo; Dental Materials Group, Adriana Manso; Digital Dentistry Research Network, Adriana Carreiro; Education Research Group, Samantha Byrne; e-Oral Health Network, Pascaline Kengne Talla;

Evidence-based Dentistry Network, Fang Hua; Global Oral Health Inequalities Research Network, Razia Adam; IADR Corporate Section, Alastair Lomax; Implantology Group, Quan Yuan; International Network for Orofacial Pain and Related Disorders Methodology (INfORM), Adeyinka Dayo; Lasers & Bio-photonics Group, Georgios Romanos; Microbiology/ Immunology Group, Michelle Visser; Mineralized Tissue Group, Alejandro Almarza; Network for Practice-based Research, Richard Wierichs; Neuroscience Group, Iacopo Cioffi; Nutrition Research Group, Maria-Cristina Manzanares-Céspedes; Oral and Maxillofacial Surgery Group, Simon Young; Oral Health Research Group, Patricia Lenton; Oral Malodor Network, Marja Laine; Oral Medicine and Pathology Group, Kamran Awan; Periodontal Research Group, Hatice Hasturk;

Pharmacology/Therapeutics/Toxicology Group, Wendy Thompson; Pulp Biology and Regeneration Group, Ashraf Fouad; Salivary Research Group, Debora Heller; Stem Cell Biology Group, Marina Miteva; Women in Science Network, Mangala Patel .

IADR Councilors from Sections/Divisions: American Division, Erin Bumann, Modupe Coker, Nisha D'Silva, and Effie Ioannidou; Argentine Division, Angela Argentieri; Australian/ New Zealand Division, Paul Cooper; Brazilian Division, Marcelo Bönecker and Carlos Soares; British Division, Paul Anderson; Canadian Division, Leigha Rock; Chilean Division, Rodrigo Giacaman; Chinese Division, Zhengjun Shang; Colombian Division, Edgar Beltrán; Continental European Division, Laura Ceballos, William Papaioannou, and L .Sebnem Turkun; Costa Rican Division, Isabel Ferreto; East & Southern African Division, Severine Anthony; Indian Division, Puneet Batra; Iraqi Division, Anwar Tappuni; Irish Division, Ciaran Moore; Japanese Division, Hiroshi Egusa and Mikako Hayashi; Korean Division, Youngnim Choi and Ji-Man Park; Kuwaiti Division, Fatema Alkazemi and Fawaz Alzoubi; Peruvian Division, Rita Villena; Scandinavian Division, Ulvi Gursoy; Southeast Asian Division, Christina Sim; Uruguayan Division, Estefania Sicco; Venezuelan Division, Maria Gabriela Acosta .

Non-voting Councilors, Guests and Observers: Vice-President-elect, Raul Garcia; Young Investigator-designee, Santosh Tadakamadla; American Division, Marcelo Araujo and Lukasz Witek; Brazilian Division, Paulo Cesar and Katia Rode; Chinese Division, Hui Zhao; Colgate-Palmolive, Maria Ryan; FDI World Dental Federation, Enzo Bondioni; IADR Science Information Committee, Fabian Cieplik; IADR Young Investigator Award Committee, Lei Cheng; Indian Division, Sonali Sharma; Pakistani Section, Abdul Khan; Qatar Section, Faleh Tamimi; Tunisian Section, Sabra Jaafoura; United Arab Emirates Section, Okba Mahmoud; Venezuelan Division, Ana Maria Acevedo .

The meeting was called to order at 1:08 p.m.

1. SECTION A - ADMINISTRATIVE

1.1. Council Attendees

It was ascertained that quorum was met .

1.2. Approval of Council Agenda

Motion 1: That the June 24, 2025, IADR Council meeting agenda be approved .
Motioned: Effie Ioannidou
Seconded: Iacopo Cioffi
The motion passed unanimously .

1.3. Approval of March 2024 Council Minutes

Motion 2: That the March 2024 IADR Council meeting minutes be approved as submitted .
Motioned: Effie Ioannidou
Seconded: Nisha D'Silva
The motion passed unanimously .

1.4. Membership Growth Recognition

Prof .Imazato recognized the Chinese Division with an increase in membership from 531 in 2024 to 918, a 73% increase of 387 members in 2025 and the Israeli Division with an increase in membership from 72 in 2024 to 137, a 90% increase of 65 members in 2025 .Prof .Imazato congratulated the Divisions for demonstrating exceptional membership growth for 2025 .

1.5. Election Results – Tellers Report

Prof .Imazato congratulated IADR Vice-president-elect: Raul Garcia from Boston University, Massachusetts, USA .It was noted that Dr .Garcia will begin his term at the conclusion of the 2025 IADR/PER General Session .

1.6. Regional Board Member Reports

1.6.1. Africa/Middle East Region

Prof .Khan noted that the region has been working on preparations for the different annual meetings, preparations for the General Session,

as well as competitions and cross-border meetings .The region has also been organizing meetings with external organizations with the intent to form MOUs and symposiums across dental schools as well as creating awards to attract more dental students to encourage them to become IADR members .

1.6.2. Asia/Pacific Region

Prof .Yeo was unable to attend .In his absence, the Secretary General, Dr .Ji-Man Park gave the provided the Asia/Pacific Region report . He noted that the APR consists of 8 Divisions/ Sections, with 7 currently active:

- Australian/New Zealand (ANZ) Division
- Chinese Division
- Indian Division
- Japanese Division
- Korean Division
- Mongolian Section
- Pakistani Section
- Southeast Asian (SEA) Division

He also noted that Mongolian Section is currently inactive .

He continued to state that the APR board members held regular virtual or in-person meetings, with the most recent meeting on March 15, 2024, at the Convention Centre in New Orleans .

Representatives in attendance at these meetings are from the following Divisions/ Sections: Australian/New Zealand Division, Chinese Division, Indian Division, Japanese Division, Korean Division, Pakistani Section, and the Southeast Asian Division may attend the following meeting as they have become active .

Online workshops for the IADR APR Mentor-Mentee Programme were held on August 22, 2024, and March 27, 2025, led by a IADR-ANZ taskforce consisting of Paul Cooper (IADR-ANZ President), Jaya Seneviratne (IADR-ANZ Member), and May Mei (IADR- ANZ Secretary) .The three-hour workshop included presentations from mentees across the APR region, as well as discussions and knowledge-sharing sessions from mentors .The event attracted over 70 participants from across the APR .

Dr .Park also noted that the Japanese Division and Korean Division have held KADR-JADR Joint Symposium annually .The most recent KADR-JADR Joint Symposium was held in Seoul on September 6 .2024 .

The next APR Regional meeting, an academic meeting held every 3-4 years in rotation by the APR divisions, will be held in New Delhi, India, on September 19 – 21, 2025, at the Leela Ambience Hotel in New Delhi, with coordination by the colleagues from the Indian Division/ISDR .

1.6.3. Latin American Region

Prof .Sanchez noted that the Latin American Region is composed of eight Divisions including Argentina, Brazil, Chile, Colombia, Costa Rica, Perú, Uruguay and Venezuela and six Sections, which include Bolivia, Caribbean, Ecuador, Guatemala and Paraguay .The region currently has over 750 members .

He also noted that the 2024 annual Board meeting was held in person on September 4 in Campinas São Paulo, Brazil .Additional work meetings were held virtually in March and August .The 2025 annual Board meeting will be held on June 25 in Barcelona .

Additionally, in May 2024, the Colombian Division held its meeting in Cartagena, Colombia .Over 250 attendees participated in the meeting, and 130 research posters were presented .In September, the Brazilian Division held its Annual Meeting in Campinas, São Paulo, Brazil .More than 2,000 abstracts were presented and around 3,000 participants took part in the meeting .In August the Uruguayan Division held its Annual Meeting in Montevideo . The meeting had the participation of around 200 researchers, and 55 original research works were presented as posters and oral presentations .In October, the Ecuadorian Division held its 10th Annual Meeting with the participation of over 100 registered attendees .Forty original research papers were presented in digital poster format .The Espiritu Santo University (UEES), one of the IADR institutional members, was the venue of the meeting in Guayaquil .In November, the Argentine Division held its Annual Meeting in Buenos Aires City, Argentina .More than 250 abstracts were presented and close to 400 dental researchers participated in the meeting . At these divisional/sectional meetings, the 2025 IADR meeting in Barcelona was intensively promoted at the IADR booth .The IADR Regional Board Member attended the meetings mentioned above to encourage the Divisional/ Sectional activities .At the opening ceremony of each meeting, the organizing committee was recognized by the IADR Regional Board Member who presented a recognition plaque to the president of the Division/Section .

Prof .Sanchez also noted that the 10th LAR Regional Meeting was held in September 2024

in São Paulo, Brazil, along with the Brazilian Division meeting previously mentioned .The regional meeting included a symposium on oral health promotion in the region and was co-organized between IADR-LAR and the LAOHA (Latin American Oral Health Association) . Research presentations were either presented in person or virtually .One award of $1,000 USD, sponsored by GC Corporation, was presented to the best poster presentation .

Prof .Sanchez explained that in October 2024, he contacted the National University of Honduras and arrangements are being made to create the Section of Honduras .Currently, 13 Honduran researchers have joined the IADR and the proposal for the creation of this Section will be submitted soon .

He also emphasized that the Region is updating the book "Handbook of Scientific Methodology . A guide for the dental researcher" published in 2009 .The updated version will be sponsored by Listerine© .The history of the IADR Latin American Region since its creation in 2004 is being written in e-book format with the same sponsorship .

It was also noted that the current regional web address is www.iadrlar.org .The whole website is being redesigned and updated with the collaboration of the Brazilian Division which made its divisional web designer available to this end .

Lastly, Prof .Sanchez noted that the Region is actively involved in dental & craniofacial research, and many colleagues are looking forward to joining the IADR .Due to the difficulties the national economies are experiencing in the region, a great effort is being made to encourage new members' recruitment and continuity .

1.6.4. North American Region

Dr .Baker noted that the IADR North American Region consists of the Mexican, Canadian and American divisions .This past year all three Divisions were successful in promoting research and networking activities including organization of scientific meetings, implementation of advocacy/fundraising activities while promoting members growth and participation .

She noted that the Mexican Division held various meetings including the IADR Mexican Division Meeting in May 2025 in Cancun, Mexico with several scientific lectures delivered by Daniel Chavarría Bolaños (University of Costa Rica), Elizabeth Mertz (University of California San Francisco), Sugey Morgan (Tufts University-Boston) and Viviana Ávila Ardame (Universidad del Bosque-Colombia) .The Mexican division is planning to continue promotion of membership activities by establishing a strong presence at upcoming IADR while continuing the Mexican division meetings .

It was also noted that the Canadian Division held their first Canadian Oral Health Summit in Nova Scotia, Canada in June 2024 .Additionally, in 2023-24, CADR partnered with the Network for Oral Health Research (NCOHR) to offer the CADR-NCOHR Student Research Awards . In 2023-24, a total of 20 CADR-NCOHR Student Research Awards were conferred . Likewise, a total of eighteen students received travel awards to present their research at the 2024 IADR/AADOCR/CADR Annual Meeting . She also emphasized that two students received first place awards representing Canada at the 2024 IADR Hatton Competition at the 2024 IADR/AADOCR/CADR Annual Meeting in New Orleans .

She also noted that the Canadian Association for Dental Research-Advisership & Student Training in Academic Research Program (Ca-Star Program) CADR will partner with the Network for Oral Health Research (NCOHR) to offer the CADR-NCOHR Student Research Awards .In 2024-25, a total of 20 awards will be available .CADR will partner with the Association of Canadian Faculties of Dentistry (ACFD) to award the 2025 CADR-ACFD National Dental Research Award .This award recognizes exceptional contributions of a faculty member to dental research at Canadian Universities .

Lastly, she noted that the American Division co-hosted the IADR/AADOCR/CADR General Session & Exhibition held in New Orleans, United States in March 2024 and provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss and critique their research .More than 4,000 attendees representing more than 80 countries enjoyed approximately 400 oral presentations and 2,000 poster presentations .Furthermore, several cohorts from the Mind the Future program were in attendance with support from NIDCR .Finally, the General Session included three featured presentations as part of the Distinguished Lecture Series, with talks addressing a range of topics relevant to the field .

Additionally in 2024, the AADOCR National Student Research Group (NSRG) hosted webinars to engage students in the research community .These webinars highlight funding and fellowship opportunities, student-led initiatives, upcoming events and other ways for students to get involved .

She also noted that the AADOCR Government affairs committee is working to assure needed funding for federal research in the fiscal year 2026, with targeted programs including research funded through NIH as a whole and NIDCR in particular .Importantly, the committee advocated maintaining NIDCR as an independent NIH institute .

Lastly, she noted that the 2025 AADOCR/ CADR Annual Meeting & Exhibition provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest cutting-edge research in New York, NY .The next IADR/AADOCR/ CADR General Session & Exhibition will be held in March 2026, San Diego, Calif .USA to continue advocacy activities and increase membership .

1.6.5. Pan European Region

Prof .Riggio noted that the PER-IADR Management Committee comprises of the following:

- President (Prof Imad About, Marseille, France) .
- Immediate Past President (Prof Fionnuala Lundy, Belfast, UK) .
- Secretary (Prof Anne Marie Lynge Pedersen, Copenhagen, Denmark) .
- Treasurer (Prof Samer Srouji, Safed, Israel) .
- PER-IADR Regional Board Member on the IADR Board of Directors (Prof Marcello Riggio, Glasgow, UK) .

He explained that he was reappointed in April 2025 to serve a further three-year term as Regional Board Member on the IADR Board of Directors .

He also stated that the PER-IADR Board comprises the Management Committee members and the additional following representatives from each PER-IADR Division:

- British Division (BSODR): Prof Simon Whawell (Plymouth, UK), Prof Paul Anderson (London, UK) .
- Continental European Division (CED-IADR): Dr Marcio Vivan Cardoso (Leuven, Belgium), Gianrico Spagnuolo (Naples, Italy) .
- Scandinavian Division (NOF): Prof Vilma Brukiene (Vilnius, Lithuania) .
- Irish Division: Dr Martina Hayes (Cork, Ireland) .
- Israeli Division: Dr Yael Houri-Haddad (Jerusalem, Israel) .

He also noted that the initial two-year mandate for PER-IADR Board members will end on 12th of December 2025, with an option for a further two-year renewal .However, as part of the updated PER-IADR statutes, up to half the Board members are expected to be replaced at that point in time in order to provide a combination of experience from the remaining Board members and additional perspectives and ideas from incoming Board members .

Prof .Riggio highlighted the following:

- In 2027 the PER-IADR biennial congress will be held in Riga, Latvia .A site visit was conducted by PER-IADR on 14th and 15th of November 2024 and formal approval subsequently granted for the congress to go ahead in Riga .Preparations for the congress continue apace .
- A site visit to Glasgow, Scotland, UK was held on 2nd and 3rd of June 2025, where it was previously proposed to hold the 2029 PER-IADR biennial congress .PER-IADR will ask for formal approval of Glasgow as the host city for this congress at the PER-IADR General Assembly in Barcelona on 27th of June 2025 .The Glasgow team is working with several PCOs on pricing prior to the final appointment of a congress PCO .The venue for the congress will be the Scottish Events Campus in Glasgow: https://www sec co uk/
- No host city has yet been identified for the 2031 PER-IADR biennial congress .

Prof .Riggio urged Councilors to review the Divisional reports included in the manual .

1.7. External Relations Reports

1.7.1. FDI Update

Mr .Bondioni thanked Dr .Fox and the IADR for their continued support and collaboration .

1.7.2. ISO Update

Prof .Imazato asked Councilors to review the external reports included in the manual if they hadn't done so already .

1.7.3. WHO Update

Prof .Imazato asked Councilors to review the external reports included in the manual if they hadn't done so already ..

1.8. President's Report

Prof .Imazato asked Councilors to review the President's Report included in the manual if they hadn't done so already and highlighted the following:

- More than 4,200 individuals from 85 different countries joined us for the 102nd General Session & Exhibition of the IADR, another highly successful event held in conjunction with the 53rd AADOCR and 48th CADR Annual Meetings in New Orleans . With hundreds of oral presentations, thousands of posters, and an impressive variety of workshops and symposia, the IADR community once again demonstrated its commitment to pushing the boundaries of innovation and excellence in the field of DOC research .
- IADR went above and beyond this year in its online educational offerings, hosting more than two dozen webinars on topics ranging from caries control to survey design to dentistry amidst humanitarian crises .It is a sign of the vibrance of our community that so many of us are willing to volunteer our time to share our knowledge and experience with our fellow members, and we are deeply grateful to all our contributors .
- IADR completed its second full year of fundraising in 2024, empowering such initiatives as travel support for new investigators from low- and middle-income countries and membership funding for individuals from countries without capacity . Additionally, two of our newest awards, the Dianne Rekow Mentoring in Science Award and the John Greenspan Travel Award, met their funding goals this year and we look forward to presenting them for the first time in 2025 .
- Both *JDR* and *JDR CTR* made impressive strides this year as well .
- On the international front, IADR's ongoing collaborations with the World Health Organization, the NCD Alliance, and the Global Health Council maintain our reputation as a leading proponent of oral health worldwide, while the IADR Regional Development Program distributes critical funding to enhance research capacity and research infrastructure where it is most sorely needed .

Prof .Imazato concluded his report by thanking the Council, both voting, non-voting and observers for their contributions and encouraged everyone to stay active and engaged in the community as we continue to foster communication and support among our members, nurture our partnerships with related organizations, strengthen the links between our Regions, Divisions, and Sections, encourage the next generation of researchers, and work toward our vision of oral health for the world through discovery and dissemination

1.9. CEO's Report

Dr .Fox urged the Council to read the annual report that each Councilor was given in addition to the CEO's Report included in the manual .He also highlighted the following:

- IADR had 9,096 members at the end of 2024, representing a 6 5% increase from the previous year .
- The 102nd General Session of the IADR was held in conjunction with the 53rd Annual Meeting of the American Association for Dental, Oral, and Craniofacial Research (AADOCR) and the 48th Annual Meeting of the Canadian Association for Dental Research on March 13-16, 2024 .The event provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest cutting-edge research in New Orleans, LA, USA .The meeting was attended by 4,280 total delegates representing 85 different countries .
- *JDR* has an Impact Factor of 5 9 and is #7 out 162 journals .*JDR CTR* has an Impact Factor of 2 2 and is in the top 2 quintiles .
- The 2023 Audit was completed, and the Association received an unmodified/unqualified or "clean" audit opinion .In addition, the 2024 actual deficit is ($147,000) better than budgeted .
- IADR has been able to raise $537,000 in donations, pledges, and legacy gifts since 2022 .
- A new IADR and AADOCR Policy Statement on Tobacco Funded Research was accepted at the 2024 Council meeting in New Orleans, LA, USA which states that in light of the tobacco industry's long history of deception and its ongoing efforts to undermine public health, the IADR and the American Association for Dental, Oral, and Craniofacial Research (AADOCR) will not accept symposia sessions or abstract submissions for IADR or AADOCR meetings that present research funded, in whole or in part, by a tobacco company (as defined in the statement) .
- The IADR Statement on Diversity, Equity, Inclusion, Accessibility, and Belonging was also accepted at the 2024 Council meeting in New Orleans, LA, USA, which states that the IADR is committed to creating an engaging environment that empowers its members to intentionally institute practices and behaviors that promote diversity, equity, inclusion, accessibility, and belonging (DEIAB) .

Dr .Fox also emphasized IADR's international collaborations .IADR has participated in the 77th WHO World Health Assembly .IADR, being in official relations with the WHO, participated alongside other Non-State Actors .IADR made a statement on Universal Health

Coverage (UHC) and Noncommunicable Diseases (NCD) being inclusive of oral health and made joint interventions with the FDI World Dental Federation on Antimicrobial Resistance (AMR), Nutrition, Health and Well-being, and the 14th General Program of Work .

He also noted that IADR participated in the first ever WHO Global Oral Health Meeting, hosted by WHO Oral Health Program .The overall goal of this meeting was to reaffirm political commitment by Member States to the Resolution on Oral Health adopted in 2021 . This Global Oral Health Meeting will contribute to the preparatory process leading to the United Nations 4th High-level meeting on NCDS and Mental Health to be held in September 2025 .

He added that 2024 marked the sixth 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 .

Lastly, he noted that 2024 marked the fourth 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 .

2. REQUIRED ACTIONS AND STRATEGIC ISSUES

2.1. Board Operations Committee

2.1.1. Nominations for IADR Vice President

Prof .Imazato asked if any of the candidates were present, to please leave the room . Prof .Imazato noted the Board of Directors thoroughly reviewed all the candidates presented by the committee and that though they strive to present a diverse slate of candidates to Council and the membership, this year, the slate of candidates consists of three males .

Dr .Ioannidou asked Prof .Imazato how the Board chose a slate of candidates consisting of all males, if they aim to create a diverse slate of candidates .

Dr .Fox replied members nominate candidates for the Vice-President position and this year, more men than women were submitted . Once the Nominating Committee reviewed the candidates, the Board of Directors took many factors into consideration, such as sex and gender, geographic and scientific diversity which ultimately resulted in an all-male slate . He emphasized that the bottom line is that the Nominating Committee needs more nominations for Vice-President and implored the Council to submit more nominations and encourage other members to do so, as well .

Motion 3: That Georgios Belibasakis, Yang Chai, and Gabriel Sanchez be considered as candidates for the IADR election of IADR Vice-President (2026-2027) .
Motioned: Youngnim Choi
Seconded: Georgios Romanos
The motion passed unanimously .

2.1.2. Approval of Committee Appointments

Motion 4: To accept the 2025-2026 IADR and Joint (IADR/AADOCR) Committee Appointments as presented by the IADR Board of Directors .
Motioned: Effie Ioannidou
Seconded: Hatice Hasturk
The motion passed unanimously .

2.1.3. Approval of Pride in Dental Research Network

Dr .Fox noted that IADR GHQ received the application provided in the manual, from Marcelo Araujo to form a new IADR Network which will support the LGBTQIA+ community within IADR .

Council members expressed their support for the creation of the Pride in Dental Research Network .

Motion 5: To approve the formation of the IADR Pride in Dental Research Network as recommended by the IADR Board of Directors .
Motioned: Nisha D'Silva
Seconded: Theresa Madden
The motion passed unanimously .

2.1.4. Approval of Rwandan Section Application

Severine Anthony noted his membership of the East & Southern African Division and expressed concerns that the creation of the Rwandan and Zimbabwean Sections would decrease the membership of the East & Southern African Division, which stands at 50 members currently . He also emphasized that the applications were not formally presented nor approved by the East & Southern African Division .

Dr .Fox noted that there are various Divisions that represent multiple countries and there are no policies that prohibit countries from breaking off and creating their own Divisions or Sections

but emphasized that Dr .Anthony raised valid points .

Prof .Khan noted that she cannot stop the creation of new Sections and that she was also not consulted regarding the applications prior to them being presented to the Board of Directors .

Dr .Jakubovics noted that the bylaws state the following:

> Article IV, Section 1 .Organization
> **(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 .

Noting this, he asked if it was appropriate to be discussing the application if they did not receive the proper approvals as stated in the bylaws .

Ms .Streszoff responded and clarified that members are allowed to create non-divisional sections outside the Division without Divisional approval .

Council members asked for further clarification from the proposed Rwandan and Zimbabwean Sections as to why they want to separate from the East & Southern African Division because in AADOCR, Sections are doing the opposite and unifying Sections .

Prof .Khan suggested that the proposals may simply be coming in because countries want to be independently recognized but emphasized that this is simply her opinion .

Council members expressed their support in the countries breaking off to create their own Sections because it plays into the bigger picture where countries are trying to create their footprint in the oral health research world .

Council members also noted that members are allowed to be part of multiple Divisions and Sections at an added cost and encouraged Council members and the Global Headquarters to propose reduced rates for lower income countries to be able to join multiple Divisions and Sections .Council members also noted that the proposal to be a non-divisional Section means that there should be no added cost to be part of the East & Southern African Division and the Rwandan Section simultaneously .

Dr .Fox emphasized that the proposed applications were submitted with the intention that individual country Sections would draw in more potential members that identify with the given Section .

Dr .Fox also re-emphasized that approval of the Section applications would not create an increase in membership fees for the East & South African Division members if they chose to join any of the proposed Sections .

Motion 6: To approve the formation of the IADR Rwandan Section as recommended by the IADR Board of Directors .
Motioned: Nisha D'Silva
Seconded: Erin Baumann
The motion passed with one nay .

2.1.5. Approval of Yemeni Section Application

Motion 7: To approve the formation of the IADR Yemeni Section as recommended by the IADR Board of Directors .
Motioned: Nisha D'Silva
Seconded: Effie Ioannidou
The motion passed unanimously .

2.1.6. Approval of Zimbabwean Section Approval

Motion 8: To approve the formation of the IADR Zimbabwean Section as recommended by the IADR Board of Directors .
Motioned: Nisha D'Silva
Seconded: Effie Ioannidou
The motion passed unanimously .

2.1.7. Approval of Code of Ethics

Prof .Imazato noted that the IADR and AADOCR Ethics Committees have reviewed the Code of Ethics adopted in 2021 .This update has been approved by the joint IADR and AADOCR Boards as well as the AADOCR Council .

Lorri Morford asked why there is AADOCR language in the statement if IADR represents AADOCR and pointed out some other language inconsistencies throughout the statement .

Dr .Fox noted that the IADR and AADOCR Ethics Committees worked together to create the Code of Ethics .

Dr .Charles-Ayinde re-emphasized Dr .Fox's comment regarding the IADR and AADOCR Ethics Committees working together to create the Code of Ethics and pointed out that the statement mentions the IADR DEIAB statement and the AADOCR Diversity, Equity, and Inclusion statement separately which create nuances in the language throughout the statement .

Councilors pointed out that it would have made more sense to vote on the IADR Code of Ethics before voting on the AADOCR Code of Ethics earlier in March 2025 .

Councilors asked for clarification on whether once the IADR Code of Ethics was approved if there would be one document or two documents .Dr .Fox noted that each Association will have its own document .

Motion 9: That the IADR and AADOCR Code of Ethics be approved by the IADR Council as submitted .
Motioned: Nisha D'Silva
Seconded: Georgios Romanos
The motion passed unanimously .

2.1.8. Approval of Policy Statement on Antimicrobial Resistance

Dr .Charles-Ayinde explained that following an approved justification, the IADR Science Information Committee established a dedicated subcommittee to develop a policy statement on antimicrobial resistance (AMR) .The draft statement was posted on the IADR Community platform for a 30-day member comment period, during which one comment was received .The subcommittee revised the draft to address this feedback and subsequently submitted the updated statement to the relevant IADR Governance Committees .After review, the IADR Board recommends the statement to the IADR Council for adoption .

Motion 10: That the Policy Statement on Antimicrobial Resistance be approved by the IADR Council as submitted .
Motioned: Christina Sim
Seconded: Nisha D'Silva
The motion passed unanimously .

2.1.9. Approval of the Dental Amalgam Policy and Position Statement

Dr .Charles-Ayinde explained that the IADR Safety of Dental Amalgam policy and position statement adopted in 2019 is currently due for review based on IADR's policy/position statement review protocol .The IADR Science Information Committee established a subcommittee to update the statement .The draft statement was posted on the IADR Community platform for a 30-day comment period, during which two comments were received .The subcommittee revised the draft to address this feedback and subsequently submitted the updated statement to the relevant IADR Governance Committees . After review, the IADR Board recommends the statement to the IADR Council for adoption .

Motion 11: That the Safety of Dental Amalgam Policy and Position Statement be approved by the IADR Council as submitted .
Motioned: Nisha D'Silva
Seconded: Erin Baumann
The motion passed unanimously .

2.1.10. Approval of Tobacco and Nicotine Products Position Statement

Dr .Charles-Ayinde noted that the IADR Use of Tobacco position statement adopted in 1996 and revised in 2015 is currently due for review based on IADR's policy / position statement review protocol .The IADR Science Information Committee established a subcommittee to update the statement .The draft statement was posted on the IADR Community platform for a 30-day comment period, during which five comments were received .The subcommittee revised the draft to address this feedback and subsequently submitted the updated statement to the relevant IADR Governance Committees . After review, the IADR Board recommends the statement to the IADR Council for adoption .

Motion 12: That the Use of Tobacco and Nicotine Products Position Statement be approved by the IADR Council as submitted .
Motioned: Christina Sim
Seconded: William Papaioannou
The motion passed unanimously .

2.1.11. Approval of Oral Diseases within the NCD Agenda Policy Statement

Dr .Charles-Ayinde noted that in response to an approved statement justification, the IADR SIC formed a subcommittee to draft a new IADR policy statement on Oral Diseases as Non communicable Diseases within the NCD Agenda .The draft statement was posted on the IADR Community platform for a 30-day comment period, during which seven comments were received .The subcommittee revised the draft to address this feedback and subsequently submitted the updated statement to the relevant IADR Governance Committees .After review, the IADR Board recommends the statement to the IADR Council for adoption .

Motion 13: That the Policy Statement on Oral Diseases as Non communicable Diseases within the NCD Agenda be approved by the IADR Council as submitted .
Motioned: Christina Sim
Seconded: Nisha D' Silva
The motion passed unanimously .

2.2. Performance & Audit Committee

2.2.1. IADR 2023 Independent Auditors' Report

Dr .Klein noted that the most important part of an auditor's report is the Opinion paragraph . IADR received an "Unmodified or Unqualified Opinion", meaning the opinion is stated without any modifications or qualifier, in other words, no restrictions or modifications .He emphasized

that this is the best opinion that can be issued . He also noted that the auditors informed the Board that the Association's finances are well-managed by staff and the audit went smoothly .

Additionally, Dr .Klein highlighted the following from the report included in the manual:

- IADR assets totaling $17 4M at the end of 2023 are primarily made up of the investment portfolio (81%) . Other assets include cash and cash equivalents (9%), receivables, prepaids and fixed assets .
- Liabilities are small in comparison to assets, consisting of deferred dues and General Session registrations, accounts payable and other accrued expenses, holding accounts for the Divisions & Sections and deferred compensation payable .
- Net assets were just over $14 4 Million at the end of 2023 (down $0 4M from the prior year) .
- The financial position of IADR continues to be strong .
- The main sources of IADR's Revenues are typically dues, meetings, publications and contributions and sponsorships .
- Expenses are primarily related to the General Session, awards and fellowships, and management costs .
- The change in net assets from operating activities in 2024 was a decrease of $1,819,000, primarily due to the large General Session meeting deficit . When the positive investment returns of $1,470,000 are included, net assets decreased by $349,000 in 2024 .
- Investments make up a large portion of our total assets, changes in net assets are driven primarily by investment returns (for example, 2017, 2019, 2020 and 2021 saw large increases in net assets due to strong investment returns, 2018 and 2022 saw a decrease due to investment losses) .
- Tight budgets have kept operating net income relatively low each year, so that does not have as significant of an impact on net assets as investment returns do .The exceptions being in 2020 where a large operating loss of $1 2M was realized due to the meeting cancellation due to Covid and 2023 where a large operating loss of $1 8M was realized due to a large meeting deficit for the meeting held in Bogota .

Motion 14: That the IADR Council approves the IADR 2023 Independent Auditors' Report .
Motioned: Nisha D' Silva
Seconded: Effie Ioannidou
The motion passed unanimously .

2.2.2. Investment Portfolio Report

Dr .Klein reviewed the investment portfolio report and highlighted the following:

- The IADR investment portfolio balance increased $0 3M in 2024 to end the year at $14 4M .
- This balance is the net of a 12 1% investment return in 2024, offset by the sale of $1,390,000 of investments in 2024 to fund operations .
- The portfolio continues to screen for both SSB and tobacco companies .
- The portfolio continues to fund various projects, awards, and grants . Withdrawals from the portfolio used to be infrequent . Due to strong operating net income, investment returns and cash flows, no actual portfolio withdrawals were needed between 2009 and 2019 . However, in 2020 withdrawals totaling $1,098,000 were necessary to fund operations after the cancellation of the joint IADR/AADOCR meeting .$370,000 of investments were sold in 2021, $560,000 were sold in 2022, $2,015,000 were sold in 2023 and $1,390,000 were sold in 2024 to fund operations .

2.2.3. Unaudited 2024 Year-End Estimate

Dr .Klein reviewed the unaudited 2024 year-end estimate and highlighted the following:

- The budgeted operations deficit for 2024 was $909,000 .The actual results for 2024 show a $762,000 deficit for 2024, or $147,000 less (better) than budget .
- These better than budgeted results are primarily due to a lower than expected general operations deficit and better than expected meeting and publications surpluses .
- The general operations deficit is less than expected due to member dues revenue slightly better than budget and lower than budgeted Board and regional support staff costs, partially offset by higher travel and unbudgeted consulting costs .
- The General Session surplus was greater than expected due to lower allocated salary and benefit costs, catering and

registration costs, partially offset by higher convention center, AV and other costs .

- *JDR/JDR-CTR* results for 2024 were better than budget expectations due to significantly better than expected *JDR* royalties and revenues from a *JDR CTR* supplement published in the Fall .

Dr .Klein encouraged the Council to thoroughly review the detailed report included in the manual .

2.3. Strategy & Planning Committee

2.3.1. 2025 IADR Budgets & Joint IADR/ AADOCR Budgets

Dr .Yelick reviewed the 2025 IADR budgets and Joint IADR/AADOCR budgets and highlighted the following:

- General Operations are typically budgeted as a deficit, these deficits will continue in 2025 – 2027 due to the costs of staff salaries, benefits, global HQ overhead, travel and Board costs .These increased costs are partially offset by expected increases in membership dues revenues . In joint meeting years, like 2024 and 2026, the percentage of GHQ costs allocated is slightly greater than in stand-alone meeting years .
- Meeting budgets are generally strongest for Joint IADR/AADOCR meetings, 2021 and 2022 during Covid being the exception .A modest surplus is budgeted for the Barcelona meeting .Registration and sponsorship revenues are higher than 2024, but high costs for convention center space, catering, AV and travel make attaining a surplus challenging .
- Overall, 2025 shows an expected $643,000 deficit due to the general operations deficit, partially offset by a modest General Session surplus and a continued publications surplus .
- The 2026 and 2027 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 .

Dr .Yelick noted that approval of the 2025 budgets also includes approval of the 2026 subscription, dues, and registration rates included in the manual .It was also noted that IADR dues increases were approved by the Board of Directors at their December meeting . Middle-income dues continue to be 60% of High-Income Dues and low-income dues continue to be 35% of high-income dues .

Dr .Yelick advised the Council members to thoroughly review the report included in the manual, if they hadn't done so already .

Council members noted that the majority of the IADR budget is a result of registration fees from members in the U S .and asked if IADR has considered what the impact of the budget cuts across research in the U S .will have on the Association .

Dr .Yelick and Dr .Fox emphasized that AADOCR remains optimistic and encouraged Council members to discuss this matter in the Interactive Council Session .

Council members also asked if there was an anticipated decline in the publications' income due to the Open Access agreements .

Dr .Fox noted that IADR is in negotiations with SAGE, the current publisher of the journals, and they are in discussions about what the model will look like .He also noted that there is an expected reduction in subscription income from institutional members, but it is not expected to be drastic .

Other Council members asked if there was any discussion of not raising membership dues and registration fees in the future .Dr .Yelick noted that due to the Association's financial health, lowering membership dues and registration fees was not an option .Dr .Fox emphasized that it is impossible to have the membership dues and registration fees remain static when meeting expenses continue to rise .

Motion 15: That the IADR Council approves the 2025 IADR Budget, which includes the Joint Budget with AADOCR and 2026 member dues and meeting registration rates .
Motioned: Nisha D' Silva
Seconded: Lorri Morford
The motion passed with one nay .

2.3.2. 2029 IADR General Session Site Selection

Dr .Fox noted that after a thorough review of multiple cities, the Board was recommending Yokohama, Japan .

Motion 16: That the 2029 IADR/APR General Session be held in June 2029 in Yokohama, Japan, as recommended by the IADR Board of Directors .
Motioned: Nisha D'Silva
Seconded: Erin Bumann
The motion passed unanimously .

2.3.3. *JDR* Editor-in-Chief's Update

Dr. Jakubovics reviewed the JDR Editor-in-Chief's Update and highlighted the following:

- The 2-year Journal Impact Factor™ (JIF) of the *JDR* is 5 9, ranking #7 of 162 journals in "Dentistry, Oral Surgery & Medicine" . The journal remains #1 in terms of total citations at 24,426 .
- Since the beginning of 2024, there has been about a 25%-30% increase in submissions .
- Submission to acceptance times have increased recently, partly due to the high recent submission rates .
- Acceptance to online publication has stabilized at around 60-70 days .
- Acceptance to print publication declined in 2023-2024 as there was a shortage of accepted papers .There have been more accepted papers over the last few months, which has resulted in good levels of content ready to place in future issues of the *JDR*.
- Time from submission to first decision is 21 7 days .
- An important 'Discovery!' article on artificial intelligence from 2020 remains the most highly read paper from the last 6 months .Other top-5 most highly read papers were published online in 2024 .
- The most heavily cited papers from the last 3 years cover a broad range of topics including oral microbiome, oral cancer, dental materials and periodontitis reflecting the broad scope of the journal .
- Fluoride is a topic of high interest in social media and the press, as measured by Altmetrics scores from the last 3 months, where 3 of the top- 5 papers are on fluoride .
- The "OHStat Guidelines for Reporting Observational Studies and Clinical Trials in Oral Health Research: Manuscript Checklist" was simultaneously published in the *Journal of Dental Research, JDR Clinical and Translational Research, Journal of the American Dental Association, The Angle Orthodontist, Journal of Oral and Maxillofacial Surgery and the Journal of Endodontics.*
- The 2024 special issue on *Advanced Imaging in Dental, Oral and Craniofacial Research* was published as the December issue .
  - — Editors Dana Graves (University of Pennsylvania) and Sergio Uribe (Rīga Stradiņš University, Latvia) .
  - — There were around 34 submissions, of which 13 will be published in this issue .
- The next special issue will be on '*The Relationship between Oral and Systemic Diseases'.*
  - — Editors Gustavo Garlet (University of São Paulo, Brazil) and Gustavo Nascimento (Duke-NUS Medical School Singapore) .
  - — The deadline for submissions passed on March 31, 2025 .There were more than 40 submissions .
- An *Advances in Dental Research* issue was published from the AADOCR Meeting within a Meeting in New Orleans (March 2024) on 'Women in Dental Clinical and Translational Research' .
  - — Editor Alex Viera .

2.3.4. *JDR CTR* Editor-in-Chief's Update

Dr .Feine reviewed the *JDR CTR* Editor-in-Chief's Update and highlighted the following:

- The *JDR CTR* is in its 9th year of existence, and our progress continues .
- The journal has an Impact Factor of 2 2 .
- From January 2024 to December 2024, there was an acceptance rate of 50%
- From January 2025 to May 2025, there was an acceptance rate of 41% .
- To acknowledge the important role that the Scientific Advisory Board (SAB) members have within the *JDR CTR*, SAB members are given ribbons to identify them at AADOCR and IADR meetings .
- Some SAB members have also been asked if they are willing to lead others within their geographic areas to carry out online reviewer training, as well as to identify additional reviewers and solicit reports of interest to the readership .They will also share with us issues that arise, such as reviewer concerns .
- 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 .

2.3.5. Philanthropic Update

Dr .Yelick noted that as of December 31, 2024, IADR received $136,483 in donations and pledges in 2024 and $250,000 in planned gifts have been pledged as of December 31, 2024 .

2.3.6. IADR Science Information Committee Update

Dr .Yelick encouraged Council members to review the IADR Science Information Committee update, if they hadn't done so already .

3. SECTION D – INTERACTIVE COUNCIL SESSION

3.1. Current Geopolitical Climate for Research Support

Dr .Fox noted that the U S .has pulled out of many international agencies and agreements in the last 4-5 months, including withdrawal from the World Health Organization which have and will continue to negatively affect millions of individuals .He also noted that there have been workforce reductions across HHS, including CDC, NIH, FDA, and HRSA amongst other agencies . There has also been a termination of grants "not aligned with NIH priorities" .

Dr .Fox continued by stating that there is a proposed 40% reduction to the NIH budget for the 2026 fiscal year .There has also been a consolidation of Institutes, including NIDCR merging into the National Institute on Neuroscience and Brain Research and Elimination of NIH Fogarty International Center .He also noted that there have been changes to NIH foreign subawards and indirect costs have been proposed to be capped at 15% . It was also noted that the current Administration has been targeting specific Universities, including Harvard and Columbia .There have also been visa restrictions implemented that have and will continue to affect meeting attendance .

Council members suggested holding the joint IADR/ AADOCR General Session every 3-4 years as opposed to every other year to mitigate the ongoing visa issues .

Council members also suggested moving all General Sessions outside of the U S .for the foreseeable future, considering the political climate now .

Councilors also emphasized that the fear of detainment is far greater than visa denials in many cases and many members are not planning to travel to the 2026 General Session for that reason .

Members from Switzerland also advised that a travel advisory against the U S .has been issued and this may be an indication that other countries will shortly follow .

Some Councilors inquired as to whether IADR can serve as a liaison to help aid international collaborations . Some researchers are receiving funding with the intention of collaborating with international colleagues but there seems to be a disconnect and they are unable to connect with intended researchers .

Dr .Fox noted that IADR can help with these matters and advised Councilors to reach out to HQ for assistance .

Councilors also asked if the joint General Sessions could take place in June rather than in March of those years to attract more attendees .

Dr .Fox noted that this has been done in the past .

Dr .Momen-Heravi asked if IADR can be used as a platform to match researchers who are able to host trainees and students who are being displaced by funding cuts .

Dr .Coker also asked how IADR and members more specifically can collaborate with the medical field .

Council members encouraged the Board of Directors to explore different formats for the 2026 meeting and future meetings .

Many Councilors expressed hesitation to travel to the U S .and do not anticipate sentiments changing as more members, researchers and the general population experience issues traveling to the U S .

Councilors also asked if there were mentorship opportunisties within IADR, specifically for members from lower-income countries .

Dr .Yelick noted that although not an official platform, the IADR member portal can be used as such .

Councilors asked if it would be feasible and/or helpful to have the General Session every few years and instead urge members to attend their regional meetings .

Dr .Klein noted that IADR needs to discuss how cataclysmic the end of NIDCR would be to IADR .

Councilors suggested inviting top local professionals from other fields to the General Sessions both as attendees and as part of the programming to help bridge the connection between the fields .

3.2. IN MEMORIAM

Prof .Imazato led a moment of silence to honor those who have passed in the last year .

There being no further business, the meeting was adjourned at 4:56 p.m.

CONSTITUTION

Adopted March 24, 1957; Revised through June 24, 2023
International Association for Dental Research

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 1. 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 1. 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 1. 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 1. 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

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

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

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

The quorum for the Council shall be as stated by the Bylaws .

ARTICLE XIII. JOURNAL

(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/ADR 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

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 1(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 of 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 30 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

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) 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

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

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

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 a 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 .

Appendix 1 — President's Inaugural Address, Editors' Report and Chief Executive Officer's Report

IADR Presidential Address at the 103rd General Session of the IADR/PER

Reimagining Dental, Oral, and Craniofacial Research: New Opportunities for the IADR's Efforts to Achieve Global Oral Health

Pamela Yelick
Tufts University

Thank you, IADR President Satoshi, for your kind introduction .Good afternoon, everyone .I wish to thank the Pan European Region President, Imad About, and the Continental European Division of the Pan European Region of the International Association for Dental, Oral, and Craniofacial Research (IADR) for hosting this meeting here in beautiful Barcelona, Spain .

It is both an honor and a privilege to stand before this remarkable gathering of colleagues, students, and friends .I am deeply humbled to accept the role of the 102nd president of the IADR .As president, I am committed to ensuring that every voice—whether colleague, student, friend, or family—is heard, respected, and valued, wherever you are in the world .I am incredibly grateful for the trust you've placed in me to lead such an extraordinary community—this is a responsibility I do not take lightly .

I feel truly fortunate to have all of you beside me as I step into this role .The IADR has long represented to me the highest ideals of collaboration, diversity, innovation, and scientific excellence .Since joining the IADR almost 30 years ago in 1996, I have cherished the scientific insight, mentorship, collaborative and stimulating scientific environment, and global impact of the IADR community .

I accept this position with humility, purpose, and a profound sense of excitement for what lies ahead for the IADR .Thank you all for your continued support and for sharing in this vision and commitment .

First, I want to extend my heartfelt thanks to Dr .Satoshi Imazato for his visionary leadership and tireless dedication to the IADR . His efforts—and those of all of the former IADR presidents — have strengthened our organization and elevated the quality of our meetings and scientific exchange .To the IADR board and headquarters staff: thank you for your steadfast support, wise counsel, and invaluable leadership .To my colleagues: your passion, dedication, and collaboration are the driving force behind this organization .I look forward to continuing our shared mission together .To our students: you are the future of the IADR .Your energy, creativity, and vision inspire me—and all of us—every day . Keep sharing your voices—we need them now more than ever .I look forward to hearing your ideas and perspectives as we work together to strengthen and improve our organization .

To the friends I've made through the IADR over the past 30 years: thank you for your guidance, your unwavering support, and—for those moments when I needed it—your thoughtful challenges . You've played a vital role in shaping the scientist and leader that I am today .

To my amazingly accomplished and wonderfully extensive, close family—though not physically here—thank you for your continuously inspiring example, your constant support, and your unwavering encouragement through all of life's journeys .I am deeply grateful .

I step into this role with a deep sense of responsibility—and yes, a little trepidation based on the current uncertainties in the United States and around the world —but also with tremendous excitement .The work ahead will be both challenging and incredibly rewarding .

As you all know, the IADR is the largest and preeminent oral health research organization in the world, grounded in the core values of scientific excellence, social responsibility, and scientific community . Since its founding in 1920 by William Gies as a federation of local societies united by a global pursuit of scientific advancement, we have built upon that legacy—now over a century strong—to our current size of more than 9,000 members worldwide, spanning 5 regions and 48 divisions and sections across the globe .

Today, we face mounting challenges to science, research, academia, international collaboration, and inclusivity .These ongoing challenges can feel daunting .But I believe in our collective strength—together, we will confront these obstacles and emerge stronger and better than before .

As we look to the future, I'd like to highlight 3 guiding priorities for the year ahead .

1 . **Leveraging global efforts to achieve global oral health**

In the coming years, we will work to strengthen our global footprint, ensuring that all regions are fully represented in both voice and vision .The global diversity of the IADR is a vital strength that enriches our scientific impact, research, and organization .Currently, the IADR is participating in several global initiatives including:

International advocacy:

- World Health Organization (WHO)
  - — The WHO Global Strategy and Action Plan on Oral Health (2023–2030), which emphasizes the critical role of integrating oral health into the broader noncommunicable disease (NCD) prevention framework, advocating for universal access to oral health care and the inclusion of oral health within primary health care systems
  - — The WHO Global Coalition on Oral Health
  - — Earlier this month, the IADR participated in a workshop led by our Canadian division members on assisting countries developing their national oral health research strategies; this is a key strategic objective of the WHO Global Oral Health Action Plan

- The United Nations (UN)
  - — The United Nations High-Level Meeting on Noncommunicable Diseases (NCDs) being held this September 2025
  - — IADR participation at United Nations (UN) multistakeholder hearings on the prevention and control of NCDs and the promotion of mental health and well-being
  - — The UN High-Level Meeting on Universal Health Coverage being held in September 2026
- The UN Environnemental Protection (UNEP)
  - — The UNEP Minamata Convention on Mercury COP-6 meeting this November 2025
- IADR participation in the NCD Alliance Global Forum (Kigali, Rwanda) in February 2025
- IADR advocacy for universal health coverage, to ensure that essential oral health services are included in universal health care benefit packages, with equitable access to primary and specialized oral health care
- National Oral Health Research Strategy (NOHRS) met earlier this meeting to create a roadmap for NOHRS
- Inclusion of patient advocacy groups: "Nothing about us without us"

2 . Enhancing junior faculty and student engagement, participation, and leadership

- The next generation of basic and clinical researchers is vital to the future success and vitality of the IADR; you are the lifeblood of our organization .
- The IADR relies on your creativity, expertise, knowledge, and energy to propel us into an exciting new era of scientific discovery and innovative clinical treatment strategies for Dental, Oral, and Craniofacial (DOC) .
- With your help and innovative ideas, we will work together to advocate for greater opportunities in global student participation, mentorship, leadership development, and scientific collaboration .
- Your efforts and contributions to IADR are invaluable .
- We sincerely thank you for your treasured and essential input, which makes a profound difference to our organization .

3 . Advancing innovation excellence in global dental, oral, and craniofacial research

Over the past 105 y, the IADR has witnessed truly lifechanging advances in DOC research as well as in oral health assessment and treatment .Today, we stand at the threshold of a transformative scientific era .Breakthroughs in molecular diagnostics, personalized and precision medicine and dentistry, data science, regenerative therapies, digital dental and medical health, and artificial intelligence are redefining how we understand, prevent, and treat dental, oral, and craniofacial conditions .There has never been a more exciting time to be a researcher in our field .

In an age increasingly marked by skepticism toward science and evidence-based research—and by challenges to scientific truth and discovery—we remain bold in our optimism .We will champion the critical role of dental, oral, and craniofacial research in advancing overall health, and we will invest in transformative ideas that shape the future of DOC research and global health .

Our priorities include:

- Exploring innovative, interdisciplinary approaches to improve both oral and systemic health
- Advancing preventive strategies, diagnostics, and treatments that address oral and systemic conditions including physical and mental health
- Integrating universal medical and oral health care—across clinical care models, insurance coverage, research initiatives, and treatment centers
- Benchmarking and monitoring global progress through international data collection and shared indicators of success

So, I invite you to join me in this call to action .Let us move forward together—with unity, purpose, and unwavering resolve . Let us commit to supporting one another, listening generously, and striving for excellence in all that we do .

Thank you for your trust, your dedication, and your belief in our shared mission .I am honored to lead alongside you and inspired by the possibilities that lie ahead .Together, we will continue to make the IADR stronger, more inclusive, and more impactful, advancing our field and improving lives around the world .

In closing, as we look to the future with hope and determination, I leave you with a few words of inspiration, particularly relevant today, by the American virologist Jonas Salk, who dedicated his life to developing the polio vaccine:

"The reward for work well done is the opportunity to do more ."—*Jonas Salk*

Let these words guide and energize us as we step forward—together .

Thank you, and enjoy the meeting!

Author Contributions

P .Yelick, contributed to conception and design, data acquisition, analysis, and interpretation, drafted and critically revised manuscript .The author gave final approval and agrees to be accountable for all aspects of the work .

Declaration of Conflicting Interests

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Editor's Report for the *Journal of Dental Research*, December 2025

I am pleased to provide my report as Editor-in-Chief of the *Journal of Dental Research* to the joint boards of IADR/AADOCR .At the time of writing, the 2-year Journal Impact Factor™ (JIF) of the *JDR* is **5.9**, ranking #7 of 163 journals in "Dentistry, Oral Surgery & Medicine" (Table 1) .The journal remains #1 in terms of total citations at 25,107 .These metrics were released in June 2025 .The Impact Factor is based on citations in 2024 to articles published in the previous 2 years .

Table 1. Key metrics for the *JDR* (2024) .

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
5 5	25,107	5 9	7 3	0 9	287	10 7	0 01126	1 661

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

1. Manuscript Processing

Article types and acceptance

- Submissions in 2024 and 2025 were ~35% higher than in 2022/2023 (Table 2) .We are delighted to see the high levels of interest in the *Journal*, although it creates challenges to keep within our tight page budgets .
- 88% of original submissions to the *JDR* and 76% of accepted papers were original research reports (Figure 1-2) .
- 72% of original submissions in 2025 that have received a decision were triaged on entry through rejection w/o peer review (56%) or recommended transfer to *JDR CTR* (16%) (Figure 3) .
- Most revised manuscripts are eventually accepted, sometimes with further rounds of revision (Figure 4) .

Table 2 .Total submissions and acceptance rate (*to 31st October 2025) .

	2021	2022	2023	2024	2025 YTD*
Original submissions	**1,264**	**1,095**	**1,083**	**1,410**	**1,297**
Accept	199	161	146	172	213
Accept ratio	15 7%	14 7%	13 5%	12 2%	16 4%

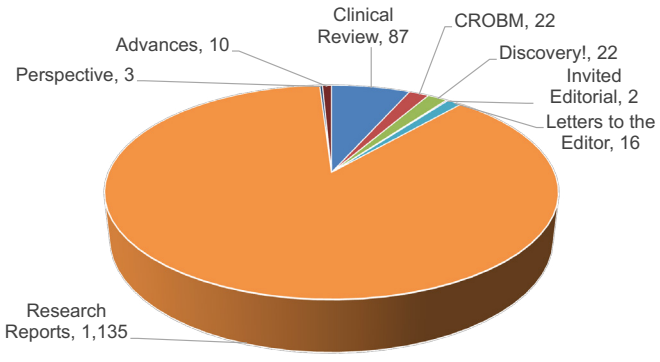


Figure 1. *JDR* original submissions by type, 2025 YTD (to 31st October) .

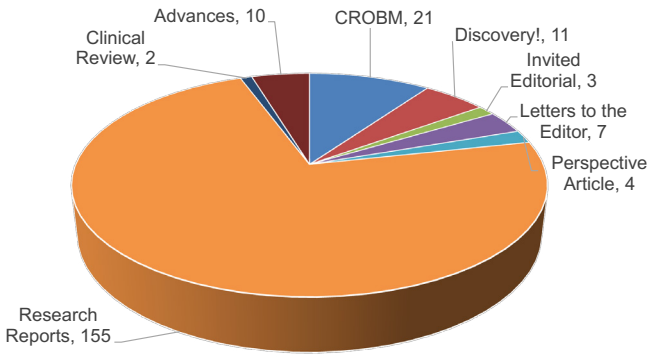


Figure 2. *JDR* accepted papers by type, 2025 YTD (to 31st October) .

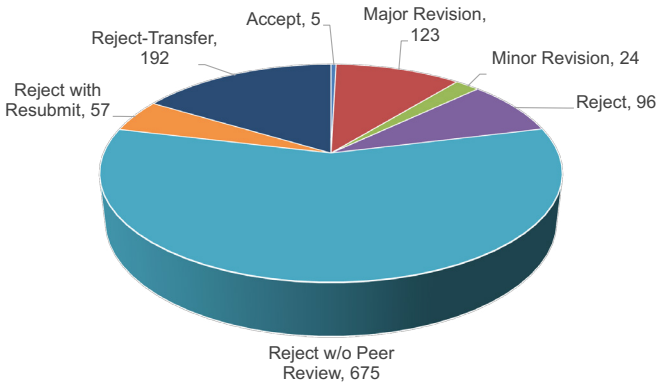


Figure 3 .First decision on original manuscripts, submitted and decisioned between Jan 1-Oct 31, 2025 .

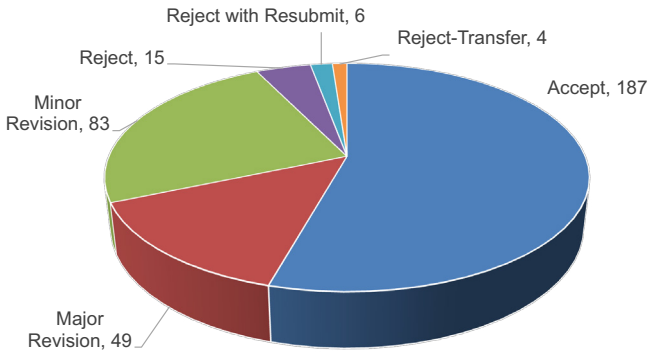


Figure 4 .Decision on revised manuscripts, submitted and decisioned between Jan 1-Oct 31, 2025 .

Processing times

- Submission to acceptance time has increased recently, partly due to the high recent submission rates (Table 3) .We are working to bring this down .
- Acceptance to online publication has stabilized at around 60-70 days .
  - A new online proofing system has been introduced at SAGE .There are some early indications this may speed up the timelines moving forwards .
- Acceptance to print publication declined in 2023-2024 as we ran short of accepted papers .This trend has reversed in 2025 as we are starting to build a backlog of accepted papers .
- Time from submission to first decision is 22 7 days .

Table 3. Average *JDR* Turnaround Times .

	2020	2021	2022	2023	2024	2025 YTD
Submission to Acceptance	89 Days	79 Days	106 Days	115 Days	114 Days	138 Days
Acceptance to Online Publication	32 Days	36 Days	54 Days	70 Days	64 Days	68 Days
Acceptance to Print Publication	100 Days	147 Days	175 Days	107 Days	95 Days	156 Days

JDR average days from submission to first decision (Prior 12 months)	22 7 Days

2. Highly read and cited research

- Artificial intelligence is a central theme in 3 of the top-5 most read papers of the last 6 months (Table 4) .
- Review articles tend to receive strongest citations and 4 of the 5 most heavily cited papers from the last 3 years are review articles .Three papers focus on periodontitis (Table 5) .
- Articles trending on social media and in the press are measured by Altmetrics scores from the last 3 months .These articles span a broad time range from 2001-2025 (Table 6) .

Table 4. Most read articles in the last 6 months (https://journals sagepub com/action/showMostReadArticles?journalCode=JDR)

Open Access | Research article | First published Apr 21, 2020

Artificial Intelligence in Dentistry: Chances and Challenges

F. Schwendicke, W. Samek, J. Krois

Open Access | Review article | First published May 31, 2024

The Use of Artificial Intelligence in Endodontics

F.C. Setzer, J. Li, A.A. Khan

Open Access | Research article | First published Oct 9, 2024

Recent Advances in Intraoral Scanners

F. Eggmann, M.B. Blatz

Open Access | Research article | First published Dec 18, 2024

Early Childhood Exposures to Fluorides and Cognitive Neurodevelopment: A Population-Based Longitudinal Study

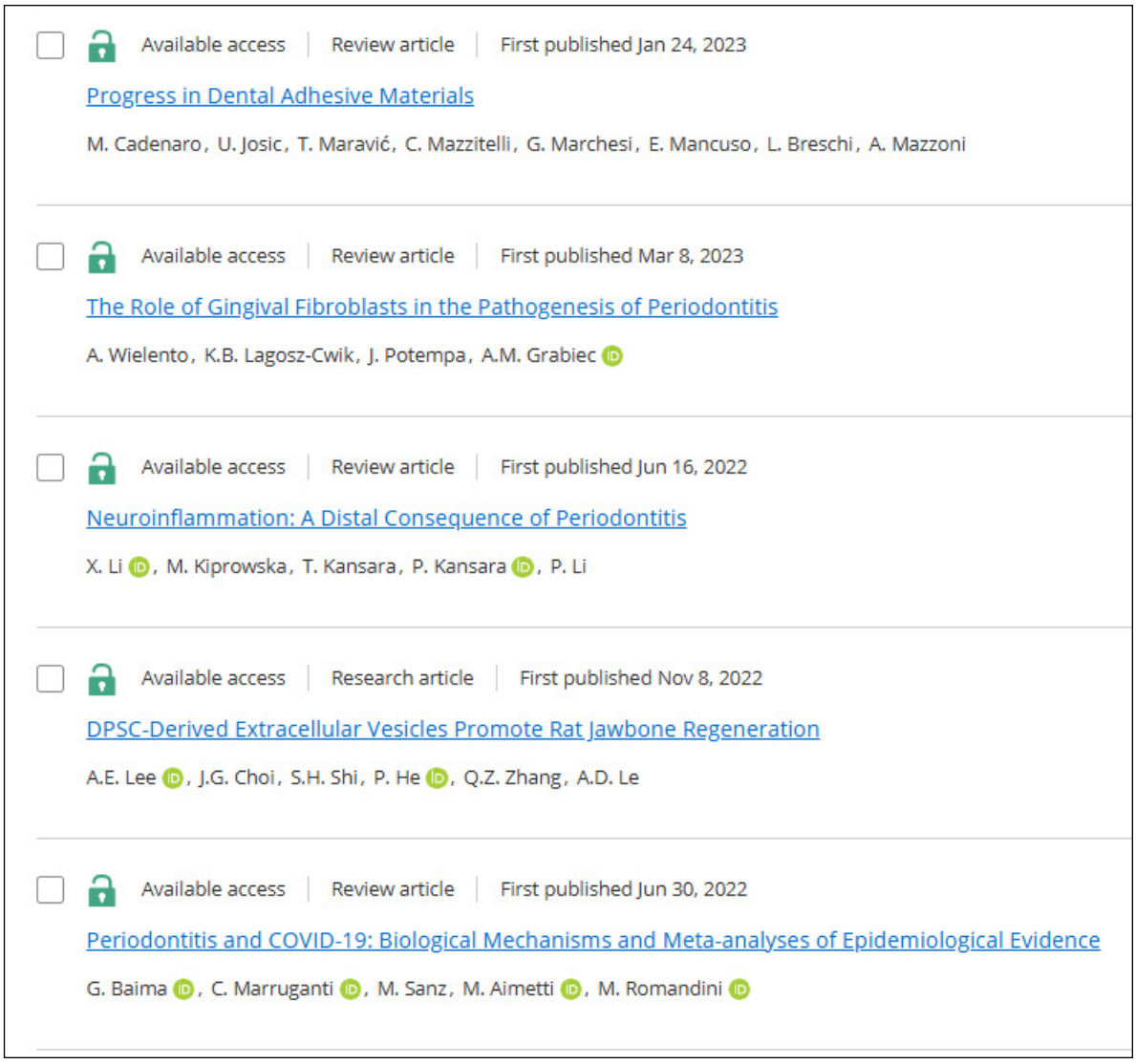
L.G. Do, A. Sawyer, A. John Spencer, S. Leary, J.K. Kuring, A.L. Jones, T. Le, C.E. Reece, D.H. Ha

Open Access | Review article | First published Apr 29, 2024

Artificial Intelligence in Orthodontics: Critical Review

N.F. Nordblom, M. Büttner, F. Schwendicke

Table 5. Most cited articles in the last 3 years (https://journals sagepub com/action/showMostCitedArticles?journalCode=JDR)



Available access | Review article | First published Jan 24, 2023

Progress in Dental Adhesive Materials

M. Cadenaro, U. Josic, T. Maravić, C. Mazzitelli, G. Marchesi, E. Mancuso, L. Breschi, A. Mazzoni

Available access | Review article | First published Mar 8, 2023

The Role of Gingival Fibroblasts in the Pathogenesis of Periodontitis

A. Wielento, K.B. Lagosz-Cwik, J. Potempa, A.M. Grabiec

Available access | Review article | First published Jun 16, 2022

Neuroinflammation: A Distal Consequence of Periodontitis

X. Li, M. Kiprowska, T. Kansara, P. Kansara, P. Li

Available access | Research article | First published Nov 8, 2022

DPSC-Derived Extracellular Vesicles Promote Rat Jawbone Regeneration

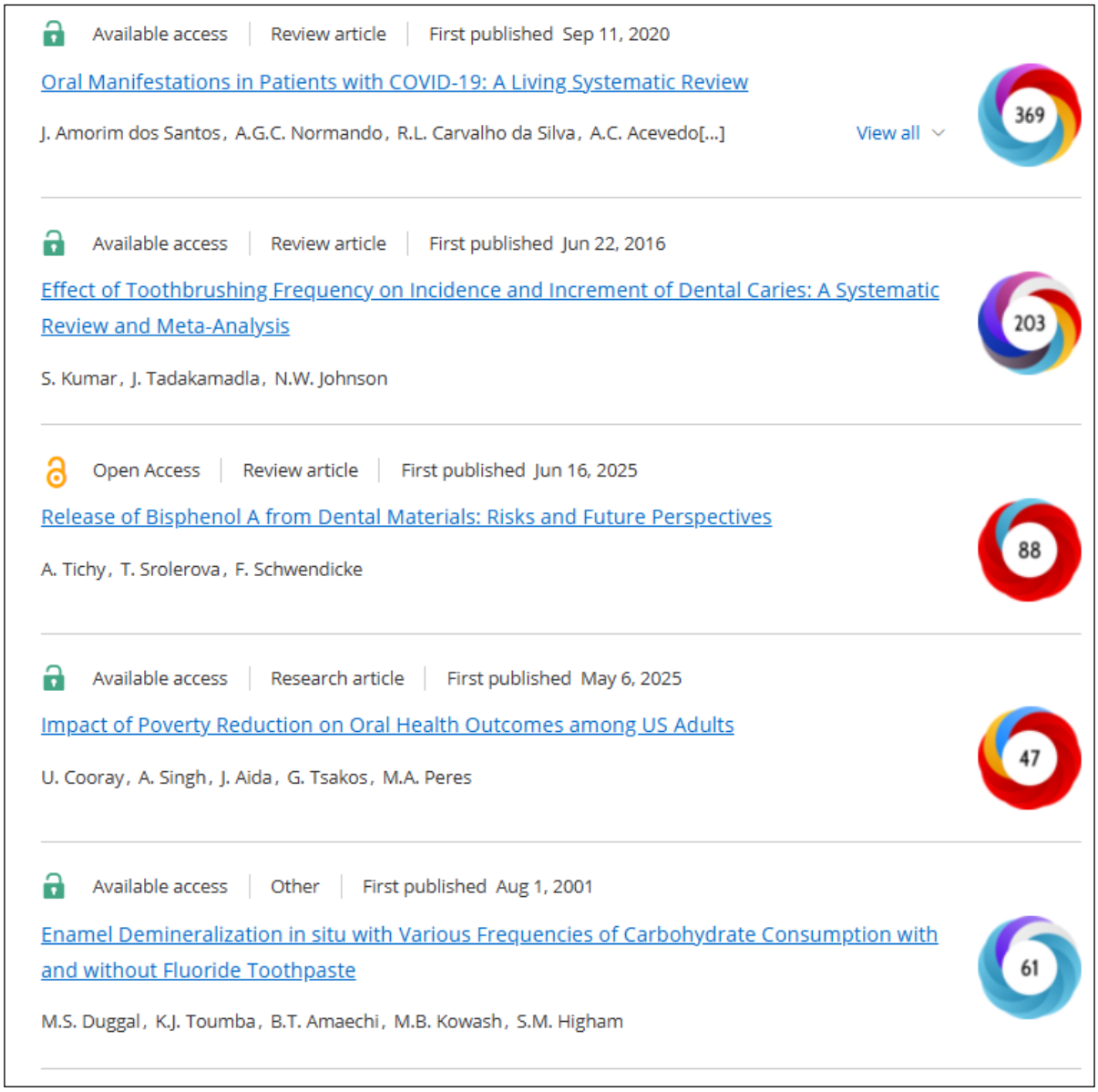
A.E. Lee, J.G. Choi, S.H. Shi, P. He, Q.Z. Zhang, A.D. Le

Available access | Review article | First published Jun 30, 2022

Periodontitis and COVID-19: Biological Mechanisms and Meta-analyses of Epidemiological Evidence

G. Baima, C. Marruganti, M. Sanz, M. Aimetti, M. Romandini

Table 6. Trending articles with the highest Altmetric score form the last 3 months, indicating influence and impact (see the *JDR* homepage at https://journals.sagepub.com/home/JDR)



3. Promotion and engagement

- Press releases are available at this link: https://www.iadr.org/about/news-reports/iadr-press-releases .
- We have been active with publishing policy-relevant editorials and short articles, e.g.:
  - **Feb 2025** Canada's First National Oral Health Research Strategy (2024–2030); Rock et al .
  - **July 2025** The IADR and AADOCR Policy Statement on Tobacco Industry–Funded Research; Arany et al .
  - **Aug 2025** Fighting the Antimicrobial Resistance Global Emergency: The Lifesaving Role of Dentistry; Thompson et al .
  - **Nov 2025** Action Needed on Oral Diseases within the Global NCD Agenda; Charles-Ayinde et al .
- We are planning a webinar with *JDR CTR* editors to provide guidance on peer review .

4. Special Issues in the *JDR* and *Advances*

The next special issue on '*The Relationship between Oral and Systemic Diseases*', will be the January 2026 issue of the *JDR*.

- Editors Gustavo Garlet (University of São Paulo, Brazil) and Gustavo Nascimento (University of Utah School of Dentistry) .
- 19 Papers on topics such as links between periodontitis and diabetes, cancer, systemic bone loss and others, oral and systemic manifestations of Sjögren's Disease, Oral lichen planus and systemic disease, cancer biomarkers in saliva .
- An *Advances in Dental Research* issue is planned on Sex, Gender and Sexuality in Oral Health Research .The lead editor is Lisa Jamieson, University of Adelaide, Australia .This will contain 10 papers and is aimed to be in print in time for a symposium on the same topic at the IADR/AADOCR/CADR meeting in San Diego, March 2026 .

5. Update on data availability policy

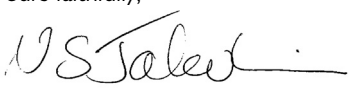
From October 1st 2025, the *JDR* and *JDR CTR* have updated our policies on data availability to **require** the sharing of data on publication from .This is an important step towards a more open approach to science in the journals .We will jointly publish an editorial explaining the change .

6. Acknowledgments

- Many thanks to the staff at IADR/AADOCR HQ in Alexandria who provide outstanding support for the *Journal* including Isa Bishop (Publications Co-ordinator), Denise Streszoff, Kourtney Skinner, Matt Niner and Dr Chris Fox .
- We are very grateful to the staff at SAGE Publishing, including Alex Moersen, Pandian Srinivasan, 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 t
- he 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 .Thanks also to Prof .Gustavo Nascimento for his dedicated work on the upcoming special issue .
- 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

Editor's Report for *JDR Clinical and Translational Research*, December 2025

It's a pleasure to provide this summary of our *JDR CTR* activities in 2025 .The *JDR CTR* has completed its 9th year, and our progress continues .

2-year Impact factor: 2.2
5-year Impact factor: 2.8

Highlights from the *JDR CTR*:

Table 1. Acceptance ratio

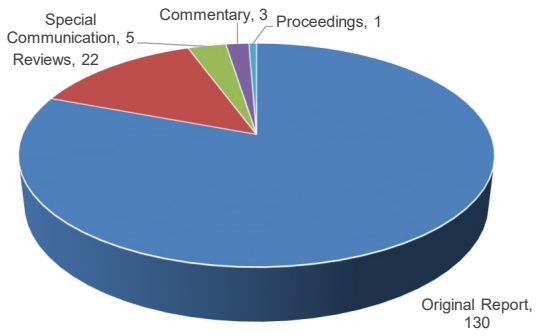
Jan - Dec 2024: 38%
Jan - Oct 2025: 37%

2024	Submitted Directly	Transferred In	Accepted	Published
January*	14	5	3	10
February	6		2	
March	7	5	5	
April*	9	6	9	10
May	22	7	3	
June	10	2	7	
July*	13	2	4	14
August	14	5	9	
September	7	8	4	
October*	15	6	10	9
November	11	3	8	
December	14	1	7	
Summary	**142**	**50**	**72**	**43**

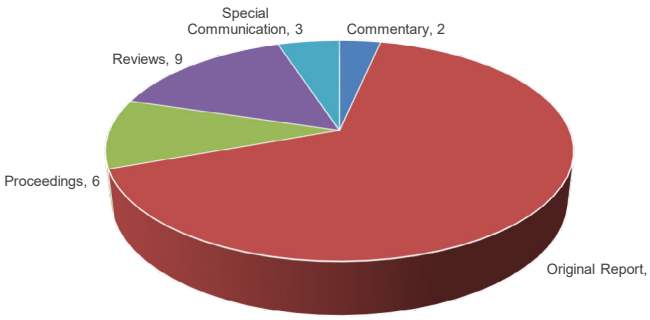
2025	Submitted Directly	Transferred In	Accepted	Published
January*	10	1	5	10
February	8	3	10	
March	15	2	4	
April*	10	12	6	10
May	11	6	4	
June	15	1	7	
July*	13	5	13	14
August	14	5	2	
September	8	3	6	
October*	10	9	2	10
November				
December				
Summary	**114**	**47**	**59**	**44**

Appendix 1 *(continued)*

***JDR CTR* Original Manuscripts Submitted by Type 2025 YTD**

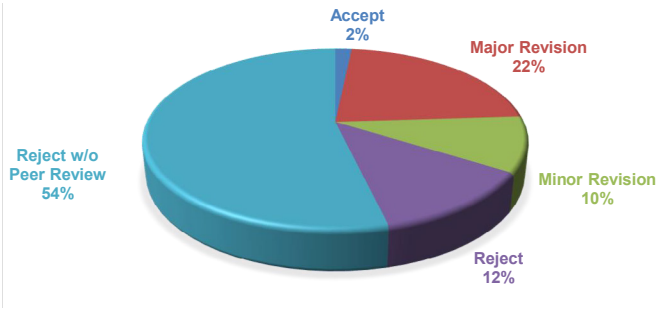


***JDR CTR* Manuscripts Accepted by Type 2025 YTD**



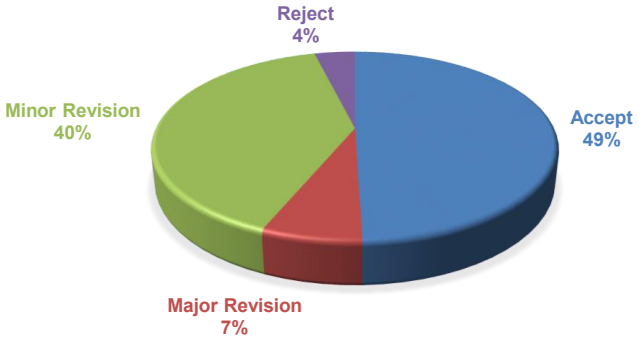
ORIGINAL MANUSCRIPTS

Both Submitted and Decisioned Between January 1, 2025 and October 31, 2025



REVISED MANUSCRIPTS

Both Submitted and Decisioned Between January 1, 2025 and October 31, 2025



Manuscripts Accepted by Country/Region

Country/Region	Accept	Reject	Total	Accept Ratio
Albania	0	1	1	0 00%
Argentina	0	1	1	0 00%
Australia	10	13	23	43 48%
Belgium	0	1	1	0 00%
Brazil	3	3	6	50 00%
Canada	5	9	14	35 71%
China	0	4	4	0 00%
Egypt	0	2	2	0 00%
Finland	0	3	3	0 00%
France	2	1	3	66 67%
Germany	2	1	3	66 67%
Hong Kong, SAR China	1	2	3	33 33%
Hungary	0	1	1	0 00%
India	0	3	3	0 00%
Israel	1	0	1	100 00%
Italy	0	1	1	0 00%
Japan	2	5	7	28 57%
Jordan	0	1	1	0 00%
Kazakhstan	0	1	1	0 00%
Kenya	1	0	1	100 00%
Korea (the Republic of)	1	1	2	50 00%
Netherlands	2	1	3	66 67%
New Zealand	0	1	1	0 00%
Nigeria	1	0	1	100 00%
Pakistan	0	1	1	0 00%
Palestine, State of	0	1	1	0 00%
Peru	1	0	1	100 00%
Portugal	1	2	3	33 33%
Qatar	1	0	1	100 00%
Saudi Arabia	1	1	2	50 00%
Singapore	1	0	1	100 00%
Spain	0	3	3	0 00%
Sweden	1	3	4	25 00%
Thailand	1	2	3	33 33%
Turkey	0	2	2	0 00%
United Arab Emirates	0	2	2	0 00%
United Kingdom of Great Britain and Northern Ireland	1	3	4	25 00%
United States	20	25	45	44 44%
Viet Nam	0	2	2	0 00%
Total	**59**	**103**	**162**	**36.42%**

Appendix 1 *(continued)*

Average *JDR CTR* Turnaround Times	2018	2019	2020	2021	2022	2023	2024	2025 YTD
Submission to Acceptance	119 Days	118 Days	105 Days	92 Days	101 Days	138 Days	151 Days	165 1 Days
Acceptance to Online Publication	28 Days	43 Days	26 Days	27 Days	41 Days	40 Days	56 Days	96 3 Days
Acceptance to Print Publication	107 Days	156 Days	236 Days	269 Days	357 Days	383 Days	315 Days	287 7 Days

JDR CTR average days from submission to first decision (Prior 12 months)*	42 4 Days

Most Read Articles (in the last 6 months): https://journals.sagepub.com/action/showMostReadArticles?journalCode=JCT

Free access | Review article | First published Aug 15, 2016

Clinical Trials of Silver Diamine Fluoride in Arresting Caries among Children: A Systematic Review

S.S. Gao, I.S. Zhao, N. Hiraishi, D. Duangthip, M.L. Mei, E.C.M. Lo, C.H. Chu

Open Access | Research article | First published Aug 12, 2025

Arginine Dentifrices and Childhood Caries Prevention: A Randomized Clinical Trial

W. Yin, Z. Zhou, R.-Z. Huang, G. Sun, Y. Zhong, Z. Yang, Y. Li, Y. Zhang, P. Zhang, D. Hu[...] View all

Open Access | Review article | First published Oct 9, 2024

Benefits of Dental Scaling and Polishing in Adults: A Rapid Review and Evidence Synthesis

D.C. Matthews, H. Al-Waeli

Open Access | Research article | First published Sep 20, 2024

Dentists' Mental Health: Challenges, Supports, and Promising Practices

T. Maragha, J. Atanackovic, T. Adams, M. Brondani, I. Bourgeault

Open Access | Research article | First published Sep 10, 2025

Key Mediators Reducing Socioeconomic Inequality in Early Childhood Caries

A.T.M. Dao, L.G. Do, N. Stormon, H.V. Nguyen, D.H. Ha

Appendix 1 *(continued)*

MosMost Cited Articles (most cited articles in this journal for the last 3 years): https://journals.sagepub.com/action/showMostCitedArticles?journalCode=JCT

Open Access | Research article | First published Oct 23, 2021

Dental Visits for Autistic Children: A Qualitative Focus Group Study of Parental Perceptions

J.A. Parry, T. Newton, C. Linehan, C. Ryan

Available access | Research article | First published Apr 21, 2023

Impact of COVID-19 on Dental Care Utilization and Oral Health Conditions in the United States

S.E. Choi, E. Mo, C. Sima, H. Wu, M. Thakkar-Samtani, E.P. Tranby, J. Frantsve-Hawley, J.R. Barrow

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Available access | Research article | First published Apr 16, 2022

Evaluating Trust in the Patient–Dentist Relationship: A Mixed-Method Study

T. Tiwari, N.N. Maliq, N. Rai, J. Holtzmann, L. Yates, V. Diep, E.P. Tranby, J. Frantsve-Hawley

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Available access | Review article | First published Apr 8, 2024

Accuracy of Artificial Intelligence Models in the Prediction of Periodontitis: A Systematic Review

A. Polizzi, V. Quinzi, A. Lo Giudice, G. Marzo, R. Leonardi, G. Isola

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Available access | Research article | First published Aug 9, 2023

Cost-Effectiveness Analysis of Regenerative Endodontics versus MTA Apexification

N. Naved, F. Umer, A.R. Khowaja

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

Open Access | Research article | First published Aug 12, 2025

Arginine Dentifrices and Childhood Caries Prevention: A Randomized Clinical Trial

W. Yin, Z. Zhou, R.-Z. Huang, G. Sun, Y. Zhong, Z. Yang, Y. Li, Y. Zhang, P. Zhang, D. Hu[...] View all

Open Access | Research article | First published Aug 17, 2025

Does Tooth Loss Lead to School Bullying? Evidence from the Longitudinal Study of Australian Children

Y. Li, G. Tsakos, T. King, Z. Ge, A. Singh

Open Access | Research article | First published Feb 21, 2025

Effect of Becoming Unemployed on Affordability of Oral Health Care among Australian Adults

G. Kaur, G. Tsakos, T. Yap, A. Karahalios, Z. Chen, A. Singh

Available access | Research article | First published Oct 8, 2021

Dental Erosion: Effect of Diet Drink Consumption on Permanent Dentition

M. Samman, E. Kaye, H. Cabral, T. Scott, W. Sohn

Available access | Research article | First published Feb 19, 2020

Five-year Survival Rate of Bonded Dental Restorations in Frail Older Adults

N. Tong, C.C.L. Wyatt

Scientific Advisory Board (SAB):

a . Diversity statistics

	2022-2025		2025-2028	
Gender	**Number**	**Percentage**	**Number**	**Percentage**
Male	27	60	19	48
Female	18	40	21	53
Total	45	100	40	100
Geographical Region	**Number**	**Percentage**	**Number**	**Percentage**
Africa	0	0	3	8
Asia	5	11	13	33
Australasia	5	11	4	10
Europe	9	20	8	15
Middle East	1	2	6	15
North America	25	56	2	5
South America	0	0	4	10
Total	**45**	**100**	**40**	**100**

b . Each region has been assigned Regional Board Representatives for local support .

c . To acknowledge the important role that our SAB members have with the JDR CTR, we are providing our SAB members with ribbons to identify them at our AADOCR and IADR meetings .

Present Activities:

A. Supplements:

1 . *Published - "Advancing Interprofessional Primary Care Through Research, Education, and Community - A Call to Action"* (Eds .Linda Rasubala, Yanfang Ren, and Thomas Caprio) .JDR Clin Trans Res .2025 Jul;10(3):365-367 .doi: 10 1177/23800844251345495 .Epub 2025 May 29 .

2 . *In Progress* - Jan Clarkson is spearheading a new supplement of reports stemming from the UK NIHR funded REFLECT trial to evaluate the costs and effectiveness of high dose fluoride toothpaste prescribed in general dental practice to older individuals who have a high-risk of tooth decay .Reports will include the main trial, economics and qualitative outcomes .

B. Reviewers' Webinar:

Led by AE Vanessa Muirhead, we asked the *JDR* & *JDR CTR* Editorial/Scientific Board members to provide us with the comments and questions they felt were important for us to include in this webinar .The following is a synopsis of their input that were categorized into the themes and comments shown below .

Themes	Comments/suggestions
Generative Artificial Intelligence	I think we need to discuss AI (of course) including what to do when we know we are reading AI generated work and also our own use of AI as reviewers .I think simply saying we can't use it is unrealistic, but we also need to use it as a reviewing tool and not a human reviewer replacement . One critical issue I believe should be addressed is the increasing use of AI tools in manuscript preparation .With paid versions of AI programs, it is currently very difficult, if not impossible, to detect when content has been generated by AI .This raises significant concerns about originality, data integrity and authorship as well as the need for AI for manuscripts' reviewing . I would appreciate it if the webinar could cover: • How reviewers can critically evaluate manuscripts for potential AI-generated content . • Any emerging tools or strategies to detect inappropriate AI use . • Guidelines for distinguishing acceptable use from unacceptable practices . This topic is increasingly relevant for maintaining scientific rigor, and clear guidance would be valuable for all reviewers

(continued)

Reviewers' Webinar (continued)

Themes	Comments/suggestions
Generative Artificial Intelligence (continued)	Anything AI related (AI detection of manuscript writing, use of AI in peer review, etc) would be valuable and interesting Position on the use of AI-supported peer-review If possible I would like to hear from the Editors about the AI use in the peer reviewing process What is the current role of AI in the peer review process and how to avoid misuse of AI and keep the review process innovative Should AI be used in reviewing scientific manuscripts? And if so, is there a way that it can be used safely, without compromising the intellectual property of the authors prior to publication? I'm aware that many AI programmes effectively learn from the content that is put into it - if a manuscript is put into it for reviewing purposes, then is there a risk it can learn from the content of the manuscript and use this information prior to publication of the article? I've had a couple of reviews of my own papers that have clearly been done with AI recently (and to be honest the content wasn't helpful as many points weren't relevant to the manuscript itself) and wonder if this is becoming standard practice? **AI-generated Content** • With the rapid rise (and acceptability) of AI tools in various aspects of manuscript generation, has JDR's or Sage's policy changed on this in terms of detecting AI-generated content and/or requiring disclosure? • Does JDR/Sage foresee AI being integrated into the editorial workflow, for example, to triage manuscripts? • Should the risks of integrating AI into the editorial/peer-review process be communicated to all reviewers? Should reviewers be required to pledge that they will not use AI in peer-reviewing when accepting an invitation to peer-review? What are the limits of using artificial intelligence tools in scientific writing? Use of AI in manuscript preparation: how should an editor or a reviewer handle articles which state that AI has been used in one or another way in the manuscript? How to deal with AI assisted writing by authors, Is AI-assisted reviewing allowed for peer reviewers? I think we need to discuss AI (of course) including what to do when we know we are reading AI generated work and also our own use of AI as reviewers .I think simply saying we can't use it is unrealistic, but we also need to use it as a reviewing tool and not a human reviewer replacement . A key area I would like to see covered is checking for use of AI in submitted articles - how to detect in the manuscript and how to respond to the author .This includes checking the reference list - ie that references relate to published articles not ones generated by AI . How to ethically use AI during reviews It would be helpful and timely to cover the topic of manuscripts written (or suspected to have been written) using **generative AI** .What policies does the journal have in place? What are the consequences for the authors if they do not declare the use of generative AI? How should reviewers act if they suspect the use of generative AI?

(continued)

Appendix 1 *(continued)*

Reviewers' Webinar (continued)

Themes	Comments/suggestions
Scope/Readership of Journal	Is it correct to assume that the intended readership of JDR includes dentists, dental hygienists, dental technicians, and researchers in dental science? Or is it also appropriate to consider researchers working in any field related to dental and oral health as part of the journal's intended readership? I raise this question in light of the growing convergence of disciplines driven by the influence of information science across virtually all scientific domains . General scientific principles, modelling techniques, formal logic, and computational methods are increasingly impacting not only the field of dental materials science, but also life sciences—particularly bioinformatics—and public health .As a peer reviewer, I would like to confirm whether JDR intends to actively publish cutting-edge interdisciplinary science related to dentistry, or whether such work should first be published in specialized journals and later cited in JDR as part of review articles .This is because we need to consider whether such content might go beyond what the intended readership is expected to understand What distinguishes this journal from the Journal of Dental Research (JDR), and what types of articles will be its primary focus? I believe it would be very helpful to talk and discuss about "the scope of the Journal", and what could be out of the Journal scope if any .
Expectations of Reviewers - General Questions	How to optimally manage reviews amidst our work schedules (eg number of reviews per year to accept etc) Many papers I have been receiving lately for review (not all from JDR!) are very technical with all kinds of data and statistics from single cell sequencing of tissues, large datasets, etc .but in reality, I don't always know what I am supposed to get out of them .They don't really test any biological principle or add to my understanding of a process .Just large data for large data's sake and a little conclusion thrown in .What do we do with these and what role does this data have in our field? How to connect these articles with data repositories and let the journals be a gateway to the shared repositories? Difference between a reviewer and copy editor (i e .reviewers should not seek to re-write a manuscript but rather focus on the robustness of the science) Expectations of impact of the work in relation to the journal (i e .managing expectations of standards and how much should be asked of authors) I remember feeling overwhelmed when asked to review the first few papers, since I thought I had to become an expert in the topic before performing a review .It took me years to figure out that I did not have to be an expert, but to provide an overview of the manuscript based on my understanding of experimental design, stats and scientific writing, for example .I believe this is a good starting point to relieve some of the pressure early career reviewers may feel . Expectations regarding the correction of text cohesion, spelling and formatting issues .Manuscripts that are scientifically sound, but badly written It would be helpful to understand how others approach reviewing interdisciplinary work so where the contents of a manuscript falls outside of our individual core expertise .How can we, as a reviewer, provide a fair and thorough assessment while acknowledging our limitations? I sometimes find myself stating that I won't review the statistics or health economic calculations in a manuscript but will focus mainly on the methodology and interpretation of results . A brief discussion on what the editor/ reviewer relationship and what editors are looking for in a review - what makes a review particularly helpful and what makes them unhelpful! Should the reviewer also check whether the formatted style of the paper adhere to the Journal guidelines and not only the scientific content, then it would be helpful to present this and explain in brief or give example about the format guideline of the Journal . I would like to suggest the topic "common red flags to watch for during peer review" . To what extent should we highlight grammatical changes to be made (will proofreading be covered by the editorial team?) What are the guidelines for included photos and graphs in the paper e g .what about if not very good quality, clinical photos should include special photo consent from patients, print screens of programs (as in sample size calculation programs), etc From my point of view the depth and extent of review is one thing which is highly divergent and could be clarified . Moreover, but maybe going beyond this, is stats review: This is where we always struggle when it comes to more complex designs and analytics

(continued)

Appendix 1 *(continued)*

Reviewers' Webinar (continued)

Themes	Comments/suggestions
Expectations of Reviewers: Statistics	• Interpretations of p-values and confidence intervals • Causal effects and language in observational studies • Examining risk of bias in systematic reviews I think it will be helpful to have general and reviewer friendly information on these issues so that across the dental sub-disciplines, these issues are not taken lightly . Level of detail expected How to manage papers that include components (domain knowledge, statistical techniques) beyond our area of expertise Data quality is critical with appropriate statistical analysis .Too often manuscripts have data of marginal quality particularly those that rely on imaging . • Statistical significance is different from physiologic, pathologic, or clinical significance . • Overinterpretation and excessive claims of novelty and importance . Discussions should tie the results with related studies in the literature How to spot common statistical errors or misleading data visualisations .It might be helpful to have a checklist or a series of questions to ask when reviewing the statistical analysis and figures as this isn't really captured within reporting guidelines .Or would the editors prefer we leave the statistical review to specialists?
Tips and questions about providing comprehensive and constructive feedback to authors	How to tell if there are fatal faults in a manuscript that warrant rejection . How to better convey actionable suggestions to tell the authors to improve What is the structure of a well-balanced review? Are major vs .minor comments expected/recommended? Tackling the importance of doing a constructive review and seeking improvement, even if the paper would be rejected (this could be the lifework of one student sitting somewhere in the world after years of hard work waiting for this moment of feedback of her/his work) .To discuss in brief the reviewer checklist and most important aspects to focus on within the review . I think it's worth explaining that there are reporting checklists for many different types of study now and that these can be used as prompts by peer reviewers Guidelines for epidemiological studies, such as STROBE and OHStat, have been published .All authors check the checklist before submitting their manuscripts, but some submissions do not necessarily follow the guidelines .Therefore, it may be useful to explain the points that are easily overlooked in these guidelines when reviewing epidemiological studies What are the guidelines for included photos and graphs in the paper e g .what about if not very good quality, clinical photos should include special photo consent from patients, print screens of programs (as in sample size calculation programs), etc Should the journal construct a rubric to reviewers to ensure comments are constructive/actionable and helpful in improving manuscripts?
Publishing Novel and Original Research/Impact	What are the most relevant points to consider when deciding on a paper that is methodologically sound but whose novelty is questionable? Perhaps address the ways to consider potential impact of the article and whether it is suitable for the journals and our journals' impact factors . As a peer reviewer, I would like to confirm whether JDR intends to actively publish cutting-edge interdisciplinary science related to dentistry, or whether such work should first be published in specialized journals and later cited in JDR as part of review articles .This is because we need to consider whether such content might go beyond what the intended readership is expected to understand What are the policies of JDR CTR when it comes to original vs repetitive/confirmatory nature of the articles? What is expected of the editors/reviewers in this issue? Current trends and focus areas of papers that the journal wishes to have time-efficient review tips How should the impact/relevance of the work we review feature in our recommendation to the editors

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Appendix 1 *(continued)*

Reviewers' Webinar (continued)

Themes	Comments/suggestions
Decisions/ Recommendations - The Role of Editor Versus Peer Reviewer	▪ How should we proceed when after rounds of major and/or minor revisions the manuscript is still lacking corrections or new issues were introduced? Some manuscripts look like they have potential, but need to be worked on .At times the authors work on some aspects, but it does not reach the expectations .Should we go more often for rejection, or is it acceptable to go for rejection after previously recommending major revisions? Review expectations for manuscripts we recommend rejection Disagreement resolution: How do editors deal with situations where a paper is stalled or consistently asked for revisions because the reviewers and authors are in disagreement on how a manuscript should proceed? Do/should the editors edit/ameliorate dismissive tone or selectively send reviewers' comments to authors? As an experienced researcher, I believe that PEER REVIEW is not always entirely fair, as decisions may ultimately depend on the opinion of the author(s) versus that of the reviewers, and sometimes even a single reviewer .It also occurs that the (associate) editor tends to follow the reviewer rather than the author(s), particularly since editors themselves cannot be regarded as fully neutral or unbiased .Needless to say, editors may also influence the review process by carefully selecting like/contrary-minded reviewers . This situation arises most frequently when new findings challenge previously "broadly accepted" concepts .Even when such findings are supported by sound and carefully obtained data, they may still be rejected because they contradict earlier research .We experienced this ourselves not long ago: although more than the usual two to three reviewers were invited (in fact five in total), publication was ultimately declined solely because one of the five reviewers remained opposed, a position the associate editor chose to endorse . It is clear that publishing "negative" but scientifically valid data is considerably more difficult, even though such findings are equally important for advancing knowledge and should be accessible to the research community . Unfortunately, the current literature remains too strongly biased toward "positive" results . For this reason, I would like to raise the issue of fair and unbiased peer review (from an editors' perspective), as well as the need to encourage the publication of negative data . I would like to suggest including a section on common reasons for rejection of manuscripts—both at the desk rejection stage and after the peer review process .I believe this would be very helpful for reviewers to better understand editorial expectations and to provide more constructive feedback to authors
Peer Reviewer Selection	What qualifications should be considered when selecting reviewers for the journal? Should metrics such as the number of publications or H-index be taken into account in the selection process? The Reviewer's Profile • What makes a good and credible reviewer? • Are reviewers evaluated/scored by editors? What are the criteria? • Is syncing reviews with Publons a good idea? Does it build a reviewers' profile? Is confidentiality guaranteed?
Ethical Considerations	A topic that I always found to be ambiguous in reviewing and editing assignments across journals, is how to approach manuscripts that involve animal experimentations .Despite ethical approval by regional IRBs and abiding by ARRIVE guidelines, the scientific question does not always justify the number of animals sacrificed in the various submitted works .I can propose that a specialist in the field addresses the different considerations on this topic as part of the Webminar, in an approach to calibrate reviewers and shape guidelines . 3 .Pre-screening for plagiarism or duplicate submissions It may be useful to include some real-life case scenarios and examples of how to handle them, for instance, ethical concerns (i e animal studies clinical trials) duplicate publications, and related issues .Having clear "pipelines" or processes for these situations would be especially helpful . Those issues are well described in a recent NYT article by Carl Zimmer: Fraudulent Scientific Papers Are Rapidly Increasing, Study Finds statistical analysis found that the number of fake journal articles being churned out by "paper mills" is doubling every year and a half https://www nytimes . com/2025/08/04/science/04hs-science-papers-fraud-research-paper-mills html

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Appendix 1 *(continued)*

Reviewers' Webinar (continued)

Themes	Comments/suggestions
Supporting Early Career Researchers (ECRs) as Peer Reviewers	Involvement, protocol on nominating ECRs
Reviewer Appreciation	Methods to express appreciation to reviewers (e g .automated certificates after paper review) Creating a network in the future and maybe a LinkedIn account to publicize the Journal and papers published, also to attract more reviewers .
Open Access	How can we use open data practices to enhance the credibility of publications?

Acknowledgements

Thanks to many people whom I wish to acknowledge here .We greatly appreciate the daily dedication and support of many at GHQ, in particular Isa Bishop, Kourtney Skinner, Denise Streszoff and Chris Fox, including our *JDR CTR* Associate Editor, Vanessa Muirhead,

- Our team at SAGE: Alex Moersen, Pandian Srinivasan, Nahda Tahsin and Isaac Hirsch .
- For those who served on our 2022-2025, we appreciate their many efforts through the reviews they have carried out for the journal .
- Of course, our SAB and other 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 also 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 Emerita
McGill University, Canada
Editor-in Chief, *JDR CTR*

Chief Executive Officer's Report, December 2025

OVERVIEW

The 103rd General Session of the IADR was held in conjunction with the 2025 IADR Pan European Regional Congress on June 25-28, 2025 .The event provided dental, oral, and craniofacial researchers the opportunity to present, discuss, and critique their latest findings in Barcelona, Spain .

The meeting was attended by 4,681 total delegates representing 96 different countries .Those in attendance attending the meeting could choose from among 354 Oral Presentations, 2,595 Poster Presentations, 6 Lunch & Learning Sessions, 23 Hands-on Workshops, 7 Satellite Symposia, 41 Symposia, and three Distinguished Lecture Series plenary sessions .Delegates also had the opportunity to visit the exhibit hall, which had 17 Corporate booths and 25 Institutional booths .

IADR President's Inaugural Address

View the inaugural address of Pamela Yelick, who became the 102nd IADR President at the conclusion of the General Session .

IADR Awards Presentations

View the 2025 IADR Awards presentation shown during the Opening Ceremonies .Congratulations to all the winners!

The 2025 Distinguished Lecture Series speakers were Leslea J .Hlusko, National Center for Research on Human Evolution, Burgos, Spain; Ahmed Ogwell, VillageReach, Seattle, USA; and Nobuhiko Kamada, University of Michigan, Ann Arbor, USA .

PUBLICATIONS

The *Journal of Dental Research* (*JDR*) 2-Year Journal Impact Factor™ is now 5 9, ranking it #7 of 162 journals in the "Dentistry, Oral Surgery & Medicine" category .The JDR 5-year JIF is now 7 3, with an Immediacy Index of 0 9, an article Influence score of 1 657, and an Eigenfactor of 0 01126 .The JDR once again maintains its #1 rank in total citations, with a total of 25,107 in 2024 .In the same category, the *JDR Clinical & Translational Research (JDR CTR)* 2-Year JIF is now 2 2, placing it tied for rank #59 .The *JDR CTR* 5-year JIF is now 2 8, with an Immediacy Index of 0 3, an article Influence score of 0 674, and an Eigenfactor of 0 00127 .The *JDR CTR* had 983 total citations in 2024 This news comes from the 2024 Journal Citation Reports® (Clarivate™, 2025) .

xGenerative Artificial Intelligence: Opportunities, Risks, and Responsibilities for Oral Sciences

In October, a new perspective article jointly published in the *JDR* and *JADA Foundational Science* highlighted the transformative potential of generative artificial intelligence (AI) in dental, oral, and craniofacial research while cautioning against its misuse and ethical pitfalls .Authored by Falk Schwendicke, LMU Clinics, Germany, et al , "Generative Artificial Intelligence: Opportunities, Risks, and Responsibilities for Oral Sciences" outlines how generative AI can accelerate scientific discovery .The paper calls for transparent disclosure of AI use, robust verification methods, and clear distinction between synthetic and real-world data .Ethical oversight, equity considerations, and human accountability remain central to responsible integration .

Arginine Dentifrices Significantly Reduce Childhood Caries

In August, IADR and AADOCR announced the publication of a new study in *JDR Clinical & Translational Research* that demonstrated that arginine dentifrices reduce dental caries in children with active caries as much as, or more than, a sodium fluoride dentifrice, depending on the arginine concentration .The study, "Arginine Dentifrices and Childhood Caries Prevention: A Randomized Clinical Trial" by Wei Lin, Sichuan University, et al . carried out a two-year, phase III, double-blind, three-arm, parallel-group, randomized controlled trial from April 15, 2019 through March 12, 2022 across three centers in China .It confirmed that depending on the concentration, arginine dentifrices offer a safe, effective alternative to sodium fluoride dentifrices .

HSRA's Role in the Academic Oral Health Workforce

In June, IADR and AADOCR announced the publication of a supplemental issue of *JDR CTR* entitled, "HSRA's Role in the Academic Oral Health Workforce." The guest editors are Linda Rasubala, Yanfang Ren, and Thomas Caprio of the University of Rochester School of Medicine and Dentistry .The issue describes the innovative work done by junior dental faculty supported by the United States' Health Resources and Services Administration (HRSA) programs, demonstrates the importance of investing in long-term faculty career development, and encourages dental educators and researchers to explore the intersection of primary care, teaching, and research .

Call for Papers: *JDR* Special Issue on Oral and Systemic Diseases

In January, *JDR* announced the upcoming publication of a special issue highlighting the complex relationship between oral and systemic diseases .The guest editors are Gustavo Garlet, University of São Paulo, Brazil, and Gustavo Nascimento, Duke-NUS Medical School, Singapore .The relationship between oral and systemic diseases has evolved significantly over the past few decades .While substantial progress has been made in this field, there remain opportunities to deepen our understanding of this complex topic .

IADR CONNECT WEBINAR SERIES

On the third Thursday of every month, the IADR Connect webinars explore the latest advancements in dental, oral, and craniofacial research .This year's IADR Connect webinars have included:

- **Phosphate, Proteins, and Patterning: Unraveling the Rules of Biomineralization**
  November 20, 2025
  Presented by the Mineralized Tissue Group
- **Host, Microbe, and Mouth: A New Look at Oral Interactions**
  October 16, 2025
  Presented by the Microbiology & Immunology Group
- **Building Critical Thinking Exercises into a Symbiotic Network with Outcomes-Based Learning, Assessment, and "Learning Moments"**
  September 18, 2025
  Presented by the Education Research Group
- **Surgical and Non-surgical Laser Approaches in Regenerative Periodontal Applications**
  August 21, 2025
  Presented by the Lasers and Bio-photonics Group
- **Peri-Implant Interfaces - From Laboratory Models to Clinical Design Strategies**
  July 17, 2025
  Presented by the Implantology Group
- **Integrating Oral Care into General Care of Older Adults - The OHS-interRAI and Oral Health Care Track**
  May 15, 2025
  Presented by the Geriatric Oral Research Group

- **3D Printing in Dentistry**
  February 20, 2025
  Presented by the Dental Materials Group
- **Innovations in Oral Research to Engage Excluded Populations**
  January 15, 2025
  Presented by the Dental Anesthesiology & Special Care Research Group

OTHER IADR WEBINARS

The IADR Webinar & CE On Demand Library allows users to participate in upcoming live webinars and view our growing portfolio of content .Members can submit a webinar proposal at any time for consideration .2025 webinars have included:

- **Strengthening Regional Synergies: Opportunities for Collaboration and Success Stories from the AMER Region**
  IADR Africa Middle East Region
  November 7, 2025
- **Team based Approaches in Improving Oral Health Inequalities: Celebrating the Contribution of Dental Hygienists, Dental Therapists and Oral Health Therapists**
  IADR Global Oral Health Inequalities Research Network
  May 20, 2025
- **Oral Health Research: From Innovative Qualitative Paradigms to HIV/AIDS Quantitative Studies**
  IADR Africa/Middle East Region
  April 25, 2025
- **Sociopolitical Determinants and Their Impact on Oral Health Inequalities**
  IADR Global Oral Health Inequalities Research Network
  March 6, 2025

- **Digital Workflow: A Review of Findings**
  IADR Digital Dentistry Research Network
  February 21, 2025
- **Articular Temporomandibular Disorders: Characteristics, Phenotypes, and Treatments**
  International Network for Orofacial Pain and Related Disorders Methodology
  February 19, 2025

ASK ME ANYTHING

Ask Me Anything (AMA) is a live, one-hour virtual event where IADR Community members interact through online discussions with an expert in dental, oral, and craniofacial research .AMA events are held exclusively on the IADR Online Community and are available only to IADR members .Recent AMA events have included:

- **Causal Interference in Oral Health: How Can Longitudinal Cohort Studies Contribute?**
  Host: Flavio Demarco, Federal University of Pelotas
  October 2, 2025
- **The Key to Boost Dental Education: It's Not About Knowing, It's About Sharing and Pushing Beyond the Conventional vs. Digital Dilemma**
  Host: Szabolcs Felszeghy, University of Eastern Finland
  May 12, 2025
- **Community Service Learning & Expanding Care for Minority Populations in Canada**
  Host: Abbas Ali Jessani, Western University, Ontario
  February 25, 2025

MEMBERSHIP

IADR had 10,457 members as of October, representing a 15 0% increase from the previous year with growth in each of the five IADR regions .Growth by region from October 1, 2024 to October 1, 2025 is as follows:

- Africa/Middle East - 13 3%
- Asia/Pacific - 30 0%
- Latin American - 7 4%
- North American - 1 7%
- Pan-European - 26 8%

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 continues to drive member engagement, while the IADR Online Community and the IADR Webinar Library increase networking opportunities and educational knowledge .As of October 2025, IADR had 15 Corporate Section members and 136 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 .The total funding used to provide IADR membership via the Adopt-A-Member Program in 2025 was $4,054 .

MARKETING & COMMUNICATIONS

IADR will engage its members via its website, marketing automation & email platform (Higher Logic), the *Global Research Update* monthly newsletter, webinar library, social media channels (LinkedIn, Twitter/X, BlueSky, Facebook, Instagram, and YouTube), and our online community .IADR emails have shown consistently strong performance throughout the year .As of November, the average open rate for all emails sent to groups of more than 100 members in 2025 was 47 6%, down from 49 0% in 2024 but above the 38-40% industry average for Nonprofits .The average click rate for our emails in 2025 was 7 3%, up from 6 4% in 2024 and well above the industry average .

Social Media

IADR regularly publishes content on the IADR @IADR, *JDR CTR* @JDRClinTransRes, and the *JDR* @JDentRes Twitter accounts . Among the tactics implemented in 2025 has been the adoption of Instagram as one of our primary social media channels, targeted campaigns for first-time presenters at the IADR General Session, and increased engagement with third-party organizations whose mission aligns with our own .

Online Community

The IADR Online Community allows IADR/AADOCR members to engage with other members throughout the year .Members can post events, discuss hot topics, share insights, and post resources while building their worldwide professional network .

FINANCE

The 2024 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 IADR as of December 31, 2024, 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, 2024, IADR's total assets were $17 3 million (unchanged from 12/31/23) .While unchanged, investments, prepaids, contributions receivable and amounts due from AADOCR increased and were offset by decreases in cash, accounts receivable and fixed assets .

Liabilities decrease from $2 9 million to $2 2 million primarily due to a decrease in deferred revenues due to the 2025 General Session being held in June as compared to the 2024 General Session being held in March .

Total revenues were $5 5 million up from $3 6 million in 2023 primarily due to higher conference registration, sponsorship and exhibitor fee revenues for the joint 2024 General Session as compared to the stand-alone 2023 General Session and higher membership dues revenues . This increase was partially offset by lower investment returns designated for current operations .

Total operating expenses for 2024 were $6 0 million, up from $5 4 million in 2023, primarily due to higher expenses associated with the 2024 General Session in New Orleans, and an increase in awards, grants and fellowships . Net assets at the end of year were $15 1 million, an increase of $0 7 million from the end of 2023 . $14 0 million of the net assets were without donor restrictions .

Although unaudited, the IADR portfolio balance as of Q3 2025 was $16 1 million, an increase of $1 7 million from the balance as of December 31, 2024 . The increase is primarily due to strong investment returns year-to-date, partially offset by draws 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 market volatility .

Preliminary year-end estimates for 2025 based on YTD Q3 results project IADR ending the year with a $0 1 million surplus versus a breakeven budget, or $0 1 million favorable to budget .The better-than-expected results are primarily due to a smaller than expected general operations deficit due to higher dues revenue and lower Board expenses and higher publications surpluses, partially offset by a lower-than-expected General Session surplus .

EXTERNAL RELATIONS

COP6 to the Minamata Convention on Mercury

In November, a landmark decision was reached at the Sixth Conference of the Parties (COP6) to the Minamata Convention on Mercury, where Parties agreed to set 2034 as the global phase-out date after which the manufacture, import, or export of dental amalgam will no longer be permitted .This milestone marks a major win for oral and public health and underscores the power of unified, science-based advocacy led by FDI World Dental Federation (FDI) and the IADR .FDI and IADR, with the support of the International Dental Manufacturers Association and the American Dental Association, worked tirelessly to secure a balanced outcome by actively engaging in and influencing discussions throughout the negotiations .The decision gives Parties (countries that have signed the treaty) nine years to adapt their national strategies and healthcare systems to this new framework .This aligns closely with FDI and IADR's long-standing position advocating for a coordinated and equity-focused phase-down that allows all countries, especially low- and middle-income nations, to strengthen capacity, build technical expertise, and ensure continuity of patient care during the transition .Read the press release .

Participation in 78th WHO World Health Assembly

The 78th World Health Assembly took place in Geneva, Switzerland in May 2025 .IADR made several individual interventions, as well as joint and constituency statements with the FDI World Dental Federation and the World Health Professions Alliance, during several provisional agenda items .IADR also partnered with FDI to host a side event, "Global Coalition on Oral Health: Mobilizing for Equity, Leadership, and Action Towards the 4th UNHLM on NCDs and Beyond," which focused on advancing oral health action nationally and globally through the Global Coalition on Oral Health .A panel discussion included IADR Vice President Jenny Gallagher and emphasized the value of multi-stakeholder collaboration as a driver of progress in oral health . The session also highlighted key recommendations for prioritizing the prevention and control of oral diseases at the upcoming UN High-Level Meeting on NCDs .

WHO Global Oral Health Meeting

The first ever WHO Global Oral Health Meeting took place in Bangkok, Thailand in November, attended by IADR President Satoshi Imazato, IADR Vice-President Jenny Gallagher, IADR CEO Christopher Fox, and IADR Director of Science Policy Makyba Charles-Ayinde .The meeting included WHO, national oral health leads, national UHC leads, non-State Actors and invited experts .IADR hosted a side event at the meeting titled, *From Insights to Impact: How an Oral Health Research Agenda Delivers for Population Health and UHC* .The goal of this meeting was to reaffirm political commitment by Member States to the Resolution on Oral Health adopted in 2021 .This meeting contributed to the preparatory process leading to the United Nations 4th High-level meeting on NCDS and Mental Health in September 2025 .

IADR Intervenes at UN Multistakeholder Hearing on NCDs and Mental Health

In preparation for the 4th High-Level Meeting of the UN General Assembly on the prevention and control of noncommunicable diseases (NCDs) and the promotion of mental health and well-being, the President of the UN General Assembly convened an interactive multistakeholder hearing on May 2 that provided a platform for stakeholders to share perspectives, highlight best practices, and propose actionable solutions to address the growing burden of NCDs and mental health conditions .

IADR attended two panel discussions during the hearing and, in collaboration with the FDI World Dental Federation, prepared two formal interventions .I also delivered a verbal intervention urging Member States to uphold their commitments to the WHO Global Oral Health Action Plan (GOHAP), emphasizing its value as a blueprint for integrating oral health into universal health coverage and broader NCD strategies .IADR was committed to advancing the inclusion of oral health within the global NCD agenda in the lead-up to the High-Level Meeting and continued this advocacy through its participation in several events at the World Health Assembly .

IADR Champions Oral Health at the UN General Assembly

Oral health stood tall during the United Nations this September, as it was recognized within the discussions of the Fourth High-Level Meeting (HLM) on Noncommunicable Diseases (NCDs) and Mental Health .Its inclusion in the draft Political Declaration marked important progress after years of persistent advocacy (last inclusion was in 2011) .IADR partnered with the FDI World Dental Federation to deliver joint statements during the HLM .With a verbal intervention in Panel 1, IADR and FDI urged governments to take bold multisectoral action to address the social and commercial determinants of oral diseases .The organizations called for fiscal measures such as health-promoting taxes on sugar-sweetened beverages, tobacco, and alcohol to reduce risk, raise revenue, and strengthen health systems .With a written intervention in Panel 2, IADR and FDI highlighted the importance of integrating oral health into essential benefit packages, aligning financing strategies with the WHO Global Oral Health Action Plan (2022–30), and closing equity gaps in access to care .They also underscored the need for investment in oral health research, data systems, and workforce innovation to support cost-effective, integrated care models .

NCD Alliance

2025 marked the seventh 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

2025 marked the fifth 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 .

IADR POLICY STATEMENTS

Antimicrobial Resistance

In May, IADR adopted a policy statement that recognizes Antimicrobial Resistance (AMR) as one of the most significant public health threats facing humanity today .AMR is responsible for an estimated 1 27 million deaths annually, with nearly 4 95 million deaths associated with drug-resistant infections, based on data from 2019 .Recent forecasts indicate that without effective intervention, these figures could rise to 1 91 million deaths attributable to AMR and 8 22 million deaths associated with AMR by 2050 .This alarming trend underscores the urgent need for coordinated action across all sectors, including dentistry . Accordingly, the WHO has identified AMR as a top global health priority and has approved a political declaration at the 79th United Nations General Assembly High-Level Meeting on AMR, committing to a clear set of targets and actions, including reducing the estimated 4 95 million human deaths associated with bacterial AMR annually by 10% by 2030 .Read the full statement .

Safety of Dental Amalgam

IADR revised its policy statement on dental amalgam in May . 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 when it's the best restorative option and alternatives would be inferior for clinical, economic or practical reasons .Also, IADR supports maintaining clinically acceptable existing amalgam restorations .In parallel, IADR emphasizes the importance of ensuring the safe use and proper management of amalgam throughout its lifecycle to minimize occupational exposure and environmental impact .IADR recognizes the broader environmental and societal concerns related to mercury, a substance producing significant adverse neurological and other health effects .Although the elemental mercury in dental amalgam becomes bound to a mixture of metals during placement (delivering amalgam its safety profile for the general population), any use of dental amalgam, by definition, increases the use of mercury, from mining to manufacturing to use and disposal . Therefore, for environmental reasons, IADR supports the phase-down strategy described in the Minamata Convention on Mercury . Read the full statement .

Use of Tobacco and Nicotine Products Position Statement

IADR revised its position statement on the use of tobacco and nicotine products in June .Tobacco and nicotine use remains a significant public health concern worldwide .Despite extensive efforts to reduce its prevalence, tobacco use continues to be a leading cause of preventable diseases and deaths (1) .Tobacco is widely used, with currently more than one billion smokers globally (2) .Tobacco and nicotine products encompass varieties of combustible products such as factory-manufactured cigarettes, roll-your-own cigarettes, water pipes/shisha/hookah/nargile, cigars, cigarillos and pipe tobacco .There are also some non-combustible tobacco products such as smokeless tobacco or snuff and emerging nicotine products including e-cigarettes, vaping devices, heated tobacco products, oral nicotine pouches, nicotine gels, and dissolvables .Read the full statement .

FUNDRAISING

As of November 10, 2025, IADR has received more than $651,000 in donations, which includes a planned gift of $250,000, since IADR began formal fundraising initiatives in 2022 .

Since January 1, 2025, IADR received more than $130,000 in actual donations in 2025 .This does not include IADR's upcoming annual solicitation during November/December 2025 .

IADR has four levels of giving:

- Innovation Society ($1-$999)
- Discovery Society ($1,000-$9,999)
- William J .Gies Society ($10,000+)
- Legacy Society (estate gifts)

Programs available for IADR donor support at iadr.org/giving are:

- Support of the IADR Mission
- IADR Adopt-a-Member Program
- IADR Centennial Travel Award for New Investigators
- IADR David B .Scott Fellowship
- IADR Dianne Rekow Mentoring in Science Award
- IADR Hatton Competition and Awards
- IADR Isaac Schour Memorial Award
- IADR John Clarkson Fellowship
- IADR John A .Gray Fellowship
- IADR John Greenspan Travel Award Endowment
- IADR Newell W .Johnson Travel Award Endowment
- IADR Scientific Groups and Networks Support

Endowment Status

Endowment	Funding Goal/ Status	Awarded (Year)
Newell W .Johnson Travel Award Endowment	Goal met in 2021	2022-2025
Dianne Rekow Mentoring in Science Award	First goal met in 2024	First award presented in 2025
John Greenspan Travel Award Endowment	Goal met in 2024	First award presented in 2025

Legacy Society

Lois Cohen

Other updates include:

Giving Tuesday is an opportunity for members to generously support the causes they care most about .A series of solicitation emails, social media campaigns (#GivingTuesday), and thank-you emails was sent coinciding with Giving Tuesday and end-of-year efforts in late 2025 .

FUTURE MEETINGS

- The 2026 IADR/AADOCR/CADR General Session & Exhibition will take place on March 25-28, 2026, in San Diego, CA, USA .
- The 2027 IADR/APR General Session & Exhibition will take place on June 23-26, 2027, in Melbourne, Australia
- The 2028 IADR/AADOCR/CADR General Session & Exhibition will take place on March 14-18, 2028 in Baltimore, MD, USA

IN MEMORIAM

Gary Rozier

Gary Rozier, a longtime IADR member and recipient of the H .Trendley Dean Memorial Award in 2005, passed away on January 28, 2025 .He was known as a cutting-edge researcher, consultant, and educator during his 44-year career in dental public health .He authored more than 170 peer-reviewed publications, as well as a great number of editorials, monographs, book chapters, and a book .During the time as an educator, he mentored hundreds of students and is known for holding students to the highest scientific standards .Dr .Rozier received his B S .degree from Wake Forest University and his D D S .and M P H .degrees from the University of North Carolina at Chapel Hill .

William Michael Edgar

Mike Edgar became a Lecturer in Oral Physiology at the University of Newcastle in 1968, a post he held until 1977, before being promoted to Senior Lecturer .During this time, he spent two sabbaticals in the United States as a Visiting Scientist at the Eastman Dental Center in Rochester in New York and at the National Institute for Dental and Craniofacial Research in Bethesda, Maryland .In 1982, he moved to the University of Liverpool as Professor of Dental Science .He retired from this post in 1996 but continued as an Emeritus Professor and Senior Research Fellow, supporting and championing dental research .Edgar was an enthusiastic supporter of IADR, where he served as Member-at-Large on the Board of Directors (1997-2000) and as President of the Cariology Research Group .He passed away on January 30, 2025 .

Michel Goldberg

Longtime IADR member and renowned scientist Michel Goldberg passed away on April 2, 2025 .Goldberg received the IADR Pulp Biology and Regeneration Distinguished Scientist Award in 2006 .In addition to his science, Goldberg worked tirelessly in furthering the Mission of IADR having served on the IADR Board of Directors from 1996-98 . He also received the IADR Distinguished Service Award in 2003 for his leadership in developing the concept of IADR Federations, which later evolved into the current IADR Regional structure .

Matthias Kern

Longtime IADR member Matthias Kern passed away on April 16 .From 1992-93 he was a Visiting Research Associate Professor at the University of Maryland, Baltimore, USA .He was a Professor and Chairman of the Department of Prosthodontics, Propaedeutics and Dental Materials at the Christian-Albrechts University at Kiel, Germany since 1997, and served as President of the German Society for Prosthetic Dentistry and Biomaterials from 2012-16 .Kern was the recipient of the IADR Distinguished Scientist Award in Research in Prosthodontics and Implants in 2020 .

Michael Alfano

Longtime IADR/AADOCR member Michael Alfano passed away in July . In addition to being a founding member of the US-based Friends of NIDCR, Alfano was made an Honorary Member of AADOCR in 2023 and received the AADOCR Jack Hein Public Service Award in 2004 .

Respectfully submitted,

Christopher H .Fox, DMD, DMSc
Chief Executive Officer
November 10, 2025

Appendix 2 — Membership & Attendance Tables
Active Membership by Division/Section

Division/ Section	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
American	3209	3145	2874	2636	2965	2967	3118	3351	3422	3453	3746	3382	3643
Argentine	94	82	103	98	97	101	140	155	139	128	137	128	130
Australian/ New Zealand	286	337	295	306	261	230	338	360	317	290	334	345	276
Bolivian	8	13	19	0									
Brazilian	369	261	276	179	209	370	442	463	565	307	1000	587	992
British	516	455	413	359	391	412	481	733	509	365	536	522	489
Canadian	305	278	218	206	236	232	360	252	241	228	265	258	297
Caribbean	16	19	12	15	20	13	42	30	34	16	11	7	
Chilean	76	94	100	59	87	123	95	96	70	81	121	91	114
Chinese	996	530	596	2020	621	516	613	1055	558	621	490	449	498
Colombian	76	97	164	70	79	85	72	78	81	80	100	63	93
Continental European	1160	912	769	753	805	732	986	977	974	816	1032	1078	1056
Costa Rican	28	78	50	8	10	12	27	23	18	13	20	19	24
East & South-ern Africa	50	59	22	14	23	31	35	30	227	102	85	112	81
Ecuadorian	22	6	35	1	15	3	16	19	14	31	18	20	23
Egyptian	63	40	33	75	42	56	35	54	41	59	68	47	54
Guatemalan	0	6	1	1	2	2	0	2		2			
Indian	202	117	100	109	104	100	160	259	193	252	77	83	79
Iranian	22	23	8	5	12	5	33	83	115	114	72	121	77
Iraqi	25	10	6	18	20	19	23	24	30	33	32	66	146
Irish	65	54	61	56	101	43	49	65	39	67	57	62	53
Israeli	150	72	176	118	176	73	106	103	118	182	132	115	125
Japanese	882	756	673	760	887	939	1169	1234	1221	1321	1373	1298	1517
Jordanian	37	35	56	3	5	4	4	9	3	1	2	3	5
Korean	206	131	96	82	84	101	175	177	120	836	302	180	185
Kuwaiti	98	144	98	115	74	40	41	43	70	68	85	122	97
Lebanese	10	14	16	7	8	7	12	13	16	16	13	15	16
Libyan	3	10	11	10	0	2	3	5	19	12	11		
Mexican	120	152	122	97	96	112	139	92	99	87	133	81	141
Mongolian	0	0	1	1	0	1	0	2			3		10
Nigerian	49	60	58	63	77	51	67	63	63	65	129	99	64
Other	63	13	7	23	29	12	9	16	14	20	44	29	36
Pakistani	20	22	22	24	35	49	16	28	35	16	36	14	30
Palestinian	16	25	11										
Panamanian	0	0	1	0	0	0	2	7	3	1	7	3	8
Paraguayan	2	3	4	2	9	0	1	0	1	2	1	2	7
Peruvian	51	46	53	23	33	41	30	56	55	59	50	51	49
Qatari	31	12	11										
Russian	4	5	9	8	9	7	13	15	18	11	25	50	9
Saudi Arabian	133	73	122	135	224	158	128	310	81	115	231	184	83
Scandinavian	288	224	205	190	190	210	293	279	347	250	313	316	299
South African	76	59	54	39	53	35	51	65	56	85	110	138	77
Southeast Asian	430	432	391	364	284	301	626	692	562	628	579	556	563
Sudanese	10	1	2	1	2	9	7	20	4	2	1	5	
Syrian	2	2	2	3	3	8	3	1	2	5	29	11	12
Tunisian	9	24	34	45	10	27	22	18	17	21	54	55	37
United Arab Emirates	50	56	33	26	21	12	22	14	15	16	14	9	10
Uruguayan	53	54	54	53	54	43	51	52	52	38	51	52	60
Venezuelan	54	49	66	11	30	14	13	19	12	14	14	25	92
Total	**10457**	**9090**	**8543**	**9192**	**8493**	**8308**	**10068**	**11442**	**10590**	**10929**	**11943**	**10853**	**11657**

Scientific Group/Network Membership by Region 2025

IADR Scientific Group/Network	Total		ES African	Egyptian	Iranian	Iraqi	Jordanian	Kuwaiti	Lebanese	Libyan	Nigerian	Palestinian	Qatar	Saudi	S African	Sudanese	Syrian	Tunisian	UAE	Other	AMER Total
Behavioral Epidemiologic and Health Services Research	848	Africa-Middle East	7	12	3	2	3	3		1	8	2	2	11	7	1		1	2	5	**70**
Cariology Research	723		5	9	3	3	1	5			2	1		10	1				1	8	**49**
Clinical and Translational Science Network	269			1		1								2	1				1		**6**
Craniofacial Biology	565			3	1			4	3		3		1		3					3	**21**
Dental Anesthesiology and Special Care Research	136		1	1	1	1					1			2					1		**8**
Dental Materials	1482			6	2	4	3	6	2		2		1	26	3		1	1	14	9	**80**
Diagnostic Sciences	150							1						3	6				1		**11**
Digital Dentistry Research Network	472			3	6	1	4	6				2	2	12	3			1	2	8	**50**
Education Research	360		2	2	1	1		1			2	1	3	7	5	3			5		**33**
e-Oral Health Network	164		1	7	2		1			1			2						1	5	**20**
Evidence-based Dentistry Network	245				1	3	1	7			2	2	1	5	2				3	3	**30**
Geriatric Oral Research	239										3			2					3		**8**
Global Oral Health Inequalities Research Network	326		8	4	1						10	1		1	11	1		1		3	**41**
Implantology	702			8	5	3	6	7	2		3	1	7	7	4			1	4	9	**67**
Intl Network for Orofacial Pain & Related Disorders Methodology	250		1	2		1	1	1						1	2					2	**11**
Lasers & Bio-photonics	135		1	3	1			1			2								1		**9**
Microbiology/Immunology	824				1		1	6			1				1			1	1	3	**15**
Mineralized Tissue	355		1												2				3	5	**11**
Minimally Invasive Dentistry Network	224		1	1		2		1				2	1	4	1				3	3	**19**
Network for Practice-based Research	62		1	1			1														**3**
Neuroscience	235														1	1					**2**
No Group/Network Selected	740		2				1	4			1		7	12	6			1	3	5	**42**
Nutrition Research	110					1		4	1	1				1						1	**9**
Oral & Maxillofacial Surgery	547		8	11	2	1	2	7			6	4	4	12	5	1		1	2	8	**74**
Oral Health Research	570		9	5	4	3	2	2			1		2	8	8	1			1	1	**47**
Oral Malodor Network	34							1				1									**2**
Oral Medicine & Pathology	501		1	3	1	2	4	3			3	2	1	8	7			1	3	6	**45**
Orthodontics Research	756		2	1	2	3	2	6	4	1	3	2	1	10	5				4	7	**53**
Pediatric Oral Health Research	581		3	7	2	2	2	19			4	2	1	10	6	2			4	6	**70**
Periodontal Research	1190		3	4	1	3	5	9			3		5	10	4			1	3	6	**57**
Pharmacology/Therapeutics/Toxicology	118				1			1						1	2				1		**6**
Prosthodontics	738		2	12	1	4	9	3					4	14	4			1	14	6	**74**
Pulp Biology & Regeneration	533		1	5	2		4	5				1	3	8	2		1		5	3	**40**
Salivary Research	272		2					3							1			2	1	1	**10**
Stem Cell Biology	376			3	3		1	2			1				1				6		**17**
Student Training and Research (STAR) Network	201			2		1	2				5		1	3	2				2	2	**20**
Women in Science Network	564		2	7			1	2	1		3		1	1	3					1	**22**
Grand Total:	**16597**		**64**	**123**	**47**	**42**	**57**	**120**	**13**	**4**	**69**	**24**	**50**	**191**	**109**	**10**	**2**	**13**	**95**	**119**	**1152**

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IADR Scientific Group/Network	Total		Australian/New Zealand	Chinese	Indian	Japanese	Korean	Mongolian	Pakistan	SE Asian	Other	APR Total
Behavioral Epidemiologic and Health Services Research	848	Asia-Pacific	49	26	12	33	9		1	48		**178**
Cariology Research	723		18	54	21	42	2		3	30		**170**
Clinical and Translational Science Network	269		4	17	6	2	2			11		**42**
Craniofacial Biology	565		7	70	6	34	2		2	16		**137**
Dental Anesthesiology and Special Care Research	136		4	7	5	21	1			9		**47**
Dental Materials	1482		34	128	15	145	38		8	78		**446**
Diagnostic Sciences	150		1	8	8	12	2			2		**33**
Digital Dentistry Research Network	472		14	37	12	11	14		3	43		**134**
Education Research	360		22	10	13	7	4			14		**70**
e-Oral Health Network	164		9	6	12	4	1			10		**42**
Evidence-based Dentistry Network	245		15	20	10	1	2		1	8		**57**
Geriatric Oral Research	239		13	14	2	40	6			19		**94**
Global Oral Health Inequalities Research Network	326		31	8	9	12	1		1	11	1	**74**
Implantology	702		13	115	12	37	12		1	27		**217**
Intl Network for Orofacial Pain & Related Disorders Methodology	250		4	15	6	10	4			17		**56**
Lasers & Bio-photonics	135		5	2	6	3			1	4		**21**
Microbiology/Immunology	824		19	72	5	68	22			36		**222**
Mineralized Tissue	355		4	39	5	24	9			7		**88**
Minimally Invasive Dentistry Network	224		7	7	8	4	1			13		**40**
Network for Practice-based Research	62		4	1	1	2	1			3		**12**
Neuroscience	235		3	14		33	3			12		**65**
No Group/Network Selected	740		12	71	7	86	27			8		**211**
Nutrition Research	110		4			5	1			8		**18**
Oral & Maxillofacial Surgery	547		9	98	8	22	16			21		**174**
Oral Health Research	570		26	34	13	32	10		1	19	1	**136**
Oral Malodor Network	34			2		1				2		**5**
Oral Medicine & Pathology	501		22	43	22	26	6		2	22		**143**
Orthodontics Research	756		14	118	19	60	8		1	32		**252**
Pediatric Oral Health Research	581		26	35	19	17	5		1	26		**129**
Periodontal Research	1190		21	115	26	107	17		1	50		**337**
Pharmacology/Therapeutics/Toxicology	118		3	3	2	10	2		1	5		**26**
Prosthodontics	738		15	93	13	100	22			46		**289**
Pulp Biology & Regeneration	533		14	67	18	36	7			34		**176**
Salivary Research	272		2	12	3	23	6			4		**50**
Stem Cell Biology	376		4	80	1	23	10		1	29		**148**
Student Training and Research (STAR) Network	201		6	8	5	4				6		**29**
Women in Science Network	564		12	14	14	7			1	9		**57**
Grand Total:	**16597**		**470**	**1463**	**344**	**1104**	**273**		**30**	**739**	**2**	**4425**

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IADR Scientific Group/Network	Total		Argentine	Bolivia	Brazilian	Caribbean	Chilean	Colombian	Costa Rican	Ecuadorian	Guatemalan	Panamanian	Paraguayan	Peruvian	Uruguayan	Venezuelan	Other	LAR Total
Behavioral Epidemiologic and Health Services Research	848	Latin American	4		40	3	7	13	2	3			1	5	4	4	1	**87**
Cariology Research	723		16	2	64	1	11	12	5	2				7		7		**127**
Clinical and Translational Science Network	269		1		2		1	1										**5**
Craniofacial Biology	565		1	1	6	1	1	4										**14**
Dental Anesthesiology and Special Care Research	136		2		2	1			1	1				1				**8**
Dental Materials	1482		9		97		4	8	4	5				10	4	4		**145**
Diagnostic Sciences	150		1		2										3		1	**7**
Digital Dentistry Research Network	472		1	2	15	1		2		5					2	2	1	**31**
Education Research	360		4		7			1		1				2	1			**16**
e-Oral Health Network	164				5	1		2		1						1		**10**
Evidence-based Dentistry Network	245		2	2	7		2	5	1							1	2	**22**
Geriatric Oral Research	239				8		4	3		1					1	1		**18**
Global Oral Health Inequalities Research Network	326		1		14	1	3	4						9				**32**
Implantology	702		4		25		4		2	5						7	5	**52**
Intl Network for Orofacial Pain & Related Disorders Methodology	250				9		7	2	3									**21**
Lasers & Bio-photonics	135		1		14		1	2							4			**22**
Microbiology/Immunology	824		2		18	1	13	10						2		1		**47**
Mineralized Tissue	355		2		9			3	1				1		1			**17**
Minimally Invasive Dentistry Network	224		1	1	12				1						1	1	2	**19**
Network for Practice-based Research	62				1					1								**2**
Neuroscience	235				8			3	1						1			**13**
No Group/Network Selected	740		2		11		2	1							2	1		**19**
Nutrition Research	110		2		6		2	1										**11**
Oral & Maxillofacial Surgery	547		2		4		4	4	3	3				2	1	4		**27**
Oral Health Research	570		1		8		1							3	4			**17**
Oral Malodor Network	34				1													**1**
Oral Medicine & Pathology	501		6		11	2	4	5	1	3				1	5	5		**43**
Orthodontics Research	756		3	1	12	2	3	3	1	1				2	5	3		**36**
Pediatric Oral Health Research	581		7	1	31	2	2	2	1	1				9	8	8		**72**
Periodontal Research	1190		8		25	2	16	12	4	3				3		6	1	**80**
Pharmacology/Therapeutics/Toxicology	118		1		4		3	3	2									**13**
Prosthodontics	738		2	1	41	2	2	1	3	4				3	2	9	15	**85**
Pulp Biology & Regeneration	533		12	1	20		11	6	2					2		1		**55**
Salivary Research	272		5		19		2	1	1						1			**29**
Stem Cell Biology	376				4		1	2						1	3		1	**12**
Student Training and Research (STAR) Network	201				3	2	1			1							1	**8**
Women in Science Network	564		2		26		5		5					4	2		1	**45**
Grand Total:	16597		**105**	**12**	**591**	**22**	**117**	**116**	**44**	**41**			**2**	**66**	**55**	**66**	**31**	**1268**

Continued from previous page

IADR Scientific Group/Network	Total	North American	American	Canadian	Mexican	NAR Total	Pan European	British	Continental European	Irish	Israeli	Russian	Scandinavian	PER Total
Behavioral Epidemiologic and Health Services Research	848		270	46	19	**335**		84	54	9	13		18	**178**
Cariology Research	723		204	14	7	**225**		30	89	7	3	2	21	**152**
Clinical and Translational Science Network	269		161	13	1	**175**		16	19		3		3	**41**
Craniofacial Biology	565		305	25	3	**333**		12	34		8		6	**60**
Dental Anesthesiology and Special Care Research	136		37	3	2	**42**		7	15	6			3	**31**
Dental Materials	1482		392	34	21	**447**		71	251	2	6		34	**364**
Diagnostic Sciences	150		59	10	2	**71**		7	17	1	2		1	**28**
Digital Dentistry Research Network	472		123	12	3	**138**		22	85	1	4		7	**119**
Education Research	360		135	13	2	**150**		42	31	10	1	1	6	**91**
e-Oral Health Network	164		34	15		**49**		13	19	1	6		4	**43**
Evidence-based Dentistry Network	245		78	11	3	**92**		11	21	4	2		6	**44**
Geriatric Oral Research	239		43	8	7	**58**		13	30	8	2		8	**61**
Global Oral Health Inequalities Research Network	326		87	23	4	**114**		40	14	2	2		7	**65**
Implantology	702		178	18	4	**200**		31	101	2	7	1	24	**166**
Intl Network for Orofacial Pain & Related Disorders Methodology	250		47	14	2	**63**		8	58	1	3		29	**99**
Lasers & Bio-photonics	135		49	3	1	**53**		5	21	2			2	**30**
Microbiology/Immunology	824		349	24	6	**379**		56	54	4	20		27	**161**
Mineralized Tissue	355		158	12	7	**177**		23	29		2	1	7	**62**
Minimally Invasive Dentistry Network	224		44	7	7	**58**		9	66	4	2		7	**88**
Network for Practice-based Research	62		18	4		**22**		6	12	3			2	**23**
Neuroscience	235		70	10	1	**81**		4	29	2	5		34	**74**
No Group/Network Selected	740		254	14	2	**270**		45	104	1	10		38	**198**
Nutrition Research	110		41	3	2	**46**		4	17	2			3	**26**
Oral & Maxillofacial Surgery	547		182	12	6	**200**		8	33	5	16		10	**72**
Oral Health Research	570		184	34	20	**238**		44	62	8	3		15	**132**
Oral Malodor Network	34		11			**11**		5	10					**15**
Oral Medicine & Pathology	501		159	18	4	**181**		36	25	4	12		12	**89**
Orthodontics Research	756		285	29	9	**323**		9	55	1	15		12	**92**
Pediatric Oral Health Research	581		150	22	6	**178**		27	76	5	10		14	**132**
Periodontal Research	1190		372	25	7	**404**		69	158	5	28		52	**312**
Pharmacology/Therapeutics/Toxicology	118		52	3	2	**57**		2	12		1		1	**16**
Prosthodontics	738		97	18	6	**121**		25	105	4	11		24	**169**
Pulp Biology & Regeneration	533		131	13	5	**149**		19	71	5	11		7	**113**
Salivary Research	272		95	14	1	**110**		13	38	3	7	1	11	**73**
Stem Cell Biology	376		102	11	5	**118**		15	50	2	6	1	7	**81**
Student Training and Research (STAR) Network	201		87	14	4	**105**		13	18	1	3		4	**39**
Women in Science Network	564		299	26	7	**332**		25	60	1	10		12	**108**
Grand Total:	**16597**		**5342**	**575**	**188**	**6105**		**869**	**1943**	**116**	**234**	**7**	**478**	**3647**

Journal of Dental Research Subscriptions by Year

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Member Print	751	677	601	526	436	347	276	220	190	177	179
Member Online	7581	7028	7495	7757	7173	5911	6243	6889	6265	6428	6,684
Student Print	151	112	99	120	92	66	74	50	87	84	89
Student Online	3471	3128	3085	3289	2895	2397	2262	2299	2278	2669	3,773
Institutional Print and Online	477	455	418	398	333	288	274	258			
# of Institutions via consortia	4244	4364	4487	4819	4812	4858	4850	4892			
Total # of Institutions*									5021		
Total	**16675**	**15764**	**16185**	**16909**	**15741**	**13867**	**13979**	**14608**	**13841**		

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	2024	2025
Member Print	154	169	164	144	128	146	87	94	106
Member Online	7495	7757	7173	5911	3243	6889	6265	6428	6,684
Student Print	42	52	37	29	27	40	33	47	43
Student Online	3085	3289	2895	2397	2262	2299	2278	2669	3,773
Institutional Print and Online	418	398	333	295	279	254			
# of Institutions via consortia	3218	3486	3407	3435	3522	3333			
Total # of Institutions*							3,624	3319	10,268
Total	**14412**	**15151**	**14009**	**12211**	**9461**	**12961**	**12287**	**12557**	**20874**

*Institutional model changed to catgorize 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 – Iguaçu 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
2024 – New Orleans^^^	2137	1450	162	76	129		3954	127	202	4,283	3118
2025 – New York (AADOCR)^^^	1085	981	92	65	70	2293	101	152	2,546	1,509	
2025 – Barcelona, Spain (IADR)^^^	2475	1381	171	107	161	4295	90	296	4,681	2,949	

*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#/270+	840	215/165#/180+	360	100
2013	500	875	235	395	100/50
2014 (AADOCR)	470	820	180	275	100/50
2014 (IADR) (rates include 14% VAT)	585/295&	1,015	290/225&	495	100/50
2015	520	895	260	445	100/50
2016 (AADOCR)	495	865	195	295	100/50
2016 (IADR)	530/265^	915	265/200^	455	100/50
2017	540/270%	930	270/205%	465	100/50
2018 (AADOCR)	520/260	895	260	445	100/50
2018 (IADR) (rates include 20% VAT)	660/330	1134	330/246	564	120/60
2019	580/290^^	960	290/220^^	480	120/60
2020	590/295*^	975	295/220*^	485	100/50
2021	600/300^^	990	300/225^^	495	100/50
2022 (AADOCR)	610	1090	290	540	100/50
2022 (IADR)	605/290^^^	1040	290/210^^^	520	100/50
2023 (AADOCR)	640	1145	305	565	100/50
2023 (IADR)	640/305^^^	1145	305/220^^^	565	100/50
2024 (IADR)	675/340^^^	340/255^^^	1205	605	100/50
2025 (AADOCR)	725	65	1295	650	100/50
2025 (IADR)*	710/355^^^	355/265^^^	1265	635	100/50
2026 (IADR)	745/375^^^	375/280^^^	1330	665	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

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 .

+ 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

& 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 .

^ 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 .

% 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 .

" 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 .

^^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 .

^^^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 .

*Rates listed are not inclusive of the 21% Spanish Value Added Tax (VAT)

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[2]	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[3]	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[4]	56/70/140/*112*	130/*104*	50	*106/120/190/162*	270/*216*	42	35
2015[5]	56/85/155/*124*	135/*108*	50	106/135/205/*174*	290/*232*	47	40
2016	58/99/165/*132*	140/*112*	50/*20*[6]	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
2024	79/135/225/180	200/159	50/20	129/185/275/230	445/339	79	60
2025	79/135/225/180	200/159	50/20	129/185/275/230	445/339	79	60
2026	83/83/141/236	210/63	100/40	123/93/241/336	466/146	83	63

[1] online only *JDR* is included as an IADR membership benefit

[2] IADR membership structure based on the World Bank Classification was introduced .Member dues are determined by their country of residence .

[3] The *JDR* publishing is moved to SAGE .

[4] 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 .

[5] 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 .

[6] 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 2025)

IADR Gold Medal

Lawrence Tabak	2018	Andrew John Rugg-Gunn	2023
Barry Sessle	2020	Stephen J .Challacombe	2024
David Williams	2021	Gottfried Schmalz	2025
Sally Marshall	2022		

IADR/AADOCR William J. Gies Award

(supported by J .Morita Corporation)

Yutaka Matsuki *et al.*	1996	Catherine Poh *et al.*	2013
Gary Wise *et al.*	1997	Marja Laine *et al.*	2014
M A .Moon & N P P . Ryba *et al.*	1998	Yashuhiro Yoshida *et al.*	2014
Michael Paine *et al.*	1999	Richard Darveau *et al.*	2014
Paul Allison *et al.*	2000	Maiko Suzuki *et al.*	2015
J .Simmer *et al.*	2001	Dean Ho *et al.*	2015
D B Ravassipour *et al.*	2002	Moritz Kebschull *et al.*	2015
Eben Alsberg *et al.*	2003	Waruna Dissanayaka *et al.*	2016
Kailash Bhol *et al.*	2003	Keita Asai *et al.*	2016
Shuo Chen *et al.*	2003	Thomas Van Dyke *et al.*	2016
Kazuhiro Kohama *et al.*	2004	Yan Jing *et al.*	2017
Courtney Young *et al.*	2004	Brian Howe *et al.*	2017
Mari Onozuka *et al.*	2004	Yupeng Li *et al.*	2017
Jian Feng *et al.*	2005	Yukano Fukushim-Nakayama *et al.*	2018
William L .Murphy *et al.*	2005	Nicholas Kassebaum *et al.*	2018
Jung-Wook Kim *et al.*	2005	Liu Yang *et al.*	2018
Atsushi Ohazama *et al.*	2006	Ivor Chestnutt *et al.*	2019
Xiu-Ping Wang *et al.*	2006	Shihai Jia *et al.*	2019
Alexandre Viera *et al.*	2006	Kihoon Nam *et al.*	2019
Bing Hu *et al.*	2007	Nigel Hammond *et al.*	2020
Darnell Kaigler *et al.*	2007	Elizabeth Smith *et al.*	2020
Adriana Modesto Vieira *et al.*	2007	Olivia Urquhart *et al.*	2020
Carolyn Gibson *et al.*	2008	Claudia Brizuela *et al.*	2021
Marcela Carrilho *et al.*	2008	Mohammed Zahedul Nizami *et al.*	2021
Gregory Essick *et al.*	2008	Mark Payne *et al.*	2021
Erica Scheller *et al.*	2009	Xue Yuan *et al.*	2022
Anne Sanders *et al.*	2009	Jingou Liang *et al.*	2022
Sebastian Paris *et al.*	2009	Kirtana Ramadugu *et al.*	2022
Marta Miyazawa *et al.*	2010	Yanling Xie *et al.*	2023
Takahiro Ogawa *et al.*	2010	Bei Chang *et al.*	2023
Carol Bassim *et al.*	2010	Patrick Yi Feng Wen *et al.*	2023
Luciano Casagrande *et al.*	2011	Anting Jin *et al.*	2024
Rui Chen *et al.*	2011	Yao Yao *et al.*	2024
Xiaoli Gao *et al.*	2011	Harriet Larvin *et al.*	2024
Lisha Gu *et al.*	2012	Chiaki Tsutsumi-Arai *et al.*	2025
Shinya Murakami *et al.*	2012	Xiaoli Gao *et al.*	2025
Naritaka Tamaoki *et al.*	2012	Xiaoxiao Cai *et al.*	2025
John R .Shaffer *et al.*	2013		
Lei Cheng *et al.*	2013		

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
Arwa Daghrery, Jazan University, Saudi Arabia	2024

(Discontinued)

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	Akihisa Fukuda	2004
Michael Kanellis	1996	Nadia Al-Hazmi	2004
Peter Mossey	1996	Quang Nguyen	2004
Valerie Robison	1996	Shimin Li	2004
Usuf Chikte	1997	Raghad Hashim	2005
Suzanne Eberling	1997	Petros Papagerakis	2005
Kaumudi Joshipura	1997	Mairobys Socorro	2005
Jun-Hong Kim	1997	Olalekan Ayo-Yusuf	2005
Athanasios Zavras	1998	Luigi Nibali	2005
Hyun (Michel) Koo	1998	Rahena Akhter	2005
Eva Helmerhorst	1998	Michael Passineau	2006
Bennett Amaechi	1998	Daichi Chikazu	2006
Chin-Ying Hsu	1998	Ayodeji Esan	2006
Camile Farah	1998	Diep Hong Ha	2006
Ismail Darout	1999	Maximiliano Cenci	2006
Carlos Francci	1999	Haiping Tan	2006
Shoji Horiguchi	1999	Anshula Deshpande	2007
Christina Jespersgaard	1999	Michiko Makino	2007
Cinthia Tabchoury	1999	Xiuli Sun	2007
Chin-Ying Hsu	1999	Sergio Uribe	2007
Sherif Helal	2000	Anita Bhavnani	2007
Kiran Singh	2000	Francesco D'Aiuto	2007
Ziv Sandalon	2000	Juliane Guerreiro-Tanomaru	2008
Svetlana Tichonova	2000	Jason Armfield	2008
Jing Wang	2000	Thomas Postma	2008
Regia Zanata	2000	Seok-Mo Heo	2008
Hyun (Michel) Koo	2001	Jennifer Crowe	2008
Sharona Dayan	2001	Chaminda J .Seneviratne	2008
Maria Mielnik-Blaszczak	2001	Anastasia Papapostolou	2009
Dorothy Boyd	2001	Juliano Pessan	2009
Waranun Buajeeb	2001	Yoav Neumann	2009
Ynara Lima-Arsati	2001	Linda Okoye	2009
Ali Cekici	2002	Daniel Moreinos	2009
Sharon Elad	2002	Ranawaka A .Prasad Perera	2009
Arena Galuscan	2002	Omolara Uti	2010
Silvana Florescu-Zorila	2002	Hirokazu Konishi	2010
Carlos Nurko	2002	Guy Krief	2010
Adriana Paes Leme	2002	Thais Parisotto	2010
Carolina Aires	2003	Stephen Greene	2010
Peter Augustin	2003	Li Zheng	2010
Nicholas Karaiskos	2003	Nihal Bandara	2011
Sunny Okeigbemen	2003	Fu Chen	2011
Mariana Villarroel-Dorrego	2003	Omer Fleissig	2011
Towako Wakui	2003	Thanuja D .Kumari Herath	2011
Loc Do	2004	Melissa Kato	2011
Giovana Pecharki	2004		

Appendix 3 — Awards & Fellowships Winners (through 2025)

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

Jin Hee Kwak	2011	Shayan Darvish	2019
Cristiane Cardoso	2012	Nicholas Fischer	2019
Pei Hui Ding	2012	Joshua Jenkins	2019
Waruna Dissanayaka	2012	Tatiana Martini	2019
Yolanda Kolisa	2012	Kenneth Sims	2019
Raluca Stiubea-Cohen	2012	Letícia Capalbo	2020
Yu-Wei Wu	2012	Farzana Chowdhury	2020
Imade Ayo-Yusuf	2013	Mahmoud Elashiry	2020
Vincenzo Desiderio	2013	Ting Sang	2020
Jeevanie Epasinghe	2013	Jingyang Zhang	2020
Michele Manarelli	2013	Li Zhou	2020
Sharon Shany-Kdoshim	2013	Christine Shaffer	2021
Stephanie Garcia	2013	Jennifer Baez-Polan	2021
Omer Deutsch	2014	Rania Nassar	2021
Duangporn Duangthip	2014	Thamyris de Souza Carvalho	2021
Jackeline Amaral	2014	Nathan Schiffman	2021
Rui Li	2014	Yun Niu	2021
Thatsanee Saladyanant	2014	Alaa Alkhateeb	2022
Andres Alvarez	2015	Yuanyuan Han	2022
Nailê Damé-Teixeira	2015	Samanta Mascarenhas Moraes	2022
Karolina Kaczor-Urbanowicz	2015	Tamara Teodoro Araujo	2022
Fatema Khanbhai	2015	Caojie Liu	2022
Yuliya Mulyar	2015	Egle Petrauskiene	2022
Dara Shearer	2015	Alaa Al Atta	2023
Vinay Pitchika	2016	Leonardo Libardi Pagotto	2023
Victor Matsubara	2016	Tianle Li	2023
Nathan Jones	2016	Yinli Liu	2023
Tan Nguyen	2016	Jessy Kamila Sihuay Torres	2023
Vanessa Sousa	2016	Ge Kelsey Xingyun	2023
Min Gyu Kwak	2016	Luana Mendonça Dias	2024
Preethi Prajod	2017	Charlotte Guillouet	2024
Jeong-Hyun Kang	2017	Bree Jones	2024
Cameron Stewart	2017	Hélvis Paz	2024
Vasiliki Koidou	2017	Jinwen Wang	2024
Mor Shlezinger	2017	Randa Yassin	2024
Roger Junges	2017	Susanth Alapati	2025
Ali Alsharif	2018	May Anny Alves Fraga	2025
Soraya León	2018	Wener Chen	2025
Dono Kahharova	2018	Omotayo Francis Fagbule	2025
Kassapa Ellepola	2018	Emmanuel Aladenika	2025
Dina Moussa	2018	Shengyan Yang	2025
Yasir Siddiqui	2018		
Mohammed Nadeem Bijle	2019		

IADR Distinguished Service Award
(supported by J .Morita Corporation)

Knut Selvig	1998	Prathip Phantumvanit	2012
Shelby Kashket	1999	Jocelyne Feine	2013
Peter Cleaton-Jones	2000	Eino Honkala	2014
Irwin D .Mandel	2001	Francois de Wet	2014
Lois Cohen	2002	Mariano Sanz	2015
Michel Goldberg	2003	Derek Jones	2016
Denis O'Mullane	2003	Harold Sgan-Cohen	2017
Christopher Squier	2004	Susan Reisine	2018
Thomas Lehner	2005	S .Jeffrey Dixon	2019
Chong-Pyoung Chung	2006	Kiyoshi Ohura	2020
Robert Collins	2007	Bart Van Meerbeek	2022
Olav Alvares	2008	Alvaro Della Bona	2023
Fujio Miura	2009	Colman McGrath	2024
Hector Lanfranchi	2010	Finbarr Allen	2025
Gottfried Schmalz	2011		

IADR Dianne Rekow Mentoring in Science Award
(supported by an endowment established for Dianne Rekow)

Erin Bumann (mentor) and Claire Houchen (mentee), University of Missouri-Kansas City, American Division	2025

IADR E.W. Borrow Memorial Award
(supported by The Borrow Foundation)

Kenneth Stephen	1992	Lars Petersson	2009
Andrew Rugg-Gun	1993	James Wefel	2010
Thomas Marthaler	1994	Svante Twetman	2011
Denis O'Mullane	1995	A .John Spencer	2012
Göran Koch	1996	Anthony Blinkhorn	2013
James Wefel	1997	Anne Maguire	2014
Jorma Tenovuo	1998	Eino Honkala	2015
William Bowen	1999	Margherita Fontana	2016
Peter Milgrom	2000	Loc Do	2017
Birgit Angmar-Mansson	2001	Cynthia Pine	2018
Faiez N .Hattab	2002	Helen Whelton	2019
Gunnar Rølla	2003	Jaime A .Cury	2020
Jan Ekstrand	2004	Edward C M .Lo	2021
George Stookey	2005	Karen Peres	2022
Poul Erik Petersen	2006	Richard Niederman	2023
Alberto Villa	2007	Livia Tenuta	2024
Michael Lennon	2008	Francisco Ramos-Gomez	2025

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 Wochester, 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 TW .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

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

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
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 Samanaranake 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 Samaranayke, 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
Geelsu Hwang (University of Pennsylvania, Philadelphia, USA) 2024
Rania Nassar (Mohammed Bin Rashid University of Medicine and Health Sciences, Dubai, United Arab Emirates) 2024
Silvana Papagerakis (Université Laval, Quebec City, Canada) 2024
Prasanna Neelakantan (University of Alberta, Canadian Division) 2025
Yong Wang (University of Missouri- Kansas City, American Division) 2025
Ollie Yiru Yu (The University of Hong Kong, Southeast Asian Division) 2025

IADR John Greenspan Travel Award
(supported by an endowment established for John Greenspan)

Heriati Sitosari 2025

IADR KULZER Travel Awards
(supported by KULZER)

Jonathan An 2010
Yu Furuya 2010
Mohammed Hadis 2010
Philipp Kohorst 2010
Sybele Saska 2010
Carina Castellan 2011
Nathaniel Lawson 2011
Neshka Manchorova-Veleva 2011
Giulio Marchesi 2011
Hiroyuki Miyajima 2011
Yoshio Abe 2012
Araceli Acevedo-Contreras 2012
Paula Benetti 2012
Juliano Pierri 2012
Alexander Stepuk 2012
Yang Xia 2013
Kelly Sayre 2013
Pedro Corazza 2013
Jean-François Nguyen 2013
Xi Chen 2013
Anas Aljabo 2014
Jamila Almuhamadi 2014
Olivia Osiro 2014
Taneka Taylor-Jones 2014
Jiajun Zhu 2014
Eliseu Munchow 2015
Kyle Serkies 2015
Alaa Turkistani 2015
Dongyun Wang 2015
Ahmed Zaghloul 2015
Basma Ghandourah 2016
Chen Xuan Wei 2016
Hao-chieh Chang 2016
Shaza Bishti 2016
Sherif Elsharkawy 2016
Yvette Alania 2017
Ken Irari 2017
Dina Moussa 2017
Michael Wendler 2017
Shuping Zhao 2017
Maher Eldafrawy 2018
Cameron Stewart 2018
Isabel Olegário 2018
Pimpinee Eamsa-ard 2018
Maher Mohamed 2018
Hao Ding 2019
Nicholas Fischer 2019
Joshua Jenkins 2019
Kartikeya Jodha 2019
Elizabeth Rocha 2019
Arwa Daghrery 2020
Valentin Herber 2020
Kimberly Ngai 2020
Mohammed Zahedul Islam Nizami 2020
Yin Ziaoxue 2020
Lohitha Kalluri 2021
Isadora Garcia 2021
Yehuda Klein 2021
Abdulrahman A .Balhaddad 2021
Takahiko Sakai 2021
Hatim Dhaifallah Alqurashi 2022
Priti Pragati Rath 2022
Divya Chopra 2022
Zidu Zeng 2022
Zhihao Zhai 2022
Alaa Al Atta 2023
Apurva Mishra 2023
Clarice Sabino 2023
Po-Chun Tseng 2023
Merve Uctasli 2023
Rawan Almulaify 2024
Rosalind Sin Man Chan 2024
Sandra Olivia Kuswandani 2024
Beatriz Ometto Sahadi 2024
Fernanda Tsuzuki 2024
Maria Helena Borges 2025
Sepideh Fallah 2025
Yo-Shiuan Fan 2025
Ulysses Lenz 2025
Rafaela Passos de Souza 2025

IADR Lion Dental Research Award for Junior Investigators
(supported by Lion Corporation)

Yuichi Kitasako (Cariology) 2001
Khristine Marie Carino (BSHSR) 2001
Yael Houri-Haddad (Microbiology/Immunology) 2001
Olga Potella (Salivary) 2002

IADR Lion Dental Research Award for Junior Investigators *(cont'd)*

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 (Carilogy)	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 Zaric (Microbiology/Immunology)	2013
Donwiwat 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 Sihuay Torres (BEHSR)	2023
Sofia Tortora Morel (Microbiology/Immunology)	2023
Luis Limo (Oral Health Research)	2024
Yuqi Ma (Periodontal Research)	2024
Andrea Escalante Herrera (Salivary Research)	2024
Thi Dao (Behavioral, Epidemiologic, and Health Services Research)	2025
Carolina Ruis Ferrari (Cariology Research)	2025
Yasmin Louzon (Microbiology/Immunology Research)	2025

IADR Newell Johnson Travel Award
(supported by an endowment created for Newell Johnson)

Caojie Liu, Sichuan University, China	2022
Marina Miteva, Medical University of Sofia, Bulgaria	2023
Enas Belal Abdellatif, Alexandria University, Egypt	2024
Aina Mohd Khairuddin, University of Malaya	2025

IADR Regional Development Program

1992	Sri Lanka
1995	Indonesia
1996	Poland & Hungary
2000	CED/NOF
2000	Irish
	Brazilian
2000	South African
	Southeast Asian
2001	Brazilian
	Southeast Asian
	Irish
	South African
	Argentine
2002	Chinese
	East & Southern Africa
	Southeast Asian
2003	Continental European
	Southeast Asian
	Chinese
	South African
2004	Continental European
	South African
	Southeast Asian
	Nigerian
2005	Australian/ New Zealand Division
	Chinese Division
	East & Southern Africa Division
2005	Kuwaiti Division
	Latin American Federation
	Nigerian Section
	Peruvian Section
	South African Division
2006	Continental European Division
	Venezuelan Division
	Latin American Federation
	East and Southern African Division
	Australian & New Zealand Division
	Colombian Section
	Southeast Asian Division
2007	Canadian Association for Dental Research
	Australian & New Zealand Division
	Peruvian Section
2008	Continental European Division
	Uruguayan Section
	Sudanese Section
2009	Southeast Asian Division
	Continental European Division
	Peruvian Division/Latin American Federation
2010	Southeast Asian Division
2010	East & Southern Africa Division
2010	Australia/New Zealand/ Chilean Divisions
2010	Syrian Section
2011	Israeli Division
	Peruvian Division
	Mongolian Section
2012	Australia/New Zealand Division
	Southeast Asian Division
2013	Australia/New Zealand Division
	Continental European Division
2014	Africa Middle East Region
	Mexican Division
	Latin American Region Divisions and Sections
2015	Israeli Division
	Latin American Region
	Southeast Asian Division
2016	Latin American Region
	Indian Division
2017	Indian Division
	Chilean Division
	Latin American Region
2018	Nigerian and East & Southern Africa Divisions
	Brazilian Division
2019	Australia & New Zealand Division
	Argentinian and Peruvian Divisions
	Southeast Asian Division
2020	Colombian Division
	Chilean Division
	Mexican and Chilean Divisions
2021	Australia & New Zealand Division
	Chilean Division
	Tunisian Section
2022	*Not Awarded*
2023	Chilean Division
	Egyptian Section
2024	Australia & New Zealand Division
	South African Division
2025	Australia/New Zealand Division
	Mexican and Colombian Divisions

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 *et al.*	2006	Min Gyu Kwak *et al.*	2017
Bong Hu *et al.*	2007	J .E .Seon Song *et al.*	2018
Jiri Schindler *et al.*	2008	Marco Lovera *et al.*	2019
Carlos Semino *et al.*	2009	Akinsola Oyelakin *et al.*	2020
Biliang Chen *et al.*	2010	Rei Sekiguchi *et al.*	2021
Christine Lang *et al.*	2011	Bei Chang *et al.*	2022
Jill Harunago *et al.*	2012	Danielle Wu *et al.*	2023
Page Caufield *et al.*	2013	Eun-Ah Christine Song *et al.*	2024
Hideharu Ikeda *et al.*	2014	Shamayim Tabita Ramirez-Puebla *et al.*	2025
Eduardo Couve *et al.*	2015		
Yan Jing *et al.*	2016		

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 2025 by Unilever Oral Care)

Melvin Glimcher	1964	Barbara Boyan	1995
William Neuman	1965	Lia Addadi	1996
Wallace Armstrong	1966	Racquel LeGeros	1997
Reidar Sognnaes	1967	Laurence Chow	1998
David Scott	1968	Jane Lian	1999
Julian Eastoe	1969	Zvi Schwartz	2000
Marie Nylen	1970	Jaro Sodek	2001
Robert Frank	1971	Alan Fincham	2002
Shosaburo Takuma	1972	Marc McKee	2003
Gosta Gustafson	1973	Yoshiro Takano	2004
Ronald Fearnhead	1974	Mary MacDougall	2005
May Mellanby	1975	Lynda Bonewald	2006
John Weatherell	1976	James Simmer	2007
Johann-Gerhard Helmcke	1977	Renny Franceschi	2008
Aaron Posner	1978	Graeme Hunter	2009
David Howell	1979	Paul Krebsbach	2010
Walter Brown	1980	Laurie McCauley	2011
Arthur Veis	1981	John Bartlett	2012
Roy Wuthier	1982	Cun-Yu Wang	2013
Edward Eanes	1983	J .Timothy Wright	2014
George Nancollas	1984	Jan C C .Hu	2015
Harrison Anderson	1985	Michael Paine	2016
Edgard Moreno	1986	William Landis	2017
Gerrit Bevelander	1987	Martha Somerman	2018
John D .Termine	1988	Janet Moradian-Oldak	2019
Alan Boyde	1989	Anne George	2020
Shoichi Suga	1990	Eric Everett	2021
William Butler	1991	Tom Diekwisch	2022
Satoshi Sasaki	1992	Yingzi Yang	2023
Colin Robinson	1993	Elia Beniash	2024
Adele Boskey	1994	Stefan Habelitz	2025

Behavioral, Epidemiologic and Health Services Research Award
(formerly Behavioral Sciences/Health Services Research Award)

Lois Cohen	1996	Helen Whelton	2011
Samuel Dworkin	1997	Anne Nordrehaug Åstrøm	2012
David Locker	1998	A .John Spencer	2013
Peter Milgrom	1999	Richard Watt	2014
Asuman Kiyak	2000	Jostein Grytten	2015
Aubrey Sheiham	2001	Jonathan Newton	2016
John Rugh	2002	Heikki Murtomaa	2017
Susan Reisine	2003	Sarah Baker	2018
Helen Gift	2004	Stephen Birch	2019
Hannu Hausen	2005	Rebecca Harris	2020
Dorthe Holst	2006	Daniel McNeil	2021
Chester Douglass	2007	Gerardo Maupomé	2022
Kathryn Atchison	2008	Georgios Tsakos	2023
Philippe Hujoel	2009	Lisa Jamieson	2024
Martin Downer	2010	Stefan Listl	2025

Craniofacial Biology Research Award
(supported by Dentsply Sirona)

Coenraad Moorrees	1987	Mina Mina	2006
Arne Björk	1988	Karin Vargervik	2007
Kalevi Koski	1989	Sheldon Baumrind	2008
Melvin Moss	1990	Gregory King	2009
Harold Slavkin	1991	Bjorn Olsen	2010
Albert Dahlberg	1992	Yang Chai	2011
Irma Thesleff	1993	Mark Mooney	2012
Alexandre Petrovic	1994	Jill Helms	2013
Bernard Sarnat	1995	Jill Dixon	2014
Brian Hall	1996	Rulang Jiang	2015
Robert Gorlin	1997	Grant Townsend	2016
Olli Ronning	1998	Ophir Klein	2017
Sue Herring	1999	Brad Amendt	2018
Mark Ferguson	2000	Mary Marazita	2020
Michael Dixon	2001	YiPing Chen	2021
Drew Noden	2002	Peter Mossey	2022
Sandy Marks	2003	Rena D'Souza	2023
Paul Sharpe	2004	Jacqueline Hecht	2024
William Hylander	2005	Yuji Mishina	2025

Geriatric Oral Research Award
(supported by Haleon)

Poul Holm-Pedersen	1998	Hideo Miyazaki	2012
James Beck	1999	Frauke Müller	2013
Jonathan Ship	2000	W .Murray Thomson	2014
Ronald Ettinger	2001	Kazunori Ikebe	2015
Gregg Gilbert	2002	Edward Lo	2016
Angus Walls	2003	Bei Wu	2017
Gary Slade	2004	Takahiro Ono	2018
Jukka Meurman	2005	Shunsuke Minakuchi	2019
Anja Ainamo	2006	Douglas Berkey	2020
Judith Jones	2007	Fredrick Allan Clive Wright	2021
James Steele	2008	Martin Schimmel	2022
Michael MacEntee	2009	Kazuhiro Tsuga	2023
Paula Moynihan	2010	Linda Slack-Smith	2024
Finbarr Allen	2011	Frank Scannapieco	2025

Global Oral Health Research Award Renamed in 2023 to John Greenspan Global Oral Health Research Award
(supported by Haleon)

Aubrey Sheiham	2015	Lois Cohen	2021
Wagner Marcenes	2016	Saman Warnakulasuriya	2022
Marco Peres	2017	Habib Benzian	2023
Poul Erik Petersen	2018	Robert Weyant	2024
Newell Johnson	2019	Loc Do	2025
Richard G .Watt	2020		

H. Trendley Dean Memorial Award
(supported by Colgate-Palmolive Company)

Francis Arnold	1964	Thomas Marthaler	1982
James Roy Blayney	1965	Basil Bibby	1983
John Knutson	1966	Herschel Horowitz	1984
Wallace Armstrong	1967	Leon Singer	1985
David Ast	1968	Gary Whitford	1986
Finn Brudevold	1969	Louis Ripa	1987
S .Yngve Ericsson	1970	James Mellberg	1988
Albert Russell	1971	Theodore Koulourides	1989
Henry Klein	1972	Juan Navia	1990
Isadore Zipkin	1973	Donald Taves	1991
Donald Galagan	1974	Alice Horowitz	1992
Frank McClure	1975	Itzhak Gedalia	1993
Harold Hodge	1976	Denis O'Mullane	1994
Gerald Cox	1977	Brian Burt	1995
Sidney Finn	1978	Andrew Rugg-Gunn	1996
Frank Orland	1979	John Murray	1997
Neil Jenkins	1980	Peter Cleaton-Jones	1998
Otto Backer-Dirks	1981	Nigel Pitts	1999

H. Trendley Dean Memorial Award *(cont'd)*

Frithjof von der Fehr	2000	Jan Clarkson	2013
Amid Ismail	2001	Marilia Afonso Buzalaf	2014
A .John Spencer	2002	Chester Douglass	2015
Jan Birkeland	2003	Harold Sgan-Cohen	2016
Steven Levy	2004	Jo Frencken	2017
Richard Rozier	2005	Ernest Newbrun	2018
Anthony Blinkhorn	2006	Helen Whelton	2019
Kenneth Stephen	2007	Lisa M .Jamieson	2020
Gary Slade	2008	May Wong	2021
Jane Weintraub	2009	Loc Do	2022
W .Murray Thomson	2010	Jonathan Broadbent	2023
Scott Tomar	2011	Kimon Divaris	2024
Helen Worthington	2012	Sarah Baker	2025

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	Pamela Robey	2009
Leo Sreebny	1968	Antonios Mikos	2010
Arne Björk	1969	Larry Fisher	2011
Jens Pindborg	1970	David Kohn	2012
Julia Meyer	1971	Peter Ma	2013
James Irving	1972	John Jansen	2014
Harold Fullmer	1973	Jeremy Mao	2015
Charles P .Leblond	1974	Jill Helms	2016
Barnett Levy	1975	Pamela Yelick	2017
Harold Slavkin	1976	Huakun Xu	2018
Marie Nylen	1977	Sarah C .Heilshorn	2020
A .Richard Ten Cate	1978	Alastair Sloan	2021
John Garrett	1979	Tara Aghaloo	2022
Alan Boyde	1980	Yunfeng Lin	2023
Edward Kollar	1981	Sašo Ivanovski	2024
David Mooney	2007	Xiaoxiao Cai	2025
Irma Thesleff	2008		

Oral Medicine and Pathology Research Award

Ian Mackenzie	1995	Deborah Greenspan	2011
David Williams	1996	Stephen Sonis	2012
Stephen Challacombe	1997	Richard Jordan	2013
John Sauk	1998	Saman Warnakulasuriya	2014
Erik Dabelsteen	1999	Martin Thornhill	2015
Edward Shillitoe	2000	Charles Shuler	2016
No-Hee Park	2001	Nisha D'Silva	2017
David Wong	2002	Takashi Takata	2018
Maxine Partridge	2003	Graham Ogden	2019
J .Silvio Gutkind	2004	Kristiina Heikinheimo	2020
Newell Johnson	2005	Caroline Shiboski	2021
Peter Polverini	2006	Jennifer Webster-Cyriaque	2022
Bruce Baum	2007	Miguel Ángel González Moles	2023
Paul Speight	2008		
Cun-Yu Wang	2009	Tuula Salo	2024
Lakshman Samaranayake	2010	Michael Brennan	2025

Pharmacology, Therapeutics & Toxicology Research Award

J .Max Goodson	1995	Jiiang-Huei Jeng	2012
Stephen Cooper	1997	Keith Kirkwood	2013
Robin Seymour	1999	Frederick Curro	2014
Ken Hargreaves	2000	W .Peter Holbrook	2015
Raymond Dionne	2001	Glen Hanson	2016
John Yagiela	2002	Anthony Volpe	2017
Sebastian Ciancio	2003	John Bartlett	2018
Daniel Haas	2004	Peter Lockhart	2019
Paul Moore	2005	Asma A .Khan	2020
John Meechan	2006	Martin Thornhill	2021
Elliot Hersh	2007	Edward Lynch	2022
Stuart Fischman	2008	Jennifer Gibbs	2023
Athena Papas	2009	Andrej M .Kielbassa	2024
Sharon Gordon	2010	Yun-Po Zhang	2025
Kiyoshi Ohura	2011		

Pulp Biology & Regeneration Award

(*supported by Dentsply Sirona*)

Leif Olgart	1987	Gottfried Schmalz	2007
Gunnar Bergenholtz	1988	Anne George	2008
Louis Baume	1989	Pamela Den Besten	2009
David Pashley	1990	Herve Lesot	2010
Roger Browne	1991	Jian Feng	2011
Syngcuk Kim	1992	Jacques Nör	2012
Matti Narhi	1993	Songtao Shi	2013
Bruce Matthews	1994	Misako Nakashima	2014
Margaret Byers	1995	George Huang	2015
Karin Heyeraas	1996	Chunlin Qin	2016
Roy Ivar Holland	1997	Ashraf Fouad	2017
Kaj Fried	1998	Imad About	2018
Ken Hargreaves	1999	Anibal Diogenes	2019
Philip Stashenko	2000	Ivo Lambrichts	2020
Mary MacDougall	2001	Fionnuala Lundy	2021
Rena D'Souza	2002	Kerstin Galler	2022
R .Bruce Rutherford	2003	Chengfei Zhang	2023
Anthony Smith	2004	Paul Cooper	2024
Henri Magloire	2005	Ove A .Peters	2025
Michel Goldberg	2006		

Research in Oral Biology Award

(supported by Church & Dwight Co , Inc)

Martin Taubman	1991	Christopher McCulloch	2009
Hershey Warshawsky	1992	Sharon Wahl	2010
John Greenspan	1993	Salomon Amar	2011
Christopher Squier	1994	George Hajishengallis	2012
Mark Herzberg	1995	Christopher Overall	2013
Arnold Bleiweis	1996	Floyd Dewhirst	2014
Graham Embery	1997	Masaharu Takigawa	2015
Lorne Golub	1998	Antonio Nanci	2016
Beverly Dale-Crunk	1999	J .Silvio Gutkind	2017
Howard Jenkinson	2000	S .Jeffrey Dixon	2018
Malcolm Snead	2001	Frank Scannapieco	2019
Paula Fives-Taylor	2002	Stan Gronthos	2020
Daniel Smith	2003	Eija Könönen	2021
Carolyn Gibson	2004	Richard Cannon	2022
Martha Somerman	2005	Niki Moutsopoulos	2023
Richard Lamont	2006	Pirkko Pussinen	2024
Michael Russell	2007	Patricia Diaz	2025
Noel Childers	2008		

Research in Periodontal Disease Award

(supported by Colgate-Palmolive Company)

Jens Waerhaug	1965	Jaro Sodek	1989
Irving Glickman	1966	Jorgen Slots	1990
Helmut Zander	1967	Thorkild Karring	1991
Sigurd Ramfjord	1968	Niklaus Lang	1992
Harald Löe	1969	Raul Caffesse	1993
Fermin Carranza	1970	Martin Addy	1994
Sigmund Stahl	1971	Anne Haffajee	1995
Hubert Schroeder	1972	Kenneth Kornman	1996
Max Listgarten	1973	Gregory Seymour	1997
Paul Goldhaber	1974	Hiroshi Okada	1998
Jan Lindhe	1975	Steven Offenbacher	1999
Tom Lehner	1976	Jeffrey Ebersole	2000
Roy Page	1977	Thomas Van Dyke	2001
Sigmund Socransky	1978	Yoji Murayama	2002
Rolf Attstrom	1979	Harvey Schenkein	2003
Per Brandtzaeg	1980	Aubrey Soskolne	2004
Robert Genco	1981	Michael Curtis	2005
Stephan Mergenhagen	1982	Ann Progulske-Fox	2006
Giorgio Cimasoni	1983	Richard Darveau	2007
Norton Taichman	1984	Koji Nakayama	2008
Richard Ranney	1985	Lior Shapira	2009
Jan Egelberg	1986	Martin Taubman	2010
Henning Birkedal-Hansen	1987	Eric Reynolds	2011
Sture Nyman	1988	Denis Kinane	2012

Research in Periodontal Disease Award *(cont'd)*

Shinya Murakami	2013	Anton Sculean	2020
Dana Graves	2014	Bruno Loos	2021
P .Mark Bartold	2015	William Giannobile	2022
Kazuhisa Yamazaki	2016	Purnima Kumar	2023
Panos Papapanou	2017	Nikolaos Donos	2024
Iain Chapple	2018	Andreas Stavropoulos	2025
Andrea Mombelli	2019		

Research in Prosthodontics & Implants Award

Julian Woelfel	1967	Jack Lemons	1997
Niels Brill	1968	Krishan Kapur	1998
George Paffenbarger	1969	Taizo Hamada	1999
Louis Boucher	1970	Angelo Caputo	2000
Judson Hickey	1971	Alan Hannam	2001
Antje Tallgren	1972	Warner Kalk	2002
Douglas Atwood	1973	Bengt Öwall	2003
Krishan Kapur	1974	Ichiro Nishimura	2004
Gunnar Carlsson	1975	Ignace Naert	2005
Yoshiro Kawamura	1976	Jocelyne Feine	2006
Andrew Brewer	1977	Clark Stanford	2007
Aligardas Albert Yurkstas	1978	Neal Garrett	2008
Bjorn Hedegaard	1979	Lyndon Cooper	2009
David Watts	1980	Ronald Ettinger	2010
John McLean	1981	Hugh Devlin	2011
F .Karl W .Eichner	1982	Pekka Vallittu	2012
Per-Olof Glantz	1983	Yasumasa Akagawa	2013
Kalervo Koivumaa	1984	Takahiro Ogawa	2014
Per-Ingvar Brånemark	1985	Torsten Jemt	2015
John Bates	1986	Adriano Piattelli	2016
Bo Bergman	1987	David Bartlett	2017
G .Derek Stafford	1988	Donald Brunette	2018
Gunnar Ryge	1989	Asbjørn Jokstad	2019
John Silness	1990	Matthias Kern	2020
Alan Grant	1991	Kiyoshi Koyano	2021
Robert Yemm	1992	Timo Närhi	2022
George Zarb	1993	Frauke Müller	2023
Tomas Albrektsson	1994	Hirofumi Yatani	2024
Ejvind Budtz-Jorgensen	1995	Georgios Romanos	2025
Alan Harrison	1996		

Salivary Research Award
(supported by Unilever Oral Care)

Charlotte Schneyer	1991	James Melvin	2008
Michael Levine	1992	Alessandro Riva	2009
Bruce Baum	1993	Roland Jonsson	2010
Irwin D .Mandel	1994	Massimo Castagnola	2011
Frank Oppenheim	1995	Ammon Peck	2012
Lawrence Tabak	1996	Masataka Murakami	2013
Colin Dawes	1997	Indu Ambudkar	2014
Donald Hay	1998	Matthew Hoffman	2015
Bernard Tandler	1999	Gary Weisman	2016
Robert Troxler	2000	Arjan Vissink	2017
Michael Humphreys-Beher	2001	Gordon Proctor	2018
John Garrett	2002	Walter Siqueira	2019
Anders Bennick	2003	Stefan Hans-Klaus Ruhl	2020
Jorgen Ekstrom	2004	Sarah Knox	2021
David Castle	2005	Isabelle Lombaert	2022
R .James Turner	2006	John Chiorini	2023
Arthur Hand	2007	*No Recipient for 2024 or 2025*	

William H. Bowen Research in Dental Caries Award
(supported by Kenvue)

Robert Fitzgerald	1976	Thomas Marthaler	1982
Paul Keyes	1977	Gunnar Rolla	1983
Basil Bibby	1978	Leon Silverstone	1984
Otto Backer-Dirks	1979	Jason Tanzer	1985
Bo Krasse	1980	Bernhard Guggenheim	1986
William Bowen	1981	Jan Carlsson	1987
Johannes Van Houte	1988	Dowen Birkhed	2007
Joop Arends	1989	Adrian Lussi	2008
Ronald Gibbons	1990	Robert Burne	2009
Suzanne Michalek	1991	Svante Twetman	2010
Ernest Newbrun	1992	Nigel Pitts	2011
Douglas Bratthall	1993	Eva Soderling	2012
Walter Loesche	1994	Elmar Hellwig	2013
Edgard Moreno	1995	Israel Kleinberg	2014
Roy Russell	1996	Alexandre Vieira	2015
Page Caufield	1997	Anne Tanner	2016
Philip Marsh	1998	Daniel Fried	2017
Kauko Makinen	1999	Hyun Koo	2018
John Featherstone	2000	Jaime Cury	2019
George Bowden	2001	Doron Steinberg	2020
George Stookey	2002	Ingegerd Johansson	2021
Jacob ten Cate	2003	Avijit Banerjee	2022
David Beighton	2004	Domenick Zero	2023
Edwina Kidd	2005	Eric Reynolds	2024
Robert Marquis	2006	Thomas Attin	2025

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

Russell Coleman	1955	Joseph Antonucci	1991
Eugene Skinner	1956	Evan Greener	1992
Walter Crowell	1957	Michael Braden	1993
George Paffenbarger	1958	Nobuo Nakabayashi	1994
Ralph Phillips	1959	Erik Asmussen	1995
William Sweeney	1960	Ken Anusavice	1996
Floyd Peyton	1961	John Gwinnett	1997
Alan Docking	1962	John McCabe	1998
George Hollenback	1963	Toru Okabe	1999
Norris Taylor	1964	Carel Davidson	2000
John Shell	1965	David Pashley	2001
Gunnar Ryge	1966	William Douglas	2002
David Mahler	1967	David Watts	2003
Marjorie Swartz	1968	J .David Eick	2004
Gerhard Brauer	1969	George Eliades	2005
Kamal Asgar	1970	Jack Ferracane	2006
Knud Jørgensen	1971	Grayson Marshall	2007
George Dickson	1972	Miroslav Marek	2008
Rafael Bowen	1973	Jeffrey Stansbury	2009
Eugene Molnar	1974	Sally Marshall	2010
Robert Craig	1975	Stephen Bayne	2011
Dennis Smith	1976	Jack Lemons	2012
Carl Fairhurst	1977	John Powers	2013
Allen Wilson	1978	Susanne Scherrer	2014
John Glenn	1979	Bart Van Meerbeek	2015
John Nielsen	1980	J .Robert Kelly	2016
John Stanford	1981	Junji Tagami	2017
Takao Fusayama	1982	Mutlu Özcan	2018
Theodore Fischer	1983	Isabelle Denry	2019
John McLean	1984	Satoshio Imazato	2020
Wilmer Eames	1985	Alvaro Della Bona	2021
Nelson Rupp	1986	Klaus Jandt	2022
Ivar Mjör	1987	Jason A .Griggs	2023
Derek Jones	1988	Frederick Rueggeberg	2024
Ivar Eystein Ruyter	1989	Yu Zhang	2025
Daniel Retief	1990		

Young Investigator Award
(*supported by P&G Professional Oral Health, Crest + Oral-B)*

Richard C .Greulich	1963	Jason Tanzer	1973
Herbert Wells	1964	Irving Shapiro	1974
Gail Martin	1965	Robert Genco	1975
Stephan Mergenhagen	1966	Barry Sessle	1976
Ronald Gibbons	1967	Charles Schachtele	1977
Samuel Leach	1968	Arthur Hand	1978
S S .Han	1969	Ole Fejerskov	1979
Sigmund Socransky	1970	Donald Brunette	1980
Edward Miller	1971	Stephen Challacombe	1981
Jan Carlsson	1972	Michael Cole	1982

Young Investigator Award *(cont'd)*

Jeffrey Ebersole	1983	Garry Fleming	2004
Jorma Tenovuo	1984	Takafumi Kato	2005
Jane Aubin	1985	Hyun Koo	2006
Marjorie Jeffcoat	1986	Yijin Ren	2007
Lawrence Tabak	1987	Philip Preshaw	2008
Mark Ferguson	1988	Mo Kang	2009
Zvi Schwartz	1989	Paul Cooper	2010
Michael Humphreys-Beher	1990	Alastair Sloan	2011
Christopher Overall	1991	Hiroshi Egusa	2012
Daniel Grenier	1992	Brian Foster	2013
Michael Dixon	1993	Dean Ho	2014
Salomon Amar	1994	Annette Wiegand	2015
Richard Lamont	1995	Owen Addison	2016
Marc McKee	1996	Donald Chi	2017
Maurizio Tonetti	1997	Alireza Moshaverinia	2018
Reinhilde Jacobs	1998	Dagmar Else Slot	2019
Cun-Yu Wang	1999	Kimon Divaris	2020
Bart Van Meerbeek	2000	Vinicius Rosa	2021
Jonathan Knowles	2001	Richard John Miron	2022
Rachel Hall	2002	Fatemeh Momen-Heravi	2023
Pascal Magne	2002	Gustavo Nascimento	2024
Joke Duyck	2003	Santosh Tadakamadla	2025

IADR Smile Train Cleft Research Award

(supported by Smile Train)

Azeez Alade, University of Iowa, Iowa City, USA 2022
Lord Jephthah Joojo Gowans 2023
Kwame Nkrumah University of Science and Technology, Kumasi, Ghana
(Discontinued)

IADR/Borrow Dental Milk Foundation Fellowship

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

IADR David B. Scott Fellowship

(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)

1987 Argentine Division
Clarisa Bozzini, Universidad de Buenos Aires, Argentina
Ana Maria Collet, Universidad de Buenos Aires, Argentina
Gustavo Maria Mugnolo, Universidad Nacional de Córdoba, Argentina
1988 Australia and New Zealand Division
Melinda Barva,The United Dental Hospital of Sydney,Australia
Hiran Perinpanayagam, University of Otago, New Zealand
1989 British Division
Ian Lightfoot,The University of Newcastle-upon-Tyne, UK
1990 Canadian Association for Dental Research
Kerim M .Ozcan, University of Dalhousie, Halifax, Nova Scotia, Canada
1991 Continental European Division
Alexandros Stassinakis, University of Berne, Switzerland
1992 Egyptian Division
Shahira El Ashiry, Cairo University
1993 Irish Division
Simon Killough, Queen's University of Belfast
1994 Israeli Division
David Mulkandov, Hebrew University, Jerusalem
1995 Japanese Association for Dental Research
Sachiko Takikita, Osaka University, Osaka, Japan
1996 Korean Division
Y-K Ko, Seoul National University, Seoul, Korea
1997 Mexican Division
Deyanira L .Neveu Barquera, National University of Mexico, Mexico City, Mexico
1998 Scandinavian Division
Laura Tarkkila, University of Helsinki, Finland
1999 South African Division
Helene A .Gelderblom, University of Pretoria, South Africa
2000 Southeast Asian Division
Samintharaj Kumar, National University of Singapore
2001 Venezuelan Division
Vanessa Luis, Santa Maria University
2002 American Division
Amy James, UTXHSC, San Antonio
2003 Argentine Division
Karina M .Katok, University of Buenos Aires
2004 Australian & New Zealand Division
Amrita Ramchod, University of Otago
2005 Brazilian Division
M S .Bello Silva, University of São Paolo
2006 British Division
Janet D C .Kan, King's College London Dental Institute
2007 Canadian Division
Amer Muhammad Hussain, University of Alberta
2008 Chinese Division
Quan Xing,Wuhan University
2009 Continental European Division
Andreas Niklas, University of Regensburg Medical School
2010 East/Southern Africa Division
Simiyu Benjamin, University of Nairobi
2011 Irish Division
Kate Horgan, Cork University
2012 Israeli Division
Sharon Shany-Kdoshim, The Hebrew University
2013 Japanese Division
Shinnichi Sakamoto, Hiroshima University
2014 Korean Division
Sungkyoon Kang, Wonkwang University
2015 Mexican Division
Jessica Lana-Ojeda, Universidad Autonoma de Yucatan
2016 Scandinavian Division
Anne Katrine Danielsen, Copenhagen University, Denmark
2017 South African Division
Sabeeha Minty, University of Witwatersand
2018 Southeast Asian Division
Valdy Hartono,Trisakti
2019 Venezuelan Division
Annabella Frattaroli, Afonso Josmary and Alejandra Garcia-Quintana, Central University of Venezuela
2020 Kuwaiti Division
Aisha Almulla and Latifah Ibrahim, Kuwait University
2021 Nigerian Division
Adedire Adetomiwa, Obafemi Awolowo University, Nigeria
2022 Chilean Division
Debora Zamorano, University of Chile, Santiago
2023 IADR Colombian Division
Maria Paula Contreras Becerra, National University of Colombia, Bogotá
2024 IADR Indian Division
Shivangi Singh, King George's Medical University, Lucknow, Uttar Pradesh, India
No recipient for 2025

IADR John J. Clarkson Fellowship

(supported by the IADR and individual members)

Edward Lo	1998	Xiaojuan Zeng	2012
Manuel Bravo	1999	Haiping Tan	2016
Lydia Katrova	2001	Xiaoli Gao	2018
Gail Douglas	2003	Saima Yunus Khan	2020
Silvana Papagerakis	2006	Duangporn Duangthip	2022
Olalekan Ayo-Yusuf	2008	Diep Ha	2024
Helen Rivera	2010	*Next award in 2026*	

IADR John A. Gray Fellowship
(supported by IADR and individual members)

Marianela Olivares *(American Association for Dental Research)*	1993
Patricia Mandalunis *(Argentine Division)*	1995
Christine Jackson *(Australian/New Zealand Division)*	1997
Evelise de Souza *(Brazilian Division)*	1999
Amit Rajni Vora *(British Division)*	2001
Michael Lizardo *(Canadian Division)*	2003
Ya Ling Song *(Chinese Division)*	2005
H .Esra Botsali *(Continental European Division)*	2007
Ofir Lidor *(Israeli Division)*	2011
Nanako Hirose *(Japanese Division)*	2015
Jonghwa Won *(Korean Division)*	2017
Claudia Ivonne Rodriguez *(Mexican Division)*	2019
Navdeep Kaur Brar *(Scandinavian Division)*	2021
Salma Kabbashi (South African Division)	2023
Toan Van Phan (Southeast Asian Division)	2025
Next Award in 2027	

IADR Joseph Lister Award for New Investigators
(supported by Kenvue)

Rahena Akhter	2015	Wei Ji	2020
Paula Goes	2015	Elena Calciolari	2021
Marcelle Nascimento	2016	Yuan Liu	2021
Nihal Bandara	2016	Noy Pinto	2022
Feifei Lei	2017	Chongshan Liao	2022
Jennifer Robinson	2017	Yi Fan	2023
Prasanna Neelakantan	2018	Ana Carolina Morandini	2023
Xue Yuan	2018	Nileshkumar Dubey	2024
Antonio Amelio	2019	Kasia Gurzawska-Comis	2024
Ji-Woon Park	2019	Junyu Chen	2025
Jacqueline Burgette	2020	Hyuk-Jae Edward Kwon	2025

IADR Norton M. Ross Fellowship

Darren Machule *(American Association for Dental Research)*	1992
Yumeng Deng *(Southeast Asian Division)*	1994
Cornel Driessen *(South African Division)*	1996
Nuno Hermann *(Scandinavian Division)*	1998
Tae-Yeon Lee *(Korean Division)*	2002
Aiko Nakasone *(Japanese Division)*	2004
Moshe Shemesh *(Israeli Division)*	2006
Adam Dowling *(Irish Division)*	2008
Kerstin Galler *(Continental European Division)*	2010
Yaoting Ji *(Chinese Division)*	2014
Jordan Cheng *(Canadian Divison)*	2016
Josh Twigg *(British Division)*	2018
Isabelle Luz de Albuquerque *(Brazilian Division)*	2020
Kevin Ketagoda (*Australia/New Zealand Division*)	2022
Fiorella Ventura *(University of Buenos Aires, Argentina)*	2024
Next award in 2026	

IADR STAR Network Academy Fellowship

Zhejun Wang	2017	Konstantin Johannes Scholz	2022
Fabian Cieplik	2018	Karol Ali Apaza Alccayhuaman	2023
Hui Chen	2019	Meisser Madera	2023
Saif Khan	2019	Maja Sabalic-Schoener	2023
Angela Salcedo	2019	Cher Farrugia	2024
Emilio Cafferata	2020	Wei Qiao	2024
Kiho Cho	2020	Yifan Lin	2025
Viviana Avila	2022	Shuntaro Yamada	2025
Akhilanand Chaurasia	2022		
Edgar Beltran	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	Lina Niu	2013
Patricia Pereira	1998	Sabrina Sochacki Feitosa	2015
Sharanbir Sidhu	2001	Ivana Nedeljkovic	2017
Yuelian Liu	2003	Trang Nguyen-Vo	2019
Marcia Daronch	2005	Ting Zou	2021
Abiodun Olabisi Arigbede	2007	Chenmin Yao	2023
Mirela Shinohara	2009	Lais Cardoso	2025
Vesna Miletic	2011	*Next Award in 2027*	

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

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 Kuftinec	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

IADR Hatton Competitions & Awards *(continued)*

NAME	CATEGORY	YEAR
Kurt Schilling	Pre-doctoral	1987
Salvatore Ruggiero	Pre-doctoral	1987
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 Jiiang-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
Petros Papagerakis	Post-doctoral	2003
Justin Barnes	Junior	2004
Adrian DeAngelis	Junior	2004
Andrew Fribley	Senior	2004
Elizabeth Fozo	Senior	2004
Ulrike Schulze-Späte	Post-doctoral	2004
Silvana Papagerakis	Post-doctoral	2004
Monique Goris	Junior	2005
Jeremy Horst	Junior	2005
Manish Arora	Senior	2005
Guive Balooch	Senior	2005
Xinquan Jiang	Post-doctoral	2005
Karen Fong	Post-doctoral	2005
Jonathan Collier	Junior	2006
Vincenzo D'Antò	Junior	2006
Samantha Byrne	Senior Clinical Science	2006
Chrisovalantou Cheretakis	Senior Clinical Science	2006
Maria Nystrom	Senior Basic Science	2006
Shashidharan Madhavan	Senior Basic Science	2006
Aisling Daly	Junior	2007
Richard Damerau	Junior	2007
Shigeyuki Ozawa	Senior Basic Science	2007
Nan Hatch	Senior Basic Science	2007
Danielle DiCara	Senior Basic Science	2007
Leanne Taylor	Senior Basic Science	2007
Shilpa Raju	Junior	2008
Erica Scheller	Junior	2008
Adriana Perez-Soria	Senior Clinical Science	2008
Lauren Turner	Senior Basic Science	2008
Hugh Kim	Senior Basic Science	2008
Samar Khoury	Senior Clinical Science	2008
Alexander Nee	Junior	2009
Bo Yu	Junior	2009
Jaime Díaz-Zúñiga	Junior	2009
Elham Emami	Senior Clinical Science	2009
Turki Alhazzazi	Senior Basic Science	2009
Sutipalin Suwannakul	Senior Basic Science	2009
Paul Hooi	Junior	2010
Jia Hao	Junior	2010
Niroshani Soysa	Senior Basic Science	2010
Kheng Tan	Senior Basic Science	2010
David Conway	Senior Clinical Research	2010
Maria Athanassiou-Papaefthymiou	Senior Clinical Research	2010
Grace Lee	Junior	2011
Katherine O'Donnell	Junior	2011
Nicola Innes	Senior Clinical Science	2011
Maria Villanueva Vilchis	Senior Clinical Science	2011
Luciana Branco-de-Almeida	Senior Basic Science	2011
Jeffrey Kim	Senior Basic Science	2011
Jonathan An	Junior	2012
Patricia Brooks	Junior	2012
Gerald McKenna	Senior Clinical Science	2012
Mervi Gürsoy	Senior Clinical Science	2012
Mildred Embree	Senior Basic Science	2012
Farhan Khan	Senior Basic Science	2012

IADR Hatton Competitions & Awards *(continued)*

NAME	CATEGORY	YEAR
Kyle Vining	Junior	2013
Panruethai Trongkij	Junior	2013
Martin Schimmel	Senior Clinical Science	2013
Jaana Helenius-Hietala	Senior Clinical Science	2013
Wanida Ono	Senior Basic Science	2013
Sasha Dimitrova-Nakov	Senior Basic Science	2013
Kyulim Lee	Junior	2014
Rebekah Eves	Junior	2014
Patricia González-Alva	Senior Clinical Science	2014
T .Paul Hyde	Senior Clinical Science	2014
Marit Aure	Senior Basic Science	2014
Joo-Young Park	Senior Basic Science	2014
Joshua Chong	Junior	2015
Laura Graham	Junior	2015
Ana Badovinac	Senior Clinical Science	2015
Maryam Jessri	Senior Clinical Science	2015
Juliana Delben	Senior Basic Science	2015
Reniqua House	Senior Basic Science	2015
Mychi Nguyen	Junior	2016
Meredith Williams	Junior	2016
Juan Fernando Oyarzo	Senior Clinical Science	2016
Aliye Akcali	Senior Clinical Science	2016
Yukako Yamauchi	Senior Basic Science	2016
Gazelle Crasto	Senior Basic Science	2016
Tanutchaporn Thongngam	Junior	2017
Zachary Pekar	Junior	2017
Scott Williams	Senior Clinical Science	2017
Dylan Herzog	Senior Clinical Science	2017
Sigal Buch	Senior Basic Science	2017
Mohamed Omar	Senior Basic Science	2017
Heather Wallis	Junior	2018
Alexandra Oklejas	Junior	2018
Bolanle Akinwonmi	Senior Clinical Science	2018
Paul Brady	Senior Clinical Science	2018
Kevin Byrd	Senior Basic Science	2018
Sangwoo Lee	Senior Basic Science	2018
Somtochukwu Ozoemena	Junior	2019
Jessica Zachar	Junior	2019
Benedikt Luka	Senior Clinical Science	2019
Mabelle Monteiro	Senior Clinical Science	2019
Mizuki Nagata	Senior Basic Science	2019
Jiayu Shi	Senior Basic Science	2019
Wachirawit Suntawan	Junior Category	2020
Basma Salem	Junior Category	2020
Christopher Donnelly	Basic Science Category	2020
Risa Masumoto	Basic Science Category	2020
Madhurmia Datta	Clinical Research Category	2020
Sonali Sharma	Clinical Research Category	2020
Jordan Blum	Junior Category	2021
Natalie Atyeo	Junior Category	2021
Zhi Ren	Basic Science Category	2021
Shanmukh Peddi	Basic Science Category	2021
Waheed Awotoye	Clinical Research Category	2021
Walid Ahmed Al-Soneidar	Clinical Research Category	2021
Sara Delgadillo	Junior Category	2022
Coral Haiqi Yeung	Junior Category	2022
Carolina Isabel Rojas Pérez	Basic Science Category	2022
Tsukasa Aoki	Basic Science Category	2022
Athina Georgiou	Clinical Research Category	2022
Jessy Kamila Sihuay Torres	Clinical Research Category	2022
Mariam Bqain	Junior	2023
Kisa Iqbal	Junior	2023
Alberto Vega	Senior Basic Science	2023
Emily Fisher	Senior Basic Science	2023
Omatayo Francis Fagbule	Senior Clinical Research	2023
Crystal Marruganti	Senior Clinical Research	2023
Abdulla Mansoor	Junior	2024
Jeremie Oliver Piña	Junior	2024
María José Bendek Viera	Senior Basic Science	2024
Shuting Gao	Senior Basic Science	2024
Ciaran Moore	Senior Clinical Research	2024
Sonia Nath	Senior Clinical Research	2024
Lian Elaine Xue	Junior	2025
Saba Manafi	Junior	2025
Dang Khoa Nguyen	Senior Clinical Research	2025
Mahrukh Imtiaz Ahmed	Senior Clinical Research	2025
Dania Alkhatib	Senior Basic Science	2025
Mauricio Sousa	Senior Basic Science	2025

IADR GC Centennial Research Awards

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
Renato Casarin 2020
Jiewen Dai 2020
Chanyuan Jin 2020
Angela Quispe-Salcedo 2020
David Okoye 2020
Olubukola Olatosi 2020
Tamara Peric 2020
Theint Theint Than Way 2020
Aybuke Uslu 2020
Xingying Qi 2021
Maria Lorena Cabirta 2021
Jorge Felipe Lima Teixeira 2021
Sonali Sharma 2021
Valentim Adelino 2021
Stefan Chavdarov Zlatev 2021
Annabella Frattaroli Pericchi 2021
Sukeshana Srivastav 2021
Aldrin André Huamán Mendoza 2021
Afef Amri 2021
Bolanle Oyeyemi Akinboboye 2022
Prabhat Kumar Chaudhari 2022
Betsy Eva Kasumba 2022
Marina Miteva 2022
Sonali Sharma 2022
Marion Arce 2022
Wei Ji 2022
Eugenia Pilar Consoli Lizzi 2022
Ting Sang 2022
Sebastián Araneda 2023
Frederico De Sousa 2023
Shalini Gupta 2023
Meisser Madera 2023
Neshka Manchorova 2023
María Ramírez-Trujillo 2023
Nil Yakar 2023
Abdul Warith Akinshipo 2024
Diego Azañedo 2024
Navdeep Bhusri 2024
Uchenna Egbunah 2024
Qing He 2024
Yuting Niu 2024
Vesela Petrova Stefanova 2024
Xinyun Su 2024
Wen Xiao 2024
Jiawei Yang 2024
Francisco Wanderley Garcia Paula-Silva 2024
Sonia Apaza Ramos 2025
Naile Dame-Teixeira 2025
Sandra Guauque-Olarte 2025
Zeliha Güney 2025
Bruno Gutierrez 2025
Lei Lei 2025
Jirakate Madiloggovit-Lower 2025
Nashib Pandey 2025
João Gabriel Silva Souza 2025
Xiaoyi Wu 2025

Appendix 4 — Independent Auditor's Report for 2023

CBM
CENTERED ON YOUR SUCCESS

7910 WOODMONT AVENUE
SUITE 500
BETHESDA, MD 20814
(T) 301.986.0600

Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of the International Association for Dental Research DBA International Association for Dental, Oral, and Craniofacial Research (the Association), which comprise the statement of financial position as of December 31, 2023, 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, 2023, 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
DBA International Association for Dental, Oral, and Craniofacial 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 2022 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 17, 2023. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2022, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Cornick, Buchanan + Mitchell, P.C.

Bethesda, Maryland
October 9, 2024

Certified Public Accountants

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2023
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2022)

	2023	2022
Assets		
Current Assets		
Cash and Cash Equivalents	**$ 1,467,079**	$ 294,128
Accounts Receivable	**124,428**	89,624
Contributions Receivable	**105,625**	423,500
Due from AADOCR	**73,274**	299,052
Prepaid Expenses and Other Current Assets	**516,210**	219,597
Total Current Assets	**2,286,616**	1,325,901
Investments	**14,108,159**	14,084,224
Contributions Receivable, Net of Current Portion	**87,000**	81,000
Fixed Assets, Net	**423,599**	527,053
Investment in Deferred Compensation	**461,505**	350,315
Total Assets	**$ 17,366,879**	$ 16,368,493
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable and Accrued Expenses	**$ 360,497**	$ 280,778
Refunds and Pass-Through Amounts	**506,475**	427,016
Refundable Advances	**82,500**	47,500
Deferred Revenue		
Dues	**772,961**	496,828
General Session	**770,262**	4,106
Total Deferred Revenue	**1,543,223**	500,934
Total Current Liabilities	**2,492,695**	1,256,228
Deferred Compensation Payable	**461,505**	350,315
Total Liabilities	**2,954,200**	1,606,543
Net Assets		
Without Donor Restrictions		
Undesignated	**12,984,696**	13,294,611
Board Designated	**386,753**	342,975
Total Without Donor Restrictions	**13,371,449**	13,637,586
With Donor Restrictions		
Purpose Restricted	**783,620**	869,144
Endowment Funds	**257,610**	255,220
Total With Donor Restrictions	**1,041,230**	1,124,364
Total Net Assets	**14,412,679**	14,761,950
Total Liabilities and Net Assets	**$ 17,366,879**	$ 16,368,493

See accompanying Notes to Financial Statements.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2023
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2022)

	Without Donor Restrictions	With Donor Restrictions	**2023 Total**	2022 Total
Revenues				
Conference Registration	$ 648,500	$ -	**$ 648,500**	$ 831,392
Membership Dues	1,185,117	-	**1,185,117**	1,207,860
Exhibitors' Fees	32,540	-	**32,540**	2,570
Symposia	3,365	-	**3,365**	-
Advertising	16,517	-	**16,517**	15,832
Contributions and Sponsorships	22,277	586,979	**609,256**	1,124,888
Royalties and Publishing	497,195	-	**497,195**	489,028
Investment Return Designated for Current Operations	608,028	-	**608,028**	303,350
Miscellaneous	12,077	-	**12,077**	7,125
Net Assets Released from Restrictions	711,954	(711,954)	**-**	-
Total Revenues	3,737,570	(124,975)	**3,612,595**	3,982,045
Expenses				
Program Expenses				
Journal of Dental Research and Publishing	291,138	-	**291,138**	277,498
General Session and Meetings	2,143,957	-	**2,143,957**	987,813
Awards, Grants, and Fellowships	899,458	-	**899,458**	737,481
Member Services and Other Programs	442,786	-	**442,786**	401,947
Total Program Expenses	3,777,339	-	**3,777,339**	2,404,739
Supporting Services				
Management and General Expenses	1,550,917	-	**1,550,917**	1,370,977
Membership Development	103,530	-	**103,530**	101,900
Total Supporting Services	1,654,447	-	**1,654,447**	1,472,877
Total Expenses	5,431,786	-	**5,431,786**	3,877,616
Change in Net Assets before Investment Gain (Loss)	(1,694,216)	(124,975)	**(1,819,191)**	104,429
Investment Gain (Loss) in Excess of Amounts Designated for Current Operations	1,428,079	41,841	**1,469,920**	(3,368,443)
Change in Net Assets	(266,137)	(83,134)	**(349,271)**	(3,264,014)
Net Assets, Beginning of Year	13,637,586	1,124,364	**14,761,950**	18,025,964
Net Assets, End of Year	$ 13,371,449	$ 1,041,230	**$ 14,412,679**	$ 14,761,950

See accompanying Notes to Financial Statements.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2023
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2022)

	Journal of Dental Research and Publishing	General Session and Meetings	Awards, Grants, and Fellowships	Member Services and Other Programs	Total Program Expenses	Management and General Expenses	Membership Development	**2023 Total**	2022 Total
Expenses									
Salaries, Benefits, and Taxes	$ 187,568	$ 592,438	$ 91,094	$ 133,614	$ 1,004,714	$ 1,030,107	$ 62,216	**$ 2,097,037**	$ 1,813,150
Professional Fees	4,908	32,211	44,500	524	82,143	105,754	46	**187,943**	243,127
Advertising and Promotion	-	-	-	324	324	-	18,776	**19,100**	47,241
Office Expenses	2,743	66,324	33,594	5,179	107,840	49,149	2,267	**159,256**	122,606
Information Technology	9,581	96,007	7,608	12,141	125,337	97,680	5,504	**228,521**	167,194
Occupancy	3,034	14,420	2,266	3,572	23,292	23,793	1,639	**48,724**	49,535
Travel	-	90,800	29,688	81,243	201,731	159,264	7,650	**368,645**	143,932
Conferences and Meetings	-	1,205,070	11,108	-	1,216,178	-	-	**1,216,178**	293,979
Depreciation and Amortization	7,859	33,560	5,277	8,315	55,011	55,377	3,815	**114,203**	121,941
General Insurance	1,747	8,830	1,387	2,187	14,151	14,570	1,004	**29,725**	31,588
Grants and Contributions	-	-	661,814	-	661,814	-	-	**661,814**	502,273
Other Expenses	73,698	4,297	11,122	195,687	284,804	15,223	613	**300,640**	341,050
Total Expenses	$ 291,138	$ 2,143,957	$ 899,458	$ 442,786	$ 3,777,339	$ 1,550,917	$ 103,530	**$ 5,431,786**	$ 3,877,616

See accompanying Notes to Financial Statements.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2023
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2022)

	2023	2022
Cash Flows from Operating Activities		
Change in Net Assets	**$ (349,271)**	$ (3,264,014)
Adjustments to Reconcile Change in Net Assets to Net Cash Used in Operating Activities		
Depreciation and Amortization	**114,203**	121,941
Net Realized and Unrealized (Gain) Loss on Investments	**(1,815,500)**	3,298,263
(Increase) Decrease in Assets		
Accounts Receivable	**(34,804)**	(19,372)
Contributions Receivable	**311,875**	(423,500)
Due from AADOCR	**225,778**	(299,052)
Prepaid Expenses and Other Current Assets	**(296,613)**	65,744
Investment in Deferred Compensation	**(111,190)**	80,580
Increase (Decrease) in Liabilities		
Accounts Payable and Accrued Expenses	**79,719**	35,827
Due to AADOCR	**-**	(24,981)
Refunds and Pass-Through Amounts	**79,459**	45,526
Refundable Advances	**35,000**	26,500
Deferred Revenue	**1,042,289**	(2,141)
Deferred Compensation Payable	**111,190**	(80,580)
Net Cash Used in Operating Activities	**(607,865)**	(439,259)
Cash Flows from Investing Activities		
Purchases of Investments	**(1,007,319)**	(1,607,803)
Proceeds from Sales and Maturities of Investments	**2,798,884**	1,781,506
Purchases of Fixed Assets	**(10,749)**	(9,673)
Net Cash Provided by Investing Activities	**1,780,816**	164,030
Net Increase (Decrease) in Cash and Cash Equivalents	**1,172,951**	(275,229)
Cash and Cash Equivalents, Beginning of Year	**294,128**	569,357
Cash and Cash Equivalents, End of Year	**$ 1,467,079**	$ 294,128

See accompanying Notes to Financial Statements.

- 8 -

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The International Association for Dental Research DBA International Association for Dental, Oral, and Craniofacial 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. Many of the publication costs are 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 stand-alone meeting was held in 2023. 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 the online member community and 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, 2023

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. The Association uses the loss-rate method to estimate expected credit losses based on historical experience, current conditions, and reasonable and supportable forecasts about collectability. Historical credit loss experience provides the basis for the estimation of expected credit losses and adjustments are made for the differences in current and forecasted risk characteristics and economic conditions. In addition, allowance for credit losses is measured on a collective (pool) basis when similar risk characteristics exist. Contracts receivable that do not share risk characteristics are evaluated on an individual basis. Contracts receivable are considered overdue based on management's determination and are written off based on management's case-by-case determination that they are uncollectible. There were no allowance for credit losses or write-offs or recoveries of any accounts receivable during the years ended December 31, 2023.

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.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

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

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. Amounts received for conditional contributions are recorded as refundable advances until the conditions have been met.

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.

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.

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, 2022. 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, 2022, from which the summarized information was derived.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

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

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, 2023, the Association had net unrelated business income resulting in no income tax expense.

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.

Reclassifications

Certain 2022 amounts have been reclassified for comparative purposes.

Adoption of Accounting Standards Codification Topic 326

During the year ended December 31, 2023, the Association adopted Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments.* ASU 2016-13 revises the accounting requirements related to the measurement of credit losses and requires organizations to measure all expected credit losses for financial assets based on historical experience, current conditions, and reasonable and supportable forecasts about collectability. Assets must be presented in the financial statements at the net amount expected to be collected. All assets that fall within the scope of ASU 2016-13 were evaluated to determine if the measurement of expected credit losses is material. The Association adopted ASU 2016-13 and the effect of the adoption was not material to the financial statements.

2. 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 various securities. 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, 2023

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, 2023:

Description	Amount
Buildings and Improvements	$ 1,133,538
Office Furniture and Equipment	599,741
Total Fixed Assets	1,733,279
Less Accumulated Depreciation	(1,309,680)
Fixed Assets, Net	$ 423,599

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.

5. 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, 2023, the following financial assets and liquidity sources were available for general operating expenditures in the year ending December 31, 2024:

Financial Assets	
Cash and Cash Equivalents	$ 1,467,079
Accounts Receivable	124,428
Contributions Receivable	105,625
Due from AADOCR	73,274
Investments	14,108,159
Less Endowment Funds Held in Perpetuity	(257,610)
Less Board Designated Funds for Future Awards and Fellowships	(386,753)
Less Purpose Restrictions by Donors	(783,620)
Financial Assets Available to Meet Cash Needs for General Expenditures within One Year	$ 14,450,582

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

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

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, 2023:

Description	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	$ 42,804	$ -	$ -	$ 42,804
JOHCM Global Equity Fund Institutional	2,254,931	-	-	2,254,931
Vanguard - ST Treasury Index Admiral	889,825	-	-	889,825
GMO Climate Change	323,753	-	-	323,753
Vanguard Energy Fund Admiral	479,101	-	-	479,101
Equity Securities	7,573,272	-	-	7,573,272
Fixed Income Securities	-	2,544,473	-	2,544,473
Total Investments at Fair Value	$ 11,563,686	$ 2,544,473	$ -	$ 14,108,159
Deferred Compensation Investments				
CREF Global Equities R1	$ 85,615	$ -	$ -	$ 85,615
CREF Growth R1	166,599	-	-	166,599
CREF Stock R1	155,844	-	-	155,844
Other Mutual Funds	24,343	-	-	24,343
Total Deferred Compensation Investments at Fair Value	$ 432,401	$ -	$ -	432,401
TIAA Traditional Annuity at Contract Value				29,104
Total Deferred Compensation Investment				$ 461,505
Deferred Compensation Liability at Fair Value	$ 432,401	$ -	$ -	$ 432,401
Deferred Compensation Liability at Contract Value				29,104
Total Deferred Compensation Liability				$ 461,505

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.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

FAIR VALUE MEASUREMENTS (CONTINUED)

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, 2023:

Description	Amount
Interest Income and Dividends	$ 327,008
Net Realized and Unrealized Gain	1,815,500
Investment Fees	(64,560)
Total Investment Gain	2,077,948
Less Investment Return Designated for Current Operations	608,028
Investment Gain in Excess of Amounts Designated for Current Operations	$ 1,469,920

The Board of Directors designates 4% 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.

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.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

ENDOWMENTS (CONTINUED)

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 4% 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.

Composition and changes in endowment net assets were as follows for the year ended December 31, 2023:

	Without Donor Restrictions	With Donor Restrictions		
	Board Designated	Purpose Restricted	Invested in Perpetuity	Total
Endowment Net Assets, Beginning of Year	$ 342,975	$ 32,408	$ 255,220	$ 630,603
Investment Gain	43,778	41,841	-	85,619
Contributions	-	46,112	2,390	48,502
Transfer from Unrestricted	-	-	-	-
Amounts Appropriated for Expenditure	-	(15,766)	-	(15,766)
Endowment Net Assets, End of Year	$ 386,753	$ 104,595	$ 257,610	$ 748,958

Endowment funds that are invested in perpetuity for the following purposes as of December 31, 2023:

Description	Amount
Souder Award	$ 130,000
Schour Award	72,784
N. Johnson Award	54,826
Total Endowments Invested in Perpetuity	$ 257,610

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

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, 2023, were approximately $140,000.

CONCENTRATIONS

As of December 31, 2023, approximately 63% of accounts receivable is due from two entities, approximately 58% of contributions receivable is due from two entities. For the year ended December 31, 2023, approximately 29% of contributions and sponsorship revenue was received from one entity. Royalties and publishing revenue are primarily from one entity for the year ended December 31, 2023.

BOARD DESIGNATED NET ASSETS

The Association's board designated net assets consisted of the following as of December 31, 2023:

Description	Amount
John A. Clarkson Award	$ 181,746
John A. Gray Fellowship	96,410
Norton H. Ross Fellowship	59,761
David B. Scott Recognition Award	48,836
Total Board Designated Net Assets	$ 386,753

CONDITIONAL CONTRIBUTIONS AND GRANTS

The Association has received conditional contributions as of December 31, 2023, of approximately $82,500. Certain events must occur in order to meet the conditions. Accordingly, revenue has not been recorded for these conditional contributions as of December 31, 2023, and they have been recorded as refundable advances on the statement of financial position.

CONTRIBUTIONS RECEIVABLE

Contributions receivable as of December 31, 2023, are summarized below:

Description	Amount
Receivable in Less Than One Year	$ 105,625
Receivable in One to Five Years	87,000
Total Contributions Receivable	$ 192,625

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSE

As of December 31, 2023, net assets with donor restrictions for purpose are available for the following purposes:

Description	Amount
Endowments	$ 257,610
Innovation in Oral Care Awards	206,938
Osteology Award	161,813
Scientific Group and Network	85,223
Conference on Oral Biology	72,424
William J. Gies Award	62,719
Greenspan Travel Award	44,690
Souder Award	35,115
Other Awards	23,887
General Session and Meetings	20,000
Joseph Lister Award	19,125
Schour Award	14,757
Research in Prevention Award	14,200
Kulzer Travel Award	13,826
Lion Award	8,903
Total Net Assets With Donor Restrictions for Purpose	$ 1,041,230

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, 2023:

Description	Amount
General Session and Meetings	$ 179,271
Innovation in Oral Care Awards	155,564
Scientific Group and Network	91,717
Osteology Award	81,188
Smile Train Award	81,000
Distinguished Scientist Awards	42,408
Joseph Lister Award	18,550
Kulzer Travel Award	13,825
Research in Prevention Award	12,938
Toshio Nakao Fellowship	8,100
Lion Award	7,000
Other Awards	5,425
Souder Award	4,734
Schour Award	4,181
EW Borrow Memorial Award	3,900
William J. Gies Award	2,153
Total Net Assets Released from Restrictions	$ 711,954

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

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.

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, 2023, the Association contributed $15,000 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.

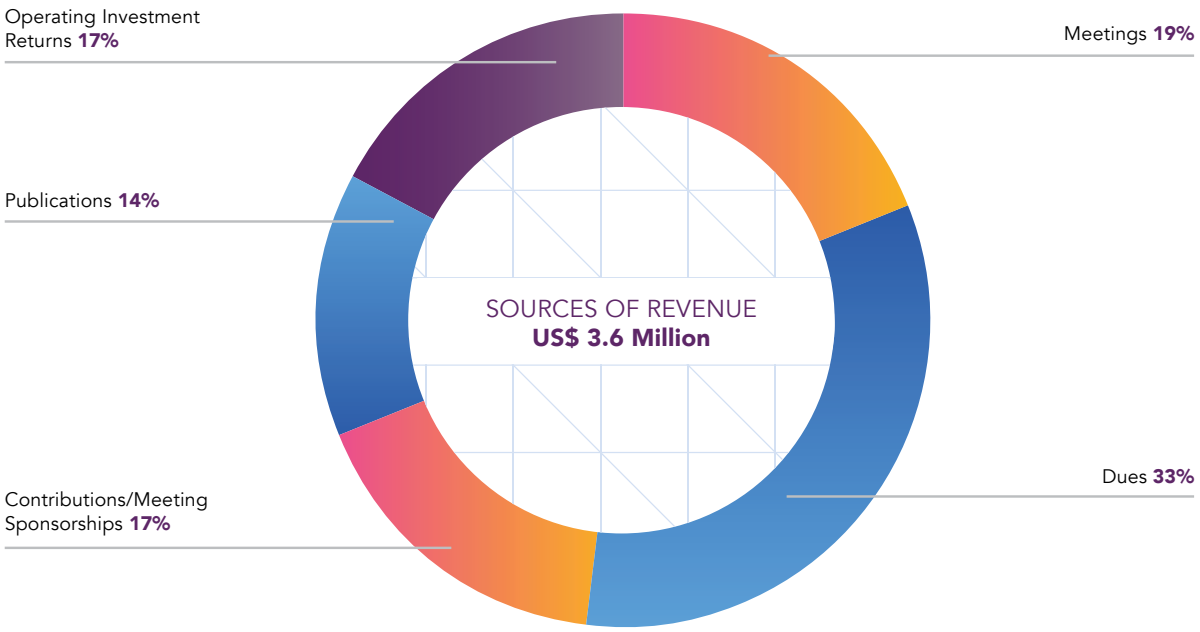
DEFERRED REVENUE

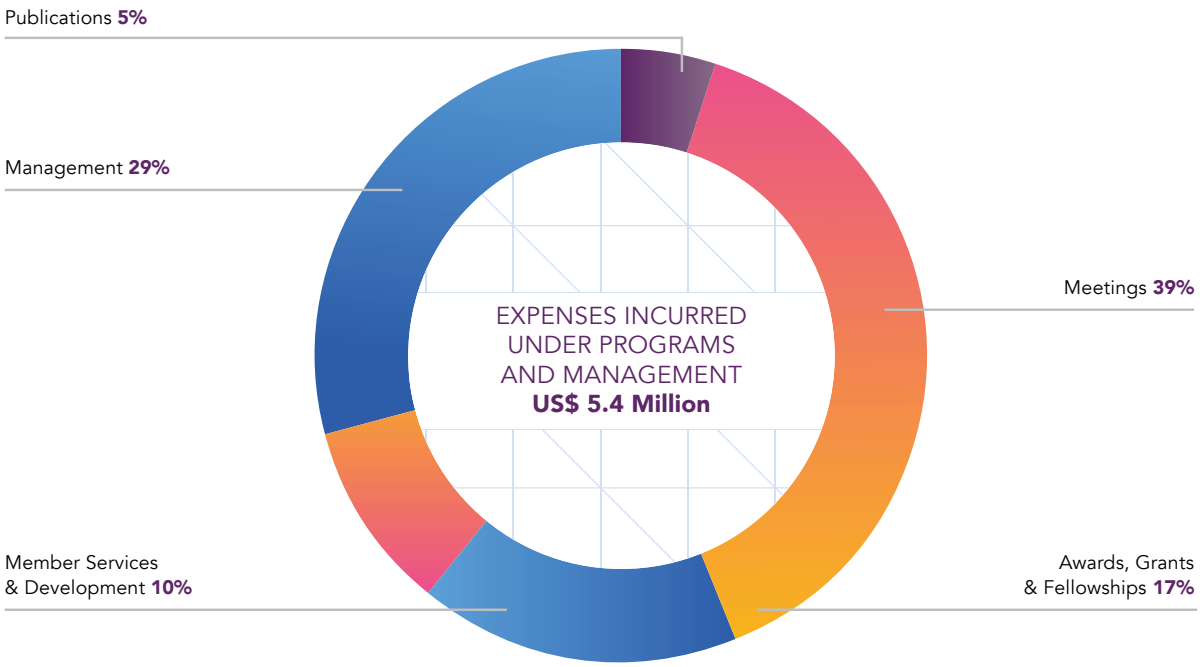
Membership dues cover the calendar year. Those paid in advance are reported as deferred revenue. In addition, amounts received in advance for the following year's General Session are recorded as deferred revenue. Deferred revenue totaled $500,934 as of January 1, 2023. The full amount was recognized as revenue during the year ended December 31, 2023.

SUBSEQUENT EVENTS

Subsequent events were evaluated through October 9, 2024, which is the date the financial statements were available to be issued.

2023 OPERATIONAL HIGHLIGHTS





Appendix 5 — Chief Executive Officer's Report on the Budgets, 2024-28

Overall Assessment

A summary of the IADR operating budget for the period 2024 through 2028 is illustrated in (Table I1) .

For each year in this period, the total income and expenses in each of the programs are displayed with an overall total for each year .

Year-end 2025 operating Net Income is expected to be a $145,000 surplus as compared to a breakeven budget which assumes an allocation from the investment portfolio to fund operations equal to the amount available under the 4% investment spending policy .The favorable results to budget are primarily due to a smaller than budgeted general operations deficit and a larger than budgeted publications surplus, partially offset by a smaller than expected General Session surplus .

A breakeven budget is budgeted for 2026 which includes a General Operations deficit, partially offset by a $107,000 General Session surplus, which after meeting dividends,

Division share, developing region grant share and an AADOCR profit share results in a $35,000 meeting surplus to IADR and a Publications surplus .The General Session surplus is calculated to arrive at a breakeven operating budget where the needed investment returns to fund operations match the expected amount available under the investment spending policy .

The 2027 and 2028 budgets also 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 .

Large swings can occur in the net income of Grants, Fellowships & Awards due to timing issues related to receiving contributions in one year and issuing awards the following year .When this activity is included in the overall operating budgets, the results

can be misleading .Because of this, Grants, Fellowships & Awards are not included in the Total Operations Budget amount . They are presented on the Summary Budget below the Total Operations amount for information purposes only .

The assumptions for each of the programs will be described further in the subsequent tables .

Table I1. IADR Summary

	2024 Actuals			2025 Year-End Estimates			2025 Budget		
IADR Operations	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**
General	1,159,622	2,197,299	(1,037,677)	1,399,515	2,132,320	(732,805)	1,278,857	2,150,785	(871,928)
Investment Returns Designated for Operations	646,517		646,517	653,479		653,479	643,305		643,305
General Session	2,626,807	2,544,033	82,774	2,700,392	2,688,939	11,453	TBD	TBD	58,416
WCPD	0	0	-	0	0	-	0	0	-
Subtotal - IADR Operations	4,432,946	4,741,332	(308,386)	4,753,387	4,821,259	(67,872)	1,922,162	2,150,785	(170,207)
Joint Publications									
Journal of Dental Research*	446,460	253,043	193,417	445,234	242,111	203,123	419,937	236,232	183,705
JDR Clinical & Translational Research	60,954	61,251	(297)	70,490	60,562	9,928	47,082	60,580	(13,498)
Subtotal - Joint Publications	507,414	314,294	193,120	515,724	302,673	213,051	467,019	296,812	170,207
Total - Operations	**4,940,360**	**5,055,626**	**(115,266)**	**5,269,111**	**5,123,932**	**145,179**	**2,389,181**	**2,447,597**	**0**
Net Income as a Percent of Income			-2.3%			2.8%			0.0%
Award, Fellowship and Grant Programs									
Regional Development Program	60,000	60,000	-	60,000	60,000	-	60,000	60,000	-
Fellows & Awards **	480,780	415,232	65,548	478,321	472,069	6,252	452,256	446,561	5,695
Total - Operations and Awards	5,481,140	5,530,858	(49,718)	5,807,432	5,656,002	151,430	2,901,437	2,954,158	5,695

	2026 Budget			2027 Budget			2028 Budget		
IADR Operations	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**
General	1,490,856	2,318,485	(827,629)	1,544,735	2,331,380	(786,645)	1,612,240	2,517,781	(905,540)
Investment Returns Designated for Operations	663,219		663,219	674,373		674,373	684,854		684,854
General Session	TBD	TBD	34,716	TBD	TBD	-	TBD	TBD	137,850
WCPD			-			-			-
Subtotal - IADR Operations	2,154,075	2,318,485	(129,694)	2,219,107	2,331,380	(112,273)	2,297,095	2,517,781	(82,836)
Joint Publications									
Journal of Dental Research*	399,030	255,333	143,697	384,377	237,231	147,146	370,514	267,237	103,277
JDR Clinical & Translational Research	51,407	65,410	(14,003)	49,842	62,725	(12,884)	48,360	68,801	(20,441)
Subtotal - Joint Publications	450,437	320,743	129,694	434,218	299,957	134,262	418,874	336,038	82,836
Total - Operations	**2,604,512**	**2,639,227**	**0**	**2,653,326**	**2,631,337**	**21,989**	**2,715,969**	**2,853,819**	**0**
Net Income as a Percent of Income			0.0%			0.8%			0.0%
Award, Fellowship and Grant Programs									
Regional Development Program	60,000	60,000	-	60,000	60,000	-	60,000	60,000	-
Fellows & Awards **	441,067	425,615	15,452	465,585	459,177	6,409	440,038	424,159	15,879
Total - Operations and Awards	3,105,578	3,124,842	15,452	3,178,911	3,150,513	28,398	3,216,007	3,337,978	15,879

* JDR & JDR-CTR are split 50/50 between IA and AA.
** Due to typical fluctuations in Awards, Fellowships & Grants, net income can vary greatly from year to year and, therefore, this category is reported separately from the Total Operations budgets.

Table I2. General Operations

REVENUE	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Institutional & Corporate dues	194,600	184,500	190,000	190,000	190,000	190,000	190,000
Membership Dues	936,342	1,199,263	1,199,263	1,076,350	1,291,113	1,344,072	1,414,853
Prepaid Membership Dues	3,782	(10,520)	(14,000)	(16,538)	(16,868)	(17,206)	(17,550)
Award Admin Fees	17,808	1,284	18,798	19,044	16,611	17,868	14,937
Miscellaneous	7,090	4,091	5,455	10,000	10,000	10,000	10,000
TOTAL REVENUE	**1,159,622**	**1,378,618**	**1,399,515**	**1,278,857**	**1,490,856**	**1,544,735**	**1,612,240**
EXPENSES							
Employee salaries	1,083,658	851,593	1,122,474	1,128,626	1,262,210	1,268,751	1,391,338
Employee benefits	263,803	136,987	308,680	310,372	347,108	348,907	382,618
Overhead Allocation	326,887	132,986	348,034	329,367	348,797	342,166	360,211
Merchant Fees/Bank Charges	47,394	36,598	41,678	36,312	45,742	47,489	49,825
Shipping & Courier	509	1,730	2,307	2,060	2,122	2,185	2,251
Board Costs - Travel, Mtg & Admin	124,170	50,315	120,000	170,100	123,600	127,308	131,127
Regional Board Member Support	34,134	23,998	23,998	15,450	24,720	25,462	26,225
Division/Section/Region Services	8,275	0	5,150	5,150	5,305	5,464	5,628
Travel - Staff	59,739	55,785	56,000	46,000	46,000	47,380	48,801
Regional Support Staff	107,564	0	0	0	0	0	0
Consulting	36,880	0	0	0	0	0	0
International Advocacy	8,613	3,629	7,000	6,800	7,000	7,210	7,426
Miscellaneous	8,854	19,707	20,000	19,828	20,600	21,218	21,855
Media & Public Relations	14,613	13,107	14,000	12,175	13,493	13,898	14,315
Member Retention	57,195	41,178	50,000	58,544	59,288	61,067	62,899
Member Recruitment	15,011	12,911	13,000	10,000	12,500	12,875	13,261
TOTAL EXPENSES	**2,197,299**	**1,380,524**	**2,132,320**	**2,150,785**	**2,318,485**	**2,331,380**	**2,517,781**
Net Income	**(1,037,677)**	**(1,906)**	**(732,805)**	**(871,928)**	**(827,629)**	**(786,645)**	**(905,540)**

Budget assumptions	YE Estimate 12/31/2024	YTD 9/30/2025	YE Estimate 12/31/2025	BUDGET 2025	BUDGET 2026	BUDGET 2027	BUDGET 2028
Members - High Income - 2025 - 1-year members	3,150	3,308	3,308	3,260	3,390	3,390	3,463
Worldbank High Income Rate	$ 210.00	$ 225.00	$ 225.00	$ 225.00	$ 236.00	$ 248.00	$ 260.00
Members - High Income - 2025 - 3-year members		73	73		73	73	-
Worldbank High Income Rate		$ 225.00	$ 225.00		$ 225.00	$ 225.00	$ 225.00
Members - Middle Income - 2025 - 1-year members	1,175	1,441	1,441	1,216	1,477	1,477	1,502
Worldbank Mid Income Rate	$ 126.00	$ 135.00	$ 135.00	$ 135.00	$ 141.00	$ 149.00	$ 156.00
Members - Middle Income - 2025 - 3-year members		25	25		25	25	-
Worldbank Mid Income Rate		$ 135.00	$ 135.00		$ 135.00	$ 135.00	$ 135.00
Members - Lower Income - 2025 - 1-year members	372	512	512	385	525	525	536
Worldbank Lower Income Rate	$ 74.00	$ 79.00	$ 79.00	$ 79.00	$ 83.00	$ 87.00	$ 91.00
Members - Lower Income - 2025 - 3-year members		11	11		11	11	-
Worldbank Lower Income Rate		$ 79.00	$ 79.00		$ 79.00	$ 79.00	$ 79.00
Members - All Classes - 2024 - 3-year members		$16,000.00	$16,000.00		$ 16,000.00	$ -	$ -
Affiliate Members	87	85	85	90	87	87	87
	$ 168.00	$ 180.00	$ 180.00	$ 180.00	$ 189.00	$ 198.00	$ 208.00
Members - Retired	237	226	226	245	231	231	231
	$ 63.00	$ 79.00	$ 79.00	$ 79.00	$ 83.00	$ 87.00	$ 91.00
Student Members	2,447	3,087	3,087	2,533	3,164	3,164	3,164
	$ 63.00	$ 79.00	$ 79.00	$ 79.00	$ 83.00	$ 87.00	$ 91.00

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 increased by 15% in 2025 when compared to 2024 .An increase of 3 5% was budgeted for 2025 .Individual membership dues revenue exceeds the budgeted amount by $123,000 .Memberships are budgeted to increase by 2 5% over 2025 levels in 2026 and stable membership numbers are budgeted for 2027 and 2028 .

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 numbers have been pressured in recent years, operating revenue has been insufficient to cover all operating costs .

Expenses

The largest expenses relate to allocated salaries, benefits and global headquarters costs (overhead allocation), and Board costs . 2025 expenses are expected to be $19,000 less than budgeted, primarily due to lower than budgeted Board expenses .

Future year budgets assume two in person Board meetings and staff travel costs continue .

Operations Total

Higher than budgeted dues revenues and lower than budgeted general operations expenses are expected to result in a lower than budgeted General Operations deficit for 2025 .A smaller operations deficit is budgeted for 2026 due to increased membership revenues and lower Board costs .

Table I3. General Session

	New Orleans	Barcelona	Barcelona	Barcelona	San Diego	Melbourne	Baltimore
	Actual	YTD	Year-End Estimate	Approved BUDGET	Proposed BUDGET	Preliminary BUDGET	Preliminary BUDGET
REVENUE	**2024**	**9/30/2025**	**12/31/2025**	**2025**	**2026**	**2027**	**2028**
Registration	1,911,737	2,151,180	2,151,180				
Abstract Submission Fees	78,100	100,350	100,350				
Exhibition Fees	135,420	89,552	89,552				
Sponsorship & Advertising	343,595	358,760	358,760				
Miscellaneous	27,402	550	550				
IADR REVENUE (Before Mtg Div)	**2,496,254**	**2,700,392**	**2,700,392**	**TBD**	**TBD**	**TBD**	**TBD**
Meeting Dividend Collections	130,553	TBD	TBD	-	-	-	-
ADJUSTED TOTAL REVENUE	**2,626,807**	**2,700,392**	**2,700,392**	**TBD**	**TBD**	**TBD**	**TBD**
EXPENSES							
Employee Salaries	585,236	312,872	422,945	425,264	623,063	473,264	686,840
Employee Benefits	161,812	89,608	116,310	116,948	171,342	130,147	188,881
Overhead Allocation	201,505	99,558	131,138	128,595	182,549	131,728	186,500
Personnel							
Merchant Fees/Bank Charges							
Meeting Venue							
Scientific Program							
Exhibition							
Networking Opportunities							
Meeting Promotion							
Miscellaneous							
Technical Costs	470,703	428,239	428,239				
Convention Center & Setup Costs	249,649	843,102	843,102				
Catering Costs	149,616	262,659	262,659				
Travel & Honorarium Costs	89,303	96,515	96,515				
Staffing Costs	38,535	76,572	76,572				
Registration & Abstract Mgmt Costs	107,197	103,314	103,314				
Promotion & Printing Costs	49,751	54,813	54,813				
Other Costs	163,019	153,331	153,331				
TOTAL EXPENSES	**2,266,326**	**2,520,583**	**2,688,939**	**TBD**	**TBD**	**TBD**	**TBD**
Net Income (prior to Div distributions)	**360,481**	**179,809**	**11,453**	**90,148**	**107,148**	**0**	**425,463**
Meeting Dividend Distributions	130,553	12,946	825	6,491	7,715	-	30,633
Division Share	45,986	35,962	2,291	18,030	21,430	-	85,093
Developing Regions Grant	18,394	14,385	916	7,212	8,572	-	34,037
AADOCR Profit Share (per 2024 MOU)	82,774	-	-	-	34,716		137,850
FINAL IADR NET INCOME	**82,774**	**116,516**	**7,422**	**58,416**	**34,716**	**0**	**137,850**

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 lineitem 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 since then .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 registration rates put pressure on the margins earned from the 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, 2026 and 2028 these allocated costs are expected to be higher than in 2025 and 2027, because there is only one combined meeting in those years .Finance and the meetings department budget meetings according to a detailed line item budget, 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 share of the expected meeting surplus for the 2025 General Session is expected to be $7,000 .

For 2026, 2027 and 2028 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, which is defined as a net budget deficit equal to the expected allocation to operations from the investment portfolio under the IADR investment spending policy .

Table I5. Regional Development Program

REVENUE	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
IAGS Meeting Surplus	18,394		916	7,212	8,572	0	34,037
Contributions	0		0	0	0	0	0
Board Designated Funds	0		0	0	0	0	0
Allocation from Investments	41,606		59,084	52,788	51,428	60,000	25,963
TOTAL REVENUE	**60,000**	**0**	**60,000**	**60,000**	**60,000**	**60,000**	**60,000**
EXPENSES							
Grants - RDP Committee	60,000		60,000	60,000	60,000	60,000	60,000
Grants - Board Designated	0		0	0	0	0	0
TOTAL EXPENSES	**60,000**	**0**	**60,000**	**60,000**	**60,000**	**60,000**	**60,000**
Net Income	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Surplus from Previous Year	0			0	0	0	0
Ending Balance	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Regional Development Program (Table I5)

Revenue

The revenue for this program comes from the surplus of the IADR annual General Session, if available .After deducting 20% from the meeting surplus, which is distributed as the Divisional share, the development program receives 10% of the remaining surplus .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 up to $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 I6. Fellowships and Awards

REVENUE	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Contributions	289,067	44,879	268,729	283,775	268,150	268,150	268,150
Board Alloc - Unrestricted	0	0	0	0	0	0	0
IADR Portfolio Allocation	108,495	97,783	155,455	127,675	128,435	153,435	128,435
Total Return On Investment	83,218	57,493	54,137	40,806	44,482	44,000	43,453
TOTAL REVENUE	**480,780**	**200,155**	**478,321**	**452,256**	**441,067**	**465,585**	**440,038**
EXPENSES							
Awards/Fellowships	387,575	172,435	440,807	414,585	394,885	427,085	394,885
Plaques	2,907	3,308	3,308	3,000	3,190	3,190	3,190
Miscellaneous	3,387	5,773	5,773	6,537	7,155	7,155	7,155
Admin Fees	17,808	1,284	18,798	19,043	16,703	17,954	15,023
Investment Fees	3,555	1,911	3,384	3,395	3,682	3,792	3,906
TOTAL EXPENSES	**415,232**	**184,712**	**472,069**	**446,561**	**425,615**	**459,177**	**424,159**
Net Income	**65,548**	**15,443**	**6,252**	**5,695**	**15,452**	**6,409**	**15,879**
Balance from Previous Year	1,122,188	1,187,736	1,187,736	1,187,736	1,193,987	1,209,439	1,215,848
Balance at Year End	**1,187,736**	**1,203,179**	**1,193,987**	**1,193,430**	**1,209,439**	**1,215,848**	**1,231,726**

Fellowships and Awards (Table I6)

In 2021 and 2022, IADR distributed a smaller number of awards due to the complications associated with COVID-19 and the lack of travel to a General Session .With the resumption of in-person meetings the distribution of awards in recent years 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 purpose-restricted funds that can only be used for their stated purpose . The accumulation of those 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 "quasi-endowed" 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 .A third permanent endowment fund was added in recent years .

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 I2) .

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, whichever is earlier, and the expenses of the award/fellowship be recorded in the year that it is made .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 J1. IADR & AADOCR – All Global Headquarters Costs

Staff costs	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Staff Salaries	2,641,446	1,986,065	2,684,791	2,699,508	2,864,507	3,007,182	3,156,991
Staff Benefits	658,574	568,817	738,318	742,365	787,739	826,975	868,173
Subtotal	3,300,020	2,554,882	3,423,109	3,441,872	3,652,246	3,834,157	4,025,164
% Change from Prior Year	-0.1%		3.7%	4.3%	6.7%	5.0%	5.0%
% Diff. From Current Year Budget	-4.3%		-0.5%		6.1%		
Overhead costs							
Accounting fees	6,247	4,564	7,500	7,500	7,725	7,957	8,195
Audit	76,900	62,500	77,250	77,250	79,568	81,955	84,413
Bank charges	20,510	19,402	25,869	24,150	26,628	27,959	29,357
Building maintenance	69,219	58,677	76,000	76,329	77,498	79,823	82,217
Depreciation (50/50 Joint Assets)	224,348	93,066	120,287	113,934	124,097	98,931	95,449
Information Technology	282,483	223,413	310,000	312,729	312,587	321,964	331,623
Insurance	52,600	58,631	58,631	59,400	61,563	64,641	67,873
Leases & equipment	11,927	3,820	5,025	4,940	5,112	5,265	5,423
Legal fees	10,511	325	10,000	10,300	10,300	10,609	10,927
Miscellaneous	9,256	6,611	8,815	9,201	11,701	12,052	12,413
Office supplies	12,911	6,089	10,250	10,288	10,558	10,874	11,200
Postage & Shipping	265	238	480	1,030	515	530	546
Recruitment costs	16,095	674	1,500	5,150	5,150	5,305	5,464
Staff Development	18,944	28,635	30,000	24,720	25,462	26,225	27,012
Staff Events/Appreciation	11,538	2,091	6,695	6,695	6,896	7,103	7,316
Taxes - Property	34,455	20,932	35,949	36,760	37,027	38,138	39,282
Taxes - Other	0	0	0	0	0	0	0
Telephone/Internet	25,594	20,388	26,275	25,925	26,879	27,685	28,516
Temporary Help	9,921	21,920	21,920	10,000	10,000	10,000	10,000
Subtotal	893,724	631,976	832,446	816,300	839,263	837,016	857,228
% Change from Prior Year	4.9%			-8.7%	0.8%	-0.3%	2.4%
% Diff. From Current Year Budget	2.3%			-6.6%	2.8%		
GRAND TOTAL	**4,193,744**	**3,186,858**	**4,255,555**	**4,258,173**	**4,491,509**	**4,671,174**	**4,882,392**
% Change from Prior Year	0.9%		1.5%	1.5%	5.5%	4.0%	4.5%
% Diff. From Current Year Budget	-3.0%		-0.1%		5.5%		

Joint Budgets – Executive Summary

Proposed 2026 Budgets

GHQ: Total 2026 GHQ costs are budgeted to increase by 5 5% as compared to 2025 budgeted costs and increase by 5 5% when compared to projected 2025 year-end expense .

- Salary & benefits costs are expected to be about $19,000 lower than budget primarily due to an open staff position for part of the year due to an extended leave of absence, partially offset by higher than budgeted salaries for some existing staff .A full staff of 20 full-time employees, 2 part-time employees and 1 intern is budgeted for 2026 .The is a similar number of staff when compared to the 2025 budget .Salary and benefit costs are budgeted to increase in 2026 by 6 1% when compared to 2025 budgeted costs and increase by 6 7% compared to projected 2025 yearend expenses .
- Depreciation costs are budgeted to be higher in 2026 as compared to expected 2025 actual expenses .Newly capitalized costs for the replacement of 3 HVAC units and a new roof completed in 2025 will have a full year of depreciation expense in 2026 .New capitalized costs associated with a website redesign as well as regularly scheduled laptop replacements are also contemplated in the 2026 budget .
- Information technology costs, which are the largest non-salary and benefit cost, are expected to be similar to budget in 2025 . Budgeted information technology costs for 2026 are similar to 2025 .The budgeted website redesign which should be completed in 2026 is not expected to increase the ongoing website maintenance expenses .
- Most other costs have been budgeted with a small CPI increase .

JDR: 2026 will be the first year under the new contract terms with Sage .Even with the less favorable terms for the Associations' share the of the JDR royalties, 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 2025 results is budgeted for 2026 .The Editorial Stipend provide by Sage will remain unchanged in 2026 under the terms of the new agreement .Editorial expenses, with the exception of allocated salaries, benefits and overhead, are budgeted similar to 2025 expected costs .

JDR CTR: Royalty income, similar to the JDR, has been conservatively budgeted to decrease by 5% from expected 2025 results .The expected royalty income reflects the new less favorable royalty sharing terms for the journal in the new agreement .The editorial stipend provided by Sage under the new agreement terms is unchanged from 2025 .Budgeted editorial expenses for 2026 are unchanged from 2025 .A small deficit is expected, though it should be noted that the expenses include allocated staff salaries, benefits and overhead costs .

Preliminary 2027 & 2028 Budgets

GHQ: Costs are budgeted to include modest increases in 2027 and 2028, with the exception of depreciation costs which will begin decreasing sharply in 2027 as the Nimble AMS system reaches the end of its depreciation lifecycle .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 JP1. *Journal of Dental Research*

REVENUE	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Member subs	7,700	8,150	8,150	6,930	12,474	11,227	10,104
Student subs	2,250	2,363	2,363	2,025	3,645	3,281	2,952
Advances in Dental Research	0		0	0	0	0	
Miscellaneous	0		0	800	0	0	0
Less: Subscription Rev to SAGE	(9,950)	(10,513)	(10,513)	(8,955)	(8,060)	(7,254)	(6,528)
Advertising Share	25,846	13,279	17,705	26,236	15,000	15,000	15,000
Editorial Stipend	265,000	198,750	270,000	270,000	270,000	270,000	270,000
Royalty Income	602,073	452,073	602,763	542,838	505,000	476,500	449,500
TOTAL REVENUE	**892,919**	**664,102**	**890,468**	**839,874**	**798,060**	**768,754**	**741,028**
EXPENSES							
Employee salaries	163,356	91,645	130,589	131,305	156,942	134,377	173,005
Employee benefits	36,452	13,671	35,912	36,109	43,159	36,954	47,576
Overhead Allocation	53,794	16,324	40,490	39,705	45,982	37,403	46,977
Merchant Fees	341	232	347	296	532	479	431
Printing	0	0	0	0	0	0	0
Editorial expenses/Ed Board	206,381	213,925	218,425	221,550	220,050	220,050	220,050
Taxes	0	0	0	1,500	1,500	1,500	1,500
Advances in Dental Research	0	0		0	0	0	0
Legal	45,762	12,977	30,000	41,200	40,000	41,200	42,436
Media/PR/Communication/Ann Rpt	0	0	0	799	0	0	0
Miscellaneous	0	28,459	28,459	0	2,500	2,500	2,500
Editor Search	0	0	0	0	0	0	0
TOTAL EXPENSES	**506,086**	**377,233**	**484,222**	**472,463**	**510,665**	**474,462**	**534,475**
Net Income	**386,833**	**286,869**	**406,246**	**367,411**	**287,394**	**294,291**	**206,554**

Budget Assumptions	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
JDR							
Member Print							
Rate	$50	$50	$50	$50	$100	$100	$100
Number of	154	163	163	139	125	112	101
	7,700	8,150	8,150	6,930	12,474	11,227	10,104
Student Subs Print							
Rate	$25	$25	$25	$25	$50	$50	$50
Number of	90	95	95	81	73	66	59
	2,250	2,363	2,363	2,025	3,645	3,281	2,952

- Budgeted at a 10% annual decrease in Member and Student print subscribers
- Budgeted at a 5% annual decrease in Royalty Income

Joint Publications Budgets

Journal of Dental Research (Table JP1)

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 .

2026 will be the first year under the new contract terms with Sage .Even with the less favorable terms for the Associations' share the of the JDR royalties, 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 2025 results is budgeted for 2026 .The Editorial Stipend provide by Sage will remain unchanged in 2026 under the new terms .

Expenses

IADR/AADOCR is responsible for paying editorial costs and various management and overhead costs .Expected 2025 expenses are projected to be $12,000 greater than budget primarily due to Knowledgeworks Global consulting costs for assisting the Associations in negotiating a new publishing agreement with Sage and editor meeting expenses at the General Session and Annual Meeting, partially offset by lower than expected legal fees .

Editorial expenses, with the exception of allocated salaries, benefits and overhead costs and miscellaneous costs (consulting costs), are budgeted similar to 2025 expected costs .

Table JP2. *JDR Clinical & Translational Research*

REVENUE	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Member subs	2,040	2,130	2,130	2,029	3,852	3,467	3,120
Student subs	408	426	426	363	778	700	630
Less: Subscription Rev to SAGE	(2,448)	(2,556)	(2,556)	(2,392)	(2,315)	(2,083)	(1,875)
Miscellaneous	0	0	0	250	0	0	0
Advertising Share	427	0	0	0	0	0	0
Editorial Stipend	40,000	20,000	42,500	42,500	42,500	42,500	42,500
Royalty Income	81,481	79,833	98,480	51,415	58,000	55,100	52,345
TOTAL REVENUE	**121,908**	**99,833**	**140,980**	**94,165**	**102,815**	**99,683**	**96,720**
EXPENSES							
Employee salaries	53,760	34,226	47,973	48,236	53,047	50,100	58,476
Employee benefits	12,160	5,057	13,193	13,265	14,588	13,777	16,081
Overhead Allocation	17,471	6,001	14,874	14,586	15,542	13,945	15,878
Merchant Fees	111	50	84	74	144	129	116
Marketing	0	0	0	1,500	0	0	0
Editorial expenses/Ed Board	39,000	19,500	43,500	41,500	45,500	45,500	45,500
Legal	0	0	1,500	1,500	1,500	1,500	1,500
Miscellaneous	0	0	0	500	500	500	50
TOTAL EXPENSES	**122,502**	**64,834**	**121,124**	**121,161**	**130,820**	**125,451**	**137,602**
Net Income	**(594)**	**34,999**	**19,856**	**(26,996)**	**(28,005)**	**(25,767)**	**(40,882)**

Budget Assumptions	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Member Print							
Rate	$20	$20	$20	$20	$40	$40	$40
Number of	102	107	107	101	96	87	78
	2,040	2,130	2,130	2,029	3,852	3,467	3,120
Student Subs Print							
Rate	$12	$12	$12	$12	$24	$24	$24
Number of	34	36	36	30	32	29	26
	408	426	426	363	778	700	630

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 2025 .In addition, a supplement was published in June 2025 .

Royalty income has exceeded the budgeted estimate most years . The current year estimate assumes the budgeted royalty revenue will exceed the 2025 budget primarily due to the published supplement .To be conservative, future year royalty income is budgeted to decline by 5% per year .The 2026 – 2028 royalty income figures also use the less favorable royalty sharing terms found in the new agreement with Sage .

Expenses

IADR/AADOCR is responsible for paying editorial costs and various management and overhead costs .

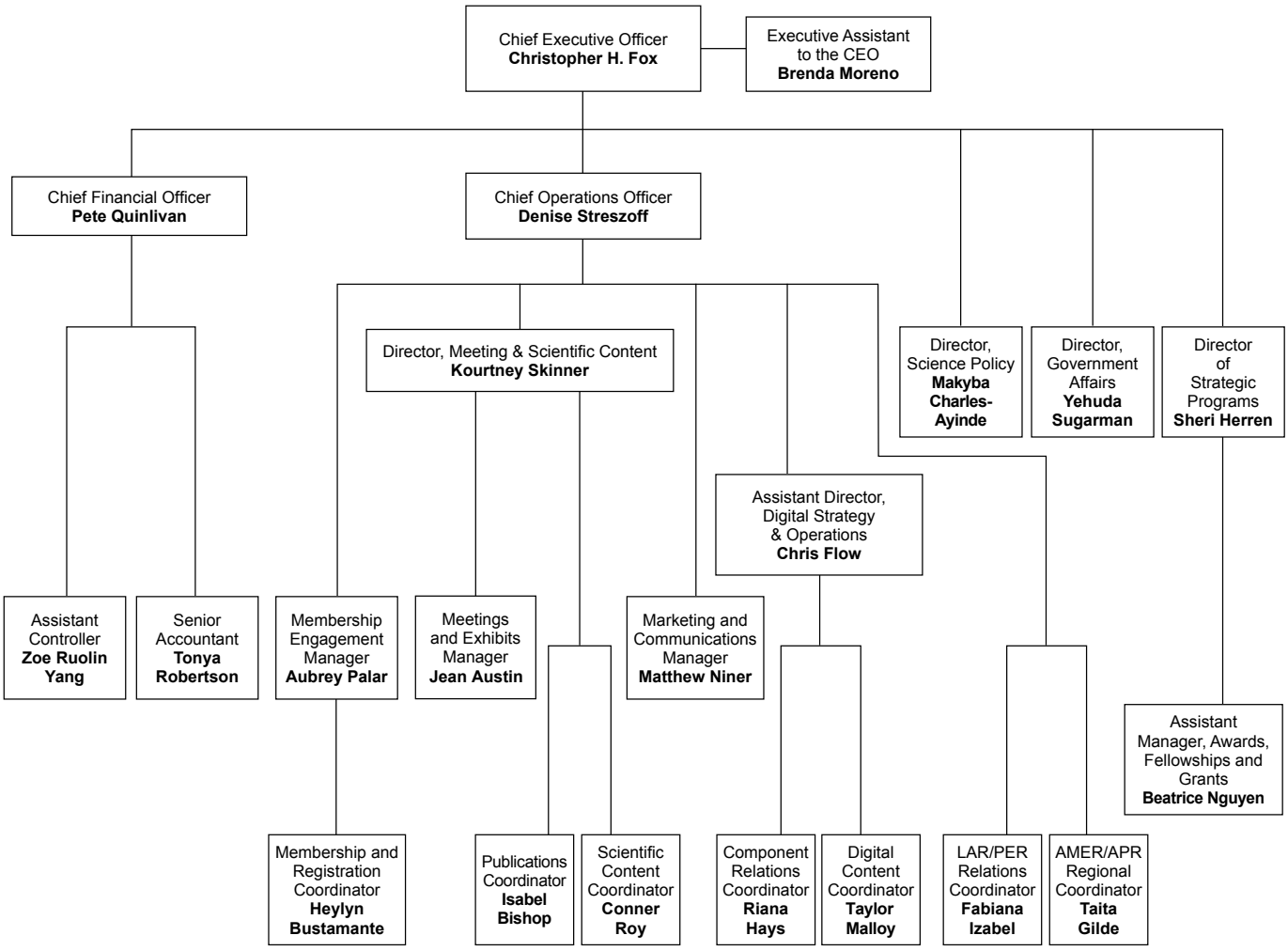
2025 expenses are expected to be similar to budget .Future year budgets are planned at similar amounts to the 2025 budget . Editorial expenses reflect an increase for the journal editor that was put in place during 2025 .

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 6 — IADR/AADOCR Global Headquarters Organization Chart

IADR
INTERNATIONAL ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

AADOCR
American Association for Dental, Oral, and Craniofacial Research



As of 11/12/25

Appendix 7 — 2024-25 IADR Board of Directors and Committees

Board of Directors

Satoshi Imazato, President
Pamela Yelick, President-Elect
Jennifer Gallagher, Vice-President
Ophir Klein, Immediate Past President
Alvaro Della Bona, Treasurer
Nicholas Jakubovics, *JDR* Editor-in-Chief
Jocelyne Feine, JDR CTR Editor-in-Chief
Sadika Khan, RBM (Africa/Middle East Region)
Yong-Ouk You, RBM (Asia/Pacific Region)
Marcello Riggio, RBM (Pan European Region)
Gabriel Sanchez, RBM (Latin American Region)
Olga Baker, RBM (North American Region)
Fatemeh Momen-Heravi, Young Investigator Representative
Gustavo Nascimento, Young Investigator Representative
Christopher H .Fox, Chief Executive Officer

Annual Session Committee

Fernando Luis Esteban Florez (2025) (AADOCR), Chair
Georgios Belibasakis (2025) (NOF Division)
Petros Papagerakis (2027) (Canadian Division)
Eric Reynolds (2027) (ANZ Division)
Cinthia Tabchoury (2027) (Brazilian Division)

Awards Review Committee

Fawaz Alzoubi (2025) (Saudi Arabian Division), Chair
Aylin Baysan (2025) (British Division)
Marcia Borba (2025) (Brazilian Division)
Philippe Bouchard (2026) (CED)
Raina El Backly (2026) (Egyptian Section)
Olawunmi Fatusi (2026) (Nigerian Division)
Ariene Leme-Kraus (2026) (AADOCR)
Xin Li (2025) (AADOCR)
Mohd Masood (2025) (ANZ Division)
Keiji Moriyama (2027) (Japanese Division)

Constitution Committee

Dalia Meisha (2025) (Saudi Arabian Division), Chair
Lina AlQobaly (2026) (British Division)
Sukumaran Anil (2027) (Qatari Section)
Julie Frantsve-Hawley (2027) (AADOCR)
Dandara Gabriela Haag (2025) (ANZ Division)
Mohamed Jamal (2027) (UAE Section)
Tuula Salo (2026) (Scandinavian Division)
Geetha Duddanahalli Siddanna (2026) (AADOCR)
Harim Tavares dos Santos (2025) (AADOCR)

Distinguished Scientist Award Committee

Janet Moradian-Oldak (AADOCR), Chair
Douglas Berkey (Geriatric Oral Res) (AADOCR)
Anne George (Bio .Mineralization) (AADOCR)
Stan Gronthos (Research in Oral Bio) (ANZ Division)
Stefan Hans-Klaus Ruhl (Salivary Research) (AADOCR)
Rebecca Harris (BEHSR) (British Division)
Toby Hughes (Young Investigator) (ANZ Division)
Lisa Jamieson (H .Trendley Dean) (ANZ Division)
Klaus Jandt (Wilmer Souder) (CED)
Matthias Kern (Pros .& Implants) (CED)
Asma Khan (P/T/T Research) (AADOCR)
Ivo Lambrichts (Pulp Biology Research) (CED)
Mary Marazita (Cranio .Biology) (AADOCR)
Anton Sculean (Res .in Periodontal Research Disease) (CED)
Caroline Shiboski (Oral Med .and Pathology) (AADOCR)
Alastair Sloan (Isaac Schour) (ANZ Division)
Doron Steinberg (Bowen Award/Caries Res) (Israeli Division)
Richard Watt (Global Oral Health) (British Division)

Ethics in Dental Research Committee

Regina Messer (2025) (AADOCR), Chair
Sylvia Piovesan (2026) (Uruguayan Division)
Ines Salveraglio (2027) (Uruguayan Division)
Shenuka Singh (2025) (South African Division)
Carina Tanaka (2027) (ANZ Division)

Fellowships Committee

Chun-Teh Lee (2025) (AADOCR), Chair
Mohammad Alrashdan (2025) (Jordanian Section)
Lidany Karla Azevedo Rodrigues (2025) (Brazilian Division)
Sarah Baker (2027) (British Division)
Jae-Kook Cha (2027) (Korean Division)
Kiyoshi Ohura (2025) (Japanese Division)

Innovation in Oral Care Awards Committee

Dimitris N .Tatakis (2025) (AADOCR), Chair
Rahena Akhter (2025) (ANZ Division)
Yong-Hee Chun (2026) (AADOCR)
Mark Darling (2027) (Canadian Division)
Anna Maria Kaarina Heikkinen (2025) (Scandinavian Division)
Saja Muhsin (2027) (Iraqi Division)
Anuradha Polster (2026) (ANZ Division)
Deepak Saxena (2027) (American Division)
Alastair Sloan (2026) (ANZ Division)

Joseph Lister Award for New Investigators Committee

Lei Cheng (2025) (Chinese Division), Chair
Patricia Miguez (2027) (American Division)
Maisa Omara (2025) (CED)
Antonio Pedro Ricomini Filho (2025) (Brazilian Division)
Sonali Sharma (2027) (Indian Division)

KULZER Travel Award Committee

Ana Paula Fugolin (2025) (AADOCR), Chair
Turki Bakhsh (2026) (Saudi Arabian Division)
Roberto Carlos Castrejón-Pérez (2025) (Mexican Division)
Jae-Sung Kwon (2027) (Korean Division)
Dayane Oliveira (2025) (AADOCR)
Sabrina Sochacki (2026) (AADOCR)

Membership and Recruitment Committee

Edmond H N .Pow (2025) (Chinese Division),
Luluh Saad Alammar (2025) (Saudi Arabian Division)
Marwa Baraka (2026) (Egyptian Section)
Rafael Aiello Bomfim (2025) (Brazilian Division)
Akhilanand Chaurasia (2025) (Indian Division)
Ravi Teja Chitturi (2025) (ANZ Division)
Guang Hong (2026) (Japanese Division)

Appendix 7 — 2024-25 IADR Board of Directors and Committees *(continued)*

Membership and Recruitment Committee *(continued)*

Diana Messadi (2027) (AADOCR)
Gianrico Spagnuolo (2027), (CED)
Abdul Naser Tamim (2026) (UAE Section)
Maria del Carmen Villanueva Vilchis (2025) (Mexican Division)

Nominating Committee

Karl Lyons (2026) (ANZ Division), Chair
Benjamin Chaffee (2027) (AADOCR)
María del Carmen López Jordi (2027) (Uruguayan Division)
Seiji Nakamura (2027) (Japanese Division)
Brian O'Connell (2025) (Irish Division)
Sharanbir K .Sidhu (2025) (British Division)
Gianrico Spagnuolo (2026) (CED)

Regional Development Committee

Marcello Riggio (2025) (CED), Chair
Sebastian Aguayo (2025) (Chilean Division)
Olga Baker (2026), NAR RBM (AADOCR)
Raquel Gallará (2025) (Argentine Division)
Boyen Huang (2026), (AADOCR)
Saadika Khan (2027), AMER RBM (South African Division)
Aline Neves (2027), (Brazilian Division)
Gabriel Sanchez, (2026), LAR RBM (Argentine Division)
Aldo Squassi (2025) (Argentine Division)
Yong-Ouk You (2027), APR RBM (Korean Division)

Science Information Committee

Fabian Cieplik (2025) (CED), Chair
Naile Dame-Teixeira (2026) (Brazilian Division)
Puneet Gupta (2027) (Indian Division)
Abdelhadi Hbibi (2027) (Other Division-Morocco)
Harsh Priya (2025) (Indian Division)
Richard Sherwood (2026) (AADOCR)
Andreas Stavropoulous (2026) (Scandinavian Division)
Livia Tenuta (2027) (AADOCR)
Omolara Uti (2027) (Nigerian Division)

Young Investigator Award Committee

Toby Hughes (2025) (ANZ Division), Chair (2025)
Omoigberai Bramioh (2025) (Nigerian Division)
Jonathan Broadbent (2025) (ANZ Division)
Elena Calciolari (2026) (CED)
Ana Paula Colombo (2027) (Brazilian Division)
Dong Mei Deng (2025) (CED)
Binnaz Leblebicioglu (2026) (AADOCR)
Vivek Thumbigere Math (2026) (AADOCR)
May Mei (2026) (ANZ Division)

IADR/AADOCR Publications Committee

Jane A .Weintraub (2025), (AADOCR), Chair
Brian O'Connell (2025), (Irish Division)
Jorge Perdigao, AADOCR Representative, (2025)
Purnima Kumar, AADOCR Representative (2026)
Abraham Schneider, AADOCR Representative, (2027)
Raj Nair, IADR Representative, (2025), (ANZ Division)
Wei Ji, IADR Representative (2026), (Chinese Division)
Meisser Madera, IADR Representative (2027), (Colombian Division)
Nick Jakubovics, (British Division) Editor-in-Chief, Journal of Dental Research, 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, ex officio

IADR/AADOCR William J. Gies Award Committee

Xin Li (2025) (AADOCR), Chair
Clarisa Amarillas Gastelum (2025) (AADOCR)
Sukumaran Anil (2027), (Qatari Section)
Frederico Barbosa de Sousa (2025) (Brazilian Division)
Georgios N .Belibasakis (2025) (Scandinavian Division)
Binnaz Leblebicioglu (2026) (AADOCR)
Dalia E .Meisha (2025) (Saudi Arabian Division)
Arvind Babu Rajendra Santosh (2026) (Caribbean Section)
Qian Wang (2025) (AADOCR)

IADR/AADOCR Tellers

Prabhat Kumar Chaudhari (2025) (Indian Division), Chair
Yeon-Hee Lee (2027) (Korean Division)
Alexandra Pierre-Bez (2026) (AADOCR)

FDI Representative

Christopher H .Fox, Chief Executive Officer

FDI Science Commission Representative

Helen Whelton (Irish Division)

Honorary Membership Committee

Rena D'Souza (2025), (AADOCR), Chair
Pamela DenBesten (2027), (AADOCR)
Paula Moynihan (2026), (ANZ Division)
Brian O'Connell (2029), (Irish Division)
Eric Reynolds (2028), (ANZ Division)

Appendix 8 — 2024-25 IADR Region/Division/Section Officers

Regions	Region President	President-elect	Regional Board Member	Secretary	Treasurer	Past President	Councilor
Africa/Middle East			Saadika Khan	Turki Bakhsh	Ahmed Bhayat	Deema AlShammery	
Asia/Pacific			In-sung Yeo	Jie-Fei Shen	Deepak Chandrasekharan	Paul Cooper	
Latin American			Gabriel Sanchez	Daniel Di Croce	Mariana Picca	Maria del Carmen Lopez Jordi	
North American			Olga Baker	Christopher Fox	Julie Frantsve-Hawley	S .Aida Borges-Yáñez	
Pan European	Imad About		Marcello Riggio	Anne Marie Lynge Pederson	Samer Srouji	Fionnuala Lundi	
Divisions	**President**	**President-elect**	**Vice President**	**Secretary**	**Treasurer**	**Past President**	**Councilor(s)**
American	Effie Ioannidou	Nisha D'Silva	Margherita Fontana		Julie Frantsve-Hawley		
Argentine	Angela Argentieri		Javier Fernandez-Solari	María Lei	Verónica Pavan	Pablo Rodriguez	
Australian/New Zealand	Alastair Sloan		Mihiri Silva	Sonia Nath	Arash Rudman	Paul Cooper	
Brazilian	Marcelo Bönecker		Carlos Soares	Saul de Paiva	Carla Sipert	Valentim Barão	Manoela Martins, Cristina Cunha Villar, Mauro Henrique de Abreu, Gustavo Nascimento
British	Avijit Banerjee						Cher Farrugia, Katarzyna Gurzawska-Comis
Canadian	Leigha Rock				Amir Azarpazhooh	Anil Kishen	Noha Gomaa, Maryam Amin, Sreenath Madathil
Chilean	Jaime Díaz-Zúñiga		Sebastian Zamorano	Sebastián Araneda Rojas	Jearitza Rios Muñoz		
Chinese	Ling Ye	Xinquan Jiang		Hui Zhao	Miao He		
Colombian	Edgar Beltrán		Meisser Madera	Sara Quijano	Sandra Guauque-Olarte	Claudia Garcia Guerrero	Nathaly Delgadillo
Continental European	Laura Ceballos	Gianrico Spagnuolo		Marcio Vivan Cardoso	Imad About		L .Sebnem Turkun, William Papaioannou
East & Southern Africa	Mutinta Muchanga	Douglas Oramis	Sreekanth Kumar Mallineni			Margaret Wandera	
Indian	Ritu Duggal	Mahesh Verma	Vijay Mathur		S .Kishore Kumar		
Iranian	Javad Sarabadani		Mohammad Behnaz	Atefe Saffar Shahroudi	Mohammad Behnaz		Mohammad Hossain
Iraqi	Maha Abbas		Bahn Agha	Maryam Robert	Ahmed Sleibi Mustafa	Faaiz Alhamdani	Elham Abdulkareem
Irish	Michael Crowe			Ciaran Moore	Cristiane da Mata	Mark Lappin	Patrice James, Niamh Coffey, Siobhan Cushley
Israeli	David Polak		Eyal Rosen	Galit Almoznino	Hadar Zigdon Giladi	Samer Srouji	
Japanese	Mikako Hayashi		Hiroshi Egusa	Takuya Matsumoto		Keiji Moriyama	
Korean	Youngnim Choi	Jeong-Ho Yun	Il-Ho Jang, Su-Jin Ahn		Sungjin Kim	In-Sung Yeo	
Kuwaiti	Ahmad Alsahli	Afnan Faridoun	Alya Sarkhouah		Isra AlFarhan	Aqdar Akbar	Mohammed Hayati, Mariam Alkheder, Zakiya Alhomaizi, Ghalyah AlKazemi
Mexican	Laura Acosta-Torres				Maria Villanueva Vilchis		
Nigerian	Braimoh Bashiru	Oyinkansola Sofola	Nneka Onyejaka	Olawale Adamson	Babatope Osagbemiro		
Peruvian	Maria Alvarez-Paucar		Eraldo Pesaressi Torres	Maria Del Carmen Pareja-Vasquez	María Lu Chang Say	Natalia Henostroza Quintans	Rita Villena
Saudi Arabian	Zuhair Natto		Abdullah Alshehri	Dalia Meisha	Faris Alabeedi		Mashael Alshammari
Scandinavian	Ulle Voog-Oras		Kostas Bougas	Ulvi Gursoy	Nina Sabel	Vilma Brukiene	
South African	Shenuka Singh	Razia Adam		Suvarna Indermun			
Southeast Asian	Christina Sim	Anand Marya		Preethi Prajod	Waruna Dissanayaka	Hoang Trong Hung	Armelia Widyarman, Noor Yahya, Nashib Pandey, Ariel Go, Wei-Jen Chang, Nareudee Limpuangthip
Uruguayan		Guillermo Grazioli	Vanesa Pereira Prado	Sylvia Piovesan	Estefania Sicco		
Venezuelan	Alejandra Garcia-Quintana		Fatima Rojas-Sanchez	Daniel Ferreira	Sonia Feldman	Maria Gabriela Acosta	
Sections	**President**	**President-elect**	**Vice President**	**Secretary**	**Treasurer**	**Past President**	**Councilor(s)**
Bolivian	Willy Bustillos Torrez		Maria Regina Guzmán Suarez	Jorge Aguirre	Liver Cazas		
Caribbean	Arvind Babu Rajendra Santosh			Ana Garcia			
Costa Rican	Isabel Ferreto		Luis Madriz-Montero	Adrian Gomez-Fernandez	Irene Valerio	Daniel Chavarria-Bolaños	
Ecuadorian	Pablo Benitez Sellan		Mauricio Tinajero	Patricia Ayala Aguirre	Antonio Lanata Flores	Marcelo Villacís	
Egyptian	Mohamed Awad			Hamdi Hamama	Mohamed El-Sheikh		
Guatemalan (Inactive)							
Jordanian	Mohammad AL-Rababah		Esam Alem	Aseel Sharaireh			
Lebanese	Joseph Ghafari			Ramzi Haddad	Anthony Macari		
Libyan	Arheiam Arheiam	Khaled Salem	Lamis Abdelrahim Ballo	Salema Triana	Nuha Ben Ismael		Raihan Obydi
Mongolian *(Inactive)*							
Pakistani	Farhan Khan		Saroosh Ehsan	Hafiz Muhammad Owais Nasim	Khalid Siddiqi	Usman Ashraf	
Palestinian	Elham Kateeb		Naser Khayat	Mayar Danadneh	Naji Arandi		Baraa Daraqel, Ayman Zaghal, Aya Abu Kwaik, Ruba Nieroukh, Raghad Saleh, Dirar Dibs, Abdul Naser Tamim
Panamanian (Inactive)							
Paraguayan	Zoraida Caballero		Eva Montiel Fernández	Liz Keim		Heriberto Mendieta	
Qatari	Nebu Philip		Faez Al-Hamed		Dilek Yigit	Faleh Tamimi	Nadya Mahmoud, Alaa Daud
Russian (Inactive)							
Sudanese (Inactive)							
Tunisian	Latifa Berrezouga			Asma Kassab	Latifa Berrezouga		Latifa Berrezouga
United Arab Emirates	Mohamed Jamal	Mohannad Nassar		Sara Al Himairi		Ahmad Oueis	Anas Al Salami, Lina Anka, Nabeel Alsabeeha, Md .Sofiqul Islam, Okba Mahmoud, Amre Atmeh

Appendix 9 — 2024-25 IADR Group/Network Officers

IADR Group/Network	President	President-elect	Vice President	Secretary/ Treasurer	Councilor	Immediate Past President
Behavioral Epidemiologic and Health Services Research	Cameron Randall	Roger Keller Celeste	Benjamin Chaffee	Dandara Haag	Peter Milgrom	Tamanna Tiwari
Cariology Research	Aylin Baysan	Apoena Ribeiro	Masatoshi Ando	Naile Dame-Teixeira	Cinthia Tabchoury	Lei Mei
Clinical and Translational Science Network	Yuan Liu	Theresa Madden	Fahad Kidwai	Kassapa Ellepola	Mutlu Özcan	Geelsu Hwang
Craniofacial Biology	Takamitsu Maruyama	Ariadne Letra	Xiaofang Wang	Chenshuang Li	Lorri Morford	Alexandre Vieira
Dental Anesthesiology and Special Care Research	Caoimhin Mac Giolla Phadraig	Colman McGrath	Inès Phlypo	Mutinta Muchanga	Caroline Sawicki	Juliana Ramacciato
Dental Materials	Josette Camilleri	James Kit-Hon Tsoi	Adriano Lima	Alvaro Della Bona	Adriana Manso	Vinicius Rosa
Diagnostic Sciences	Mina Mahdian	Rohan Jagtap	Aniket Jadhav	Pingping Han	Rutvi Vyas	Steven R .Singer
Digital Dentistry Network	Amir Ali Zandi Nejad		Ji-Man Park	Walter Lam	Adriana Carreiro	Todd Schoenbaum
Education Research	Jonathan San Diego	Laura Gartshore	Alexandra Pierre-Bez	Man Hung	Samantha Byrne	Michael Botelho
e-Oral Health Network	Elham Emami	Jin Xiao	Janneke Scheerman	Maha El Tantawi	Pascaline Kengne Talla	Nicolas Giraudeau
Evidence-based Dentistry Network		Fang Hua	Kelvin Afrashtehfar	Nitesh Tewari	Bana Abdulmohsen	Shahnavaz Abdul Raheman Khijmatgar
Geriatric Oral Research	Xi Chen	Murali Srinivasan	Katherine Leung	Lyubov Slashcheva	Roberto Carlos Castrejón-Pérez	Alain Berard
Global Oral Health Inequalities Research Network	Kristina Wanyonyi-Kay	Kaushik Sengupta	Ankur Singh	Arish Naresh	Razia Adam	Manu Raj Mathur
Implantology	Sukirth Ganesan	Zhuofan Chen	David Kim	Conrado Aparicio	Quan Yuan	Alireza Moshaverinia
Intl Network for Orofacial Pain and Related Disorders Methodology (INfORM)	Rosaria Bucci	Daniele Manfredini	Corine Visscher	Anna Lövgren	Adeyinka Dayo	Donald Nixdorf
Lasers and Bio-photonics Group	Praveen Arany	Josep Arnabat-Dominguez	Aldo Brugnera Junior	Kinga Grzech-Lesniak	Georgios Romanos	Georgios Romanos
Microbiology/Immunology	Nagihan Bostanci	Janina Lewis	Ping Zhang	Eric Krukonis	Michelle Visser	Anna Dongari-Bagtzoglou
Mineralized Tissue	Sophia Houari	Xiaohua Liu	Alejandro Almarza	Karina Carneiro	Hongli Sun	Alvaro Mata
Minimally Invasive Dentistry Network	Sibel Antonson	Junji Tagami	Uri Zilberman	Saroash Shahid	Athena Papas	Sibel Antonson
Network for Practice-based Research	Richard Wierichs			Pathik Mehta		
Neuroscience	Nikolaos Christidis	Justin Durham	Takashi Iida	Estephan Moana-Filho	Iacopo Cioffi	Yoshizo Matsuka
Nutrition Research	Domenico Dalessandri		Gustavo Nascimento	Andrea Burke	Francesca Zotti	Karen Glazer de Anselmo Peres
Oral & Maxillofacial Surgery	Justine Moe		Chi Viet	Chun Wang Chau	Simon Young	James C Melville
Oral Health Research	Ann Spolarich	Ellen Guritzky	Kimberly Milleman	Isabelle Laleman	Patricia Lenton	Lamis Mohammed Arafa Abuhaloob
Oral Malodor	Sushma Nachnani	Marja Laine	Christine D .Wu	Diana Messadi	Rainer Seemann	
Oral Medicine & Pathology	Faizan Alawi	Hope Amm	Ali Khurram	Chinapa Sangsuwon	Kamran Awan	Camile S .Farah
Orthodontics Research	Marcos Giovanetti	Tingxi Wu	Li Mei	Varangkanar Jirarattanasopha	Maria Cadenas de Llano Pérula	Jeanne M .Nervina
Pediatric Oral Health Research	Kavita Mathu-Muju	Masahiro Heima	Mihiri Silva	Andreas Stavropoulos	Giovana Anovazzi Medeiros	Duangporn Duangthip
Periodontal Research	Liran Levin	Francesco D'Aiuto	Georgios Belibasakis	Sonali Sharma	Hatice Hasturk	Purnima S Kumar
Pharmacology/ Therapeutics/Toxicology		Claudia Cotca				Johnah Galicia
Prosthodontics	Mijin Choi	Barry Quinn	Peixi Liao	David Bartlett	Raphael de Souza	Edmond H N .Pow
Pulp Biology & Regeneration	Marco Bottino	Ikhlas El Karim	Sivakami Haug	Nadia Chugal	Ashraf Fouad	Hal Fergus Duncan
Salivary Research	Debora Heller	Kimberly Jasmer	Kevin Matthew Byrd	Kihoon Nam	Bruno Spiljak	Simon D .Tran
Stem Cell Biology	Gianrico Spagnuolo	Mina Mina	Paul Cooper	Giulia Brunello	Marina Miteva	Jacques Eduardo Nör
Student Training and Research (STAR) Network	Joy Gerasco	Amarender Vadivelu	Anjali Bhagirath	Sriram Ravindran	Nathan Schiffmann Katsap	Tanner Cole Godfrey
Women in Science Network	Patricia Miguez	Lisa Jamieson	Erica Teixeira	Mangala Patel	Elena Calciolari	Ariadne Machado Goncalves Letra

Appendix 10 — Past Presidents of the IADR

J .Leon Williams (1921-23)
Paul R .Stillman (1923-24)
Albert E .Webster (1924-25)
Frederick B .Noyes (1925-26)
Leuman M .Waugh (1926-27)
Leroy M S .Miner (1927-29)
Arthur D .Black (1929-30)
U .Garfield Rickert (1930-31)
Albert E .Webster (1931-32)
Russell W .Bunting (1932-33)
Edward H .Hatton (1933-34)
Joseph L T .Appleton (1934-35)
Theodore B .Beust (1935-36)
William G .Skillen (1936-37)
Paul C .Kitchin (1937-38)
Thomas J .Hill (1938-39)
William J .Gies (1939-40)
Wilmer Souder (1940-41)
Isaac Schour (1941-42)
Charles F .Bodecker (1942-43)
Philip Jay (1943-44)
H .Trendley Dean (1944-45)
Wallace D .Armstrong (1945-46)
Samuel W .Chase (1946-47)
Harold C .Hodge (1947-48)
Allan G .Brodie (1948-49)
J .Roy Blayney (1949-50)
Basil G .Bibby (1950-51)
Leonard S .Fosdick (1951-52)
Maynard K .Hine (1952-53)
Francis A .Arnold (1953-54)
George C .Paffenbarger (1954-55)
Paul E .Boyle (1955-56)
Joseph F .Volker (1956-57)
Reidar F .Sognnaes (1957-58)
Ned B .Williams (1958-59)
Hamilton B G .Robinson (1959-60)
Holmes T .Knighton (1960-61)
James A .English (1961-62)
Seymour J .Kreshover (1962-63)
Dan Y .Burrill (1963-64)
Martin A .Rushton (1964-65)
Barnet M .Levy (1965-66)
Richard S .Manly (1966-67)
Ralph W .Phillips (1967-68)
John B .Macdonald (1968-69)
Clifton O .Dummett (1969-70)
Gordon H .Rovelstad (1970-71)
Frank J .Orland (1971-72)
Gunnar Ryge (1972-73)
Mogens R .Skougaard (1973-74)
James K .Avery (1974-75)
David B .Scott (1975-76)
Harold M .Fullmer (1976-77)
George S .Beagrie (1977-78)
Finn Brudevold (1978-79)
Harald Löe (1979-81)
John A .Gray (1980)
Marie U .Nylen (1981-82)
Antony H .Melcher (1982-83)
Robert M .Frank (1983-84)
A .Richard Ten Cate (1984-85)
Paul Goldhaber (1985-86)
Ivar A .Mjör (1986-87)
Roy C .Page (1987-88)
William D .McHugh (1988-89)
Ernest Newbrun (1989-90)
William H .Bowen (1990-91)
Robert J .Genco (1991-92)
John C .Greene (1992-93)
Stephen H Y .Wei (1993-94)
Barry J .Sessle (1994-95)
Richard R .Ranney (1995-96)
John S .Greenspan (1996-97)
Per-Olof Glantz (1997-98)
Mamoru Sakuda (1998-99)
Sally J .Marshall (1999-2000)
Marjorie K .Jeffcoat (2000-01)
Graham Embery (2001-02)
John Clarkson (2002-03)
Stephen Challacombe (2003-04)
Paul Robertson (2004-05)
Takayuki Kuroda (2005-06)
Stephen Bayne (2006-07)
Deborah Greenspan (2007-08)
J M .('Bob') ten Cate (2008-09)
David M .Williams (2009-10)
Maria Fidela de Lima Navarro (2010-11)
E .Dianne Rekow (2011-12)
Mary MacDougall (2012-13)
Helen Whelton (2013-14)
Yoshimitsu Abiko (2014-15)
Marc Heft (2015-16)
Jukka Meurman (2016-17)
Angus William G .Walls (2017-18)
Rena D'Souza (2018-19)
Paula Moynihan (2019-20)
Pamela DenBesten (2020-21)
Eric Reynolds (2021-22)
Brian O'Connell (2022-23)
Ophir Klein (2023-24)
Satoshi Imazato (2024-25)

Appendix 11 — Past Treasurers of the IADR

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

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 . Waugh) .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
1928 F V .Simonton
1929 Albert E .Webster
1930 Russell W .Bunting
1931 Edward H .Hatton
1932 Joseph L T .Appleton, Jr .
1933 Theodore B .Beust
1934 William G .Skillen
1935 Paul C .Kitchin
1936 Thomas J .Hill
1937 Rudolf Kronfeld
1938 Rudolf Kronfeld
1939 Wilmer Souder
1940 Charles F .Bodecker
1941 Philip Jay
1942 H .Trendley Dean
1943 Wallace D .Armstrong
1944 Samuel W .Chase
1945 Harold C .Hodge
1946 Allan G .Brodie
1947 J .Roy Blayney
1948 Basil G .Bibby
1949 Leonard S .Fosdick
1950 Maynard K .Hine
1951 Francis A .Arnold, Jr .
1952 George C .Paffenbarger
1953 Paul E .Boyle
1954 Joseph F .Volker
1955 Reidar F .Sognnaes
1956 Ned B .Williams
1957 Hamilton B G .Robinson
1958 Holmes T .Knighton
1959 James A .English
1960 Seymour J .Kreshover
1961 Dan Y .Burrill
1962 Martin A .Rushton
1963 Barnet M .Levy
1964 Richard S .Manly
1965 Floyd Peyton, Ralph W .Phillips*
1966 John B .Macdonald*, Helmut A .Zander
1967 S Y .Ericsson, H R .Mühlemann, J J .Pindborg
1968 Gordon H .Rovelstad
1969 Finn Brudevold, Frank J .Orland*
1970 E B .Jump, Gunnar Ryge*, I .Zipkin
1971 Mogens Skougaard*, Robert M .Frank
1972 James K .Avery*, Alvin L .Morris
1973 R C .Caldwell, David B .Scott* (NB: R C . Greulich was nominated to replace Dr .Caldwell, who died before the election occurred)
1974 Harold M .Fullmer*, Paul Goldhaber, Hans R .Mühlemann
1975 George S .Beagrie*, C .Howard Tonge
1976 Finn Brudevold*, Bo Krasse, Leo M .Sreebny
1977 Robert M .Frank, Marie U .Nylen, Harald A .Löe*
1978 Bo Krasse, Yojiro Kawamura, Klaus König, John A .Gray (by petition)*
1979 Marie Nylen*, Mervyn Shear, I R H .Kramer
1980 Robert Frank, Antony Melcher*, Knut Selvig
1981 Lois Cohen, Erling Johansen, Robert Frank*
1982 Peter C .Reade, A .Richard Ten Cate*, Stanley P .Hazen
1983 Joop Arends, Paul Goldhaber*, Yojiro Kawamura
1984 J E .Eastoe, Klaus König, Ivar A .Mjör*
1985 Joop Arends, Ronald J .Gibbons, Roy C .Page*
1986 William D .McHugh*, Johannes van Houte, Yair Sharav
1987 Ernest Newbrun*, Dennis C .Smith, Peter C .Reade
1988 Jukka Ainamo, William H .Bowen*, Lois K .Cohen
1989 Robert J .Genco*, Niklaus P .Lang, David K .Mason
1990 Per-Olof Glantz, John C .Greene*, Barry J .Sessle
1991 Stephen H Y .Wei*, Jason M .Tanzer, Daniel van Steenberghe
1992 Niklaus P .Lang, Gunnar Rølla, Barry J .Sessle*
1993 Thorild Ericson, Denis O'Mullane, Richard R .Ranney*
1994 John S .Greenspan*, Ichiro Takazoe, Thomas E .Van Dyke
1995 Per-Olof Glantz*, Ian Hamilton, Martin A .Taubman
1996 David Ferguson, Anders Linde, Mamoru Sakuda*
1997 Peter Cleaton-Jones, Gottfried Schmalz, Sally Marshall*
1998 Marjorie Jeffcoat*, Graham Embery, Maria Fidela de Lima Navarro
1999 Graham Embery*, Harold Sgan-Cohen, Angela Pack
2000 John Clarkson*, Michel Goldberg, Matti Närhi
2001 Stephen Challacombe*, John Keller, Prathip Phantumvanit
2002 Michel Goldberg, Paul Robertson*, Chooi Gait Toh
2003 Deborah Greenspan, Takayuki Kuroda*, Mariano Sanz
2004 Stephen Bayne*, Hector Lanfranchi, David Williams
2005 Deborah Greenspan*, Peter Holbrook, Lakshman Samaranayake
2006 John Stamm, J M ."Bob" ten Cate*, Chooi Gait Toh
2007 Susan Reisine, David M .Williams*, Edwin Yen
2008 P .Mark Bartold, Maria Fidela de Lima Navarro*, Katsuji Okuda
2009 Francois A .de Wet, E .Dianne Rekow*, Gregory J .Seymour
2010 Mary MacDougall*, Jukka Meurman, Lakshman Samaranayake
2011 Gregory Seymour, Helen Whelton*, Edwin Hsun-Kao Yen
2012 Yoshimitsu Abiko*, Paul Brandt, Angus William Gilmour Walls
2013 Ana Maria Acevedo, Marc Heft*, Mariano Sanz
2014 Noemi Bordoni, Grayson (Bill) Marshall, Jukka Meurman*
2015 Mina Mina, Pasutha Thuyakitpisal, Angus Walls*
2016 Rena N .D'Souza*, Edward C M .Lo, Harold D .Sgan-Cohen
2017 Paula Moynihan*, Giuseppe A .Romito, Xue-Dong Zhou
2018 Pamela Den Besten*, Edward C M .Lo, Giuseppe A .Romito
2019 Noor Hayaty Abu Kasim, Byung-Moo Min, Eric C .Reynolds*
2020 Sibel A .Antonson, Finbarr Allen, Brian O'Connell*
2021 Om Prakash Kharbanda, Ophir Klein*, Alvaro Della Bona
2022 Satoshi Imazato*, Gabriel Sánchez, Gottfried Schmalz
2023 Yijin Ren, Pamela Yelick*, Bian Zhuan
2024 Jennifer Gallagher*, Mark Herzberg, Marco Peres
2025 Raul Garcia*, Mutlu Ozcan, Alistair Sloan
2026 Gabriel Sanchez, Georgios Belibasakis*, Yang Chai

*(*winner)*

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
Tadamitsu 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
Lindsey Criswell, 2024
No recipient for 2025

Appendix 14 — IADR Distinguished Lecture Series Speakers

Year	Meeting	Location	Speaker	Topic
2025	IADR/PER	Barcelona, Spain	Leslea J .Hlusko	How Variation in the Shape of Incisors Unlocked a Mystery About Human Evolutionary Adaptation
			Ahmed Ogwell	Opportunities for Oral Health in Global Health Security
			Nobuhiko Kamada	The Oral-Gut Connection in Gastrointestinal Disease
2024	IADR/ AADOCR/ CADR	New Orleans, USA	Paul Whelton	Prevention, Control and Treatment of High Blood Pressure: The Way Forward
			Barbara Burtness	Overcoming Treatment Resistance in Head and Neck Squamous Cancer
			Jukka Jernvall	Nature Read in Tooth: What Evolution Tells Us About Dental Variation
2023	IADR/LAR	Bogota, Colombia	Derk Joester	From Nanoscale Chemical Tomography to Prediction of Macroscopic Properties: A Vision for Enamel Research
			Alexis M .Kalergis	Immunology and Immunotherapy: Impairment of Immunological and Neurological Synapses as Virulence Mechanisms of Respiratory Illnesses
2022	IADR/APR	Chengdu, China (Virtual)	Yigong Shi	Basic Research and Healthcare Industry in China and Beyond
2021	IADR/ AADOCR/ CADR	Virtual Experience	Marie A .Bernard	NIH's Scientific Approach to Inclusive Excellence
			Joseph M .DeSimone	Digital Transformation in Manufacturing to Improve Oral Health
			Kate Pickett	Inequality Bites: Structural Causes of Inequalities in Wellbeing
2020	IADR/ AADOCR/ CADR	*Canceled*	Eric Green	The Human Genome Project Was Just the Beginning: Research Opportunities at 'The Forefront of Genomics'
			Otis W .Brawley	Cancer Control in the 21st Century
			Janine Austin Clayton	Sex and Gender Influences Across the Biomedical and Dental Research Continuum: A Value Added Proposition
2019	IADR/ AADOCR	Vancouver, Canada	Lee Hood	21st Century Medicine is Transforming Healthcare
			Carrie Bourassa	Noojimo Mikana (A Healing Path): Research as Reconciliation
			Gary Kobinger	Innovative Methods of Vaccination in the Context of Infectious Disease Outbreaks
2018	IADR	London, UK	Jens Juul Holst	The Gut – Its Role in the Development of Obesity and Diabetes
			Peter S .Ungar	Evolution's Bite: Using Teeth to Reconstruct Diets of Ancient Ancestors
2017	IADR/ AADOCR	San Francisco, USA	Steven Chu	Climate Change, Energy and a Sustainable, Low Cost Path Forward
			Joseph DeRisi	Genomics and Infectious Disease
			Enola Proctor	Implementation Science: The Path From Research to High Quality Care
2016	IADR	Seoul, Republic of Korea	Pekka Puska	Health in All Policies – Key for Prevention of Noncommunicable Diseases
			Eunjoon Kim	Synaptic Brain Dysfunction
			Taeghwan Hyeon	Designed Chemical Synthesis and Assembly of Uniform-sized Nanoparticles for Medical Application
2015	IADR/ AADOCR	Boston, USA	Peter Libby	Inflammation in Atherogenesis: A Translational Tale
			Karen Wynn	Looking for the Origins of Human Morality: Evidence From the Scientific Study of Babies
			David J .Mooney	Biomaterial-based, Therapeutic Cancer Vaccines
2014	IADR	Cape Town, South Africa	Helena Cronin	Sex at Work: The Truth About Male-Femal Differences
			Arturo Zychlinsky	NETs: From Infection to Autoimmunity
			Usuf M E .Chikte	Overcoming the Disciplinary Divides: Tackling Complexity With a Transdisciplinary Prism
2013	IADR/ AADOCR	Seattle, USA	Takashi Tsuji	Tooth Regenerative Therapy as a Future Dental Treatment
			Nancy Maizels	Our Unstable Genomes: Implications for Cancer, Applications to Gene Therapy
			Thomas Kirkwood	Population Aging and Its Impacts on Health
2012	IADR	Iguaçu Falls, Brazil	Mari Cleide Sogayar	Generation of Cell Lines Overproducing Bone Morphogenetic Proteins
			Karen E .Nelson	The Study of the Human Microbiome
2011	IADR/ AADOCR	San Diego, USA	Lynne-Marie Postovit	Development Undone: Causes and Consequences of Tumor Cell Plasticity
			Bruce Beutler	Sensing Microbes
			Nobutaka Hirokawa	Intracellular Transport and Kinesin Superfamily Molecular Motors (KIFs): Key Regulators for Neuronal Function, Development and Tumorigenesis

Appendix 14 — IADR Distinguished Lecture Series Speakers *(continued)*

Year	Meeting	Location	Speaker	Topic
2010	IADR	Barcelona, Spain	Francisco Fernández	Avilés – Stem Cells in Cardiovascular Therapy
			Thomas Lehner	The Contribution of Oral Immunology to Our Understanding of Dental and Oral Diseases
			Harald zur Hausen	Infectious Causes of Human Cancers
2009	IADR/ AADOCR	Miami Beach, USA	Elizabeth Blackburn	Telomeres and Telomerase in Human Health and Disease
			Fiona Watt	Stem Cells in Squamous Cell Carcinomas
			W .Rory Hume	Science and Social Benefit: the Special Case of the Academic Health Sciences
2008	IADR	Toronto, Canada	Eric Meslin	Can Ethics Be Both Local and Global? Current Challenges in Conducting International Health Research
			Brett Finlay	The Unholy Trinity of Infectious Diseases: Role of the Pathogen, Host, and Microbiota
2007	IADR/ AADOCR	New Orleans, USA	Susan Fisher	Human Embryonic Stem Cells: The Time is Now
			Karen A .Holbrook	Global Perspective on Health Science Institutions and Research
2006	IADR	Brisbane, Australia	Peter Doherty	Adventures with Killers
			Minoru Ueda	Tissue Engineering and Anti-aging Therapy
2005	IADR/ AADOCR	Baltimore, USA	J .Bernard Machen	From Proprietary Trade School to Integral Component of the Academic Health Center: The Long Journey to Academic Acceptance
			Elias A .Zerhouni	NIH Roadmap for Medical Research
			M .Michael Cohen, Jr .	Hedgehog Signaling Network
2004	IADR/ AADOCR	Honolulu, USA	Wendy Mouradian	Ethics, Research, and Social Values: Dental Research in a Changing World
			Gerald Keusch	The Global Status of Nutrition and Infection
			Ko Okumura	Molecular Mechanisms of Cell-mediated Killing and Tumor Rejection
2003	IADR	Goteborg, Sweden	Baroness Susan A . Greenfield	The Brain of the Future: How New Technologies Can Change our Thoughts, Emotions, and Personality
			Per Brandtzaeg	Mucosal Immunity: Can We Exploit this Health-promoting Defense System?
			Sir Ian Kennedy	Sponsoring Research in Developing Countries: An Ethical Framework
2002	IADR/ AADOCR	San Diego, USA	David L .Sackett	The Tribulations of Ignoring Clinical Trials
			David Relman	The Complex Human Microbial Ecosystem: It's a Jungle in There
			Irwin Kuntz	Drug Discovery in the Post-genomic Era
2001	IADR	Chiba, Japan	Tadamitsu Kishimoto	Cytokines in Health and Disease
			Fumihiko Kajiya	A Challenging Role of Medical and Biological Engineering in the 21st Century-Physiome Project
2000	IADR/ AADOCR	Washington, DC, USA	Curtis Meinert	Fundamental Concepts in Clinical Trials
			Stephen Epstein	Inflammation, Infection, and Atherosclerosis
			Francis Collins	Functional Genomics
1999	IADR/ AADOCR	Vancouver, Canada	Joseph Vacanti	Tissue Engineering and Biochemistry
			Johan Karlberg	Evidence-based Medicine: Selection of Proper Study Design
			Leroy Hood	Genes and Genomes: A Revolution in Medicine of the 21st Century

Appendix 15 — 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)
1960-61 Genevieve Roth (North American), Lucien A .Bavetta (North American)
1961-62 Clifton O .Dummett (North American), Ralph L .Ireland (North American)
1962-63 Josse de Wever, Clifton O .Dummett (North American)
1963-64 C R .Castaldi, C D .Mohammed
1964-65 Clifton O .Dummett (North American), John B .Macdonald (North American)
1965-66 Otto Backer-Dirks (CED), Louis Baume (CED)
1966-67 Wayne Wantland, Doran Zinner (North American)
1967-68 S .Wah Leung, Clifton O .Dummett (North American)
1968-69 Wayne Wantland, Doran Zinner (North American)
1969-70 Wayne Wantland, Doran Zinner (North American)
1970-71 Wayne Wantland, Doran Zinner (North American)
1971-72 K J .Paynter, T E .Bolden (North American)
1972-73 K J .Paynter, T E .Bolden (AADOCR)
1973-74 Israel T .Kleinberg (AADOCR), Doran D .Zinner (AADOCR)
1974-75 Hans R .Mühlemann (CED), S B .Finn
1975-76 Ivor R H .Kramer (British), Howard M .Myers (AADOCR)
1976-77 Howard M .Myers (AADOCR), Mogens R .Skougaard (ScADR)
1977-78 Lois K .Cohen (AADOCR), Ole Fejerskov (ScADR)
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)
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Appendix 16 — IADR Policy Statements

ANTIMICROBIAL RESISTANCE (AMR)

Policy statement

W .Thompson, A . Al-Ahmad, F . Cieplik, A . Hbibi, N . Jakubovics, K .J . Scholz, L . Teoh, M . Charles-Ayinde, and C . Fox

The International Association of Dental, Oral and Craniofacial Research (IADR) recognizes Antimicrobial Resistance (AMR) as one of the most significant public health threats facing humanity today . AMR is responsible for an estimated 1 .27 million deaths annually,with nearly 4 .95million deaths associated with drug-resistant infections, based on data from 2019 [1] .Recent forecasts indicate that without effective intervention, these figures could rise to 1 .91million deaths attributable to AMR and 8 22 million deaths associated with AMR by 2050 [2] .This alarming trend underscores the urgent need for coordinated action across all sectors, including dentistry .

Accordingly, the World Health Organization (WHO) has identified AMR as a top global health priority and has approved a political declaration at the 79th United Nations General Assembly (UNGA) High-Level Meeting on AMR, committing to a clear set of targets and actions, including reducing the estimated 4 .95 millionhuman deaths associated with bacterial antimicrobial resistance (AMR) annually by 10% by 2030 [3] .

Resistance is driven by misuse and overuse of antimicrobials (i e , antibiotics, antivirals, antifungals and antiseptics) . Across human health, dentistry is responsible for an estimated 10% of antibiotics used globally [4] . In addition, large scale antiseptic use occurs both in-office and for oral home care [5] . High rates of misuse and overuse (up to 90%) of antibiotics have been identified in countries around the world, including the United States [6], UK [7] and Ghana [8] . This highlights the urgent needfor improved antimicrobial stewardship in dentistry worldwide to reduce unnecessary use to help combat AMR and other adverse outcomes such as *Clostridioides difficile* infections [9] .

The IADR supports WHO and FDI World Dental Federation about the important contribution oral health and dental care teams can make to tackling AMR [10, 11] . Based on the WHO global research priorities for AMR in human health [12, 13] (including within the WHO Immunization Agenda 2030: Why Gender Matters [14]), the following research priorities have been identified*:

- **Prevention:** Integrate oral health promotion and disease prevention efforts within primary health care to reduce the incidence and prevalence of oral and dental diseases, thereby minimizing the need for antimicrobial interventions; investigate the impact and contribution of comprehensive oral hygiene interventions, including professional care, public health initiatives, and patient education on the burden of AMR across all income settings, and identify effective, acceptable and feasible multimodal infection prevention and control strategies on reducing health care-associated infections, improving waste management and preventing oral and dental infections;
- **Diagnosis:** Investigate and evaluate rapid point-of-care tests to discriminate bacterial versus non-bacterial infections (for use in places where conventional specialist investigations, such as radiographs, are not available); and diagnostic tests for detecting pathogens and antimicrobial susceptibility of bacterial and fungal pathogens .Additionally, develop new technologies and improved techniques for measuring resistance at the microbial community level [15];
- **Treatment and care:** Investigate antimicrobial stewardship interventions (including but not limited to enhancing awareness and education) that are context specific, feasible, sustainable, effective and cost-effective in outpatient and inpatient settings; determine optimal methods, metrics and targets to monitor antimicrobial use and consumption; determine the patterns and drivers of appropriate and inappropriate prescribing, use and consumption; and investigate contextually-appropriate antimicrobial treatment regimens for infections; conduct health services research to ensure timely access to appropriate oral and dental care to prevent the progression of infection and reduce reliance on antimicrobials .
- **Cross-cutting**: Investigate how antimicrobials are used appropriately and inappropriately across different health systems, including formal and informal care settings, to better identify effective stewardship models and highlight examples of good practice; investigate factors driving colonization of resistant bacterial and fungal taxa in the oral microbiome and exchange of AMR-related genes and plasmids; investigate mechanisms of resistance toward antimicrobials; investigate the environmental fate of antimicrobials used in dentistry; identify optimal surveillance methods to generate accurate and reliable data on the epidemiology and burden of AMR; determine the most (cost-)effective behaviour change interventions to mitigate AMR emergency and spread, including self-medication by patients; evaluate the implementation of AMR-related policies and regulations and their effectiveness in mitigating AMR and improving health outcomes; investigate implementation strategies for national policies, legislation and regulations to improve infection prevention, patient care and the use of antimicrobial medicines; and investigate strategies to integrate AMR interventions into broader oral health initiatives and oral health financing structures and evaluate their impact .
- **Gender disparities:** Promote research to strengthen the evidence base on the intersection between gender and AMR, including: report patients' sex, age and, where feasible, other social determinants of health within routine surveillance systems on AMR and antimicrobial use, and apply a gender analysis in regular audits to identify unconscious bias or inequities in prescribing practices; develop culturally sensitive and gender responsive health services for the prevention, diagnosis and treatment of (drug-resistant) infections without leaving behind vulnerable populations; produce context-specific messaging, language and images in AMR awareness and education materials that actively address gender norms and promote gender equality; improve hygiene and waste management infrastructure in health and community settings to ensure safe access for all genders which does not perpetuate stigma and discrimination; support gender mainstreaming across the entire immunization program cycle [14];

By adopting this policy statement, IADR aims to position itself as a leader and a trusted collaborator in addressing AMR within the oral health and dental care community while contributing to

global health initiatives aimed at combating this urgent threat . The IADR is committed to fostering a culture of responsibility among oral health and dental professionals and ensuring that effective antimicrobial treatments remain available for future generations .

*IADR acknowledges that while dental professionals play a significant role in the use of antimicrobials, the landscape of access and prescribing is far more complex—particularly in countries where formal dental services are limited or inaccessible . In many low- and middle-income countries (LMICs), and even in some underserved communities in high-income countries, antimicrobials are frequently prescribed for oral and dental conditions by general medical practitioners or obtained over the counter by patients due to limited access to affordable and timely dental care . This reality underscores the need for a comprehensive, systems-level approach to antimicrobial resistance (AMR) .Therefore, the research priorities outlined in this policy are intended to be flexible, inclusive, and applicable across diverse health system structures .

Adopted 2025

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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[1] .Community water fluoridation began in Grand Rapids, Michigan, USA in 1945 and reached 63 4% of the United States population in 2018[2] .Globally, over 400 million people in 25 countries have access to community water fluoridation[3] .The 75-year history of community water fluoridation as a public health measure has been summarised in an IADR Centenary Review[4] .

Dental caries – the destruction of dental hard tissues – can result in pain, infection and tooth loss[5] .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[6] .The prevalence of dental caries remains high globally and across countries with different sociodemographic index (SDI) status[7] .Children with poor oral health are more likely to miss school and suffer academically[8,9,10] .The health and social impact of dental caries have been reported among people of all ages, from very young children to the elderly[11,12,13] .The economic impact of dental caries on the affected individuals and society has also been documented[14] .Socioeconomic inequalities in oral health at global and regional level are detrimental to improving population oral health[15] .

An adequate continuous exposure to fluoride provides significant protection from dental caries[16,17] .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[18,19] . Numerous recent systematic reviews have found that water fluoridation is associated with a significant decrease in dental caries, mostly in children[20,21,22,23,24] .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%[24] .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)[22,25] .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[21], as well as methods used in the review[26] .A review by NHMRC 'found that water fluoridation reduces tooth decay by 26-44% in children, teenagers and adults'[23] .

Community water fluoridation is a cost-effective method of delivering caries prevention to a large population[51] .A systematic review of the best available evidence pertaining to water fluoridation from cohort studies showed consistent evidence of a protective effect[51,52] .Additionally, a systematic review by the CPSTF found that water fluoridation is cost saving[14] .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[27,28,29] .

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[30,31,32] . 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[22] concluded there was some evidence that water fluoridation reduced SES inequalities in caries levels in children, while the Cochrane review[21] found insufficient evidence that fluoridation reduced inequalities .The NHMRC review[23] 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[48] .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[22,23,35,36,37] .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[39] .Teeth are only at risk of fluorosis until about age 8 during enamel formation[40] .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[23] . 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[41] .Dental fluorosis at that level has been found diminished over time[42,43] .Severe cases of dental fluorosis are rare in communities serviced by community water fluoridation and are not associated with fluoridated water[23] .

Community water fluoridation is supported by various groups, including the WHO[44], the Fédération Dentaire Internationale (FDI World Dental Federation)[45], 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 20th century because of its effectiveness and ability to distribute fluoride equitably and cost-effectively[46] . 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[38].

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[49,50] . 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[47].

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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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 studies5,9,10,32 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[14] .This happened during the 1970s and 1980s, which coincides with significant reductions in caries rates around the globe[6, 27] .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[35, 36] .

Because dental caries is caused by an interplay between dental biofilm and its frequent exposure to sugar[15], 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)[21], so that it will be bioavailable to affect the demineralization/remineralization process[33] .

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 (µg F/g)) increase the number of caries-free children and significantly reduce caries increment in children and adults, with a dose-response effect[17,34; 2] .Brushing two or more times daily provides greater protection than brushing once a day or less[16; 3] .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[13,23] .

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[16] .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 ug F/g, tube weight approximately 100 g), or more than half a bottle of an over the counter mouth rinse (usually 226 ug F/mL, 300-500 mL bottle) .Accidents with the ingestion of these products are very rare[31], 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[37]; mild and very mild fluorosis do not negatively affect the quality of life of the affected[3,26] .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)[1,2,29] .

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[22] .

Fluoride gels and varnishes have been shown to be effective to reduce caries increment[19,20] .They confer a small additional anticaries benefit in individuals already using fluoride toothpastes[8,18] .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[12] .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[7] .

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[4,11,224,30] .

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 (AADOCR) 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 10th among most common global conditions, while tooth loss ranked 36th .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 AADOCR have established healthy meetings policies that exclude the use of IADR and AADOCR funds to purchase SSBs .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 . IADR and AADOCR 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 AADOCR 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 (AADOCR) 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 10th among most common global conditions, while tooth loss ranked 36th .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 [1, 2] 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 [3, 4] 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 [5]

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 [6, 7] 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 [8] From 2009-2014, SSB sales increased in low and middle income regions such as North Africa and the Middle East while they declined elsewhere 9 During 2015-2016, U S . adults and adolescents ages 12-19 consumed ≥ 50% of their added sugars from beverages, and non-Hispanic Black and Hispanic children consumed more SSBs than non-Hispanic White or Asian children [10, 11]

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 [12] 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 [13] Streptococcus mutans, abbreviated S .mutans, is one of the most studied and well-understood caries-related bacteria [14] In addition to metabolizing sugars resulting in acid production, S .mutans produces and releases enzymes called glucosyltransferases, 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 [15] 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 [16]

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 [6, 17] 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 ~30% increase in dental caries [18, 19] 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,"[20] 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 [21, 22]

Both IADR and AADOCR support the use of fluoride for the prevention of dental caries,[23-27] 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 [17] 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 [28, 29] 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 [30-33] 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 [6, 32, 34-36]

IADR and AADOCR support the following recommendations . Firstly, SSBs should be avoided in the first two years of life in favor or 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 [20, 37-41] 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[42] 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[42] and to strengthen understanding of the role of SSB consumption in the development of other NCDs [31]

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 2020)

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SAFETY OF DENTAL AMALGAM

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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 when it's the best restorative option and alternatives would be inferior for clinical, economic or practical reasons .Also, IADR supports maintaining clinically acceptable existing amalgam restorations .In parallel, IADR emphasizes the importance of ensuring the safe use and proper management of amalgam throughout its lifecycle to minimize occupational exposure and environmental impact .

IADR recognizes the broader environmental and societal concerns related to mercury, a substance producing significant adverse neurological and other health effects . .Although the elemental mercury in dental amalgam becomes bound to a mixture of metals during placement (delivering amalgam its safety profile for the general population), any use of dental amalgam, by definition, increases the use of mercury, from mining to manufacturing to use and disposal .Therefore, for environmental 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 evidence-based 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 and may accelerate the phase down of dental amalgam .

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 when it's the best or only restorative option indicated for a particular clinical situation and alternatives would be inferior for 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 was conducted by IADR in 2019 and published in the Journal of Dental Research in 2020 [1] .This position statement considers evidence identified in this previous review and between 2019 and 2024 regarding the safety of dental amalgam for use in general and vulnerable populations and for dental health providers .

The composition and clinical effectiveness of dental amalgams

Dental amalgam is an alloy of metals that comprises approximately 50% mercury bound to silver, tin, copper and other metals . Dental amalgam was the first durable dental material that could be placed directly into teeth after removal of decayed hard tissue and has been in use for over 150 years .Liquid mercury gives dental amalgam its initial malleability, enabling the dentist to shape and place the material into the tooth before it hardens by binding with the metals [2] .This material is usually less expensive [3], easier to place and with less postoperative complications [4] 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 [5] . In a study directly comparing resin composite and amalgam restorations in children, composite resin fillings in the posterior region were twice as likely to fail and carry a higher risk of caries lesions adjacent to the restoration (secondary caries), compared to amalgam fillings [5] .These lesions are the most common reason that resin composite restorations fail [3,6,7], although fractures of restorations or teeth may also contribute to failures [8] .Recently it has been shown in the United Kingdom that amalgam use is favored over resin composite by clinicians, especially in partially publicly delivered primary care services (in the UK) where funding is limited, and clinician reported post-operative complications are significantly reduced [9] .Clinician confidence in placing amalgam restorations in difficult situations, e g .with deep-sub-gingival margins, or with limited patient cooperation was significantly higher than with resin composite [10] .Other than color, patients also preferred and valued restoration characteristics which favor the use of amalgam more in monetary terms, and this was more marked in low-income patients [11] .In general, longevity of restorations in permanent teeth depends on a number of factors such as tooth type, size of the restoration, clinical circumstances, caries activity status, and oral hygiene of the patient [12] . Also, composite resins are not without toxicological concerns themselves [13] .

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) [14] and World Health Organization (WHO), which consider the use of dental amalgam to be safe, with risk related only to local reactions and not to systemic adverse health effects [15] .While some case reports show localized lichenoid reaction on mucosa in close proximity to amalgam restorations together with a positive allergy test, systematic studies with higher sample size showed no significant association between dental restorations and consequent oral lichen planus onset [16] .Furthermore, in a large epidemiological study in Germany including 6,041 participants, composite resin restorations were associated with a slightly higher risk of mucosal lesions than those without the restorations, whereas no significant association was found between amalgam restorations and mucosal lesions [17] .The U S .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 and found insufficient evidence for a link between mercury exposure from dental amalgam and adverse systemic health effects, including in vulnerable populations [18] .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 [19] .In recent nationwide studies in Taiwan, no association between amalgam fillings and multiple sclerosis [20], primary Sjögren syndrome [21], essential tremor [22], dementia [23] or systemic lupus erythematosus [24] was found . A systematic review, analyzing the limited available randomized controlled trials (RCTs), concluded that amalgam restorations, akin to contemporary resin-based materials, were not associated with an elevated risk of systemic diseases or conditions [25] .

Low levels of mercury released from dental amalgam

While it is true that those with dental amalgam fillings generally have higher levels of blood, urine and salivary mercury levels, due to evaporation of mercury, 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 [26,27] .Actual urine concentration data are below relevant limit values [28] .The expected exposure to mercury from dental amalgam is well below the EU safety limits established for those occupationally exposed to mercury .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 [29] . The U S .Environmental Protection Agency (EPA) derived a similar risk estimate of 6 micrograms per day [30] .

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, bruxism and the ages of the restorations [18,27,29] .Urine levels of mercury increase by approximately 1-2 units in adults for every 10 amalgam fillings placed [31] . Furthermore, the amount of mercury released from amalgam fillings decreases over time [32–34] .

Amalgam removal

Some patients have had their amalgam fillings removed out of unfounded health concerns .However, intact amalgam fillings should not be removed except in the case of an allergic reaction [19] .Patients who had their amalgam fillings removed showed a decrease in mercury levels in urine [35] but did not experience a meaningful decrease in blood mercury levels even years after the removal [18] .Results of studies about the relief of patients' unexplained symptoms attributed to amalgam after restoration removal are unequivocal and specific and non-specific treatment

effects cannot be separated [36] .Even though intensity of health complaints decreased in a study after removal of all amalgam restorations there was no clear evidence of a direct relationship between exposure and health complaints [37] .Studies including relevant controls (participation in a health promotion program without removal of dental amalgam) showed no significant difference in the results with those patients, where the amalgam restoration had been removed [38] .

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 [19,39] .

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 the mother's 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*" [32]; 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 [18,19] .

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 groups 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 [34,40] .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 [6,34,41] .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 [40] .In more recent studies, the presence of dental amalgams or their replacement was not associated with gestational hypertension in pregnant women [42,43] .

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 [27,44–46]; no statistically significant association between maternal amalgam restorations and stillbirth after accounting for maternal parameters such as age and smoking, among others [47]; higher maternal and cord blood in mothers with amalgam restorations but no difference in birth weight, length or head circumference [48]; and no increased risk of child mortality or neurological disorders of the sons of female dental staff [49,50] .

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") [19] taking the limited life span of deciduous teeth per se into consideration .

It is, however, well recognized that amalgam should not be used in patients with a verified contact allergy to amalgam or its components [51] .Furthermore, the SCENIHR report 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 [18,19] .In addition, there is a preference for placing tooth-colored materials over dental amalgam [52] . 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 [53,54] .

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 [18] .

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 [19] .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 [55,56] . 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 [55] .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 [15], which is especially important for dentists who will continue to place high amounts of amalgam fillings .These data also reiterate the need for evidence-based 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 [57], and the second found that

people with dental amalgam fillings had a greater risk of having Parkinson's Disease [58] .Neither study included 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 [58] .

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 151 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 supports the treaty and has 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 evidence-based 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 (COP) to the Convention .The COP in 2021 had further decided to exclude or not allow (1) the use of mercury in bulk form and (2) the use of dental amalgam for the treatment of deciduous teeth, of patients under 15 years, and of pregnant and breastfeeding women except when considered necessary by the dental practitioner based on the needs of the patient .In this context, within the European Union, from 1 January 2025, dental amalgam shall not be used for dental treatment, except when deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient .Furthermore, the export of dental amalgam shall be prohibited from 1 January 2025 .From 1 July 2026, the import and manufacturing of dental amalgam will be prohibited .By way of derogation the import and manufacturing of dental amalgam shall be allowed for specific medical needs as referred above [59] .More recently, the EU and UK agreed to maintain dental amalgam In Northern Ireland through 2034 .It should be noted however, that the use of amalgam has declined in large parts of the world such as in the EU [60], Taiwan [61] the US [62,63], Australia [64] and Jordan [65] .While amalgam safe handling and waste management, including the installation of amalgam separators, have been nationally and internationally defined [66], clearance of resin composite particles after restoration removal is still a challenge [67] .

In 2021, FDI issued a policy statement reiterating the need for proper amalgam waste management in dental practices [66] .This aligns with the Minamata Convention and the ADA policy, as mandated by the Environmental Protection Agency regulation of July 14, 2020 . In this context, amalgam separators must meet the ISO 11143 standard [68], which requires a minimum 95% removal efficiency . When combined with proper waste management and the use of single-use capsules, these measures significantly reduce environmental mercury pollution from dental practices [69, 70] .

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 when it's the best or only restorative option indicated for a particular clinical situation and alternatives would be inferior for clinical, economic or practical reasons . Treatment decisions should reflect the most current scientific evidence, prioritize patient well-being while taking into account environmental sustainability and the broader implications for public health .

For environmental 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 evidence-based 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 and may accelerate the phase down of dental amalgam .

Adopted 2019, Revised 2025

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USE OF TOBACCO AND NICOTINE PRODUCTS POSITION STATEMENT

O .Uti, L .Ayo-Yus

Tobacco and nicotine use remains a significant public health concern worldwide .Despite extensive efforts to reduce its prevalence, tobacco use continues to be a leading cause of preventable diseases and deaths (1) .Tobacco is widely used, with currently more than one billion smokers globally (2) .Tobacco and nicotine products encompass varieties of combustible products such as factory-manufactured cigarettes, roll-your-own cigarettes, water pipes/shisha/hookah/nargile, cigars, cigarillos and pipe tobacco .There are also some non-combustible tobacco products such as smokeless tobacco or snuff and emerging nicotine products including electronic cigarettes (e-cigarettes), vaping devices, heated tobacco products, oral nicotine pouches, nicotine gels, and dissolvables .

The major harms related to tobacco and nicotine product use, which are well documented, are linked to a multitude of

compounds present in tobacco and tobacco smoke (such as carcinogens, particulate matter and carbon monoxide) (3 -5) . Tobacco smoke consists of more than 7000 chemical compounds and approximately 70 known carcinogens .Half of these compounds occur naturally in the green tobacco leaf, whereas the remainder is generated when the tobacco is burned (6) .Some of the chemicals found in tobacco smoke include nicotine (the addictive drug in tobacco), hydrogen cyanide, formaldehyde, lead, arsenic, ammonia, radioactive elements, such as polonium-210, benzene, carbon monoxide, tobacco-specific nitrosamines (TSNAs), and polycyclic aromatic hydrocarbons (PAHs) (7) .

Tobacco and nicotine product use is a leading cause of preventable disease, disability, and death worldwide (8) .The harms associated with smoking are extensive, affecting nearly every organ in the body .Its use can lead to both acute and chronic oral diseases making users experience a higher incidence of potentially malignant oral lesions, head and neck cancers, periodontal disease, impaired wound healing, reduced ability to smell and taste, melanoses, smoker's palate, teeth staining, and peri-implant diseases, as compared to the general population (8 - 11) .Smoking is an independent risk factor for tooth loss and implant failure (12) .

Exposure to secondhand smoke (SHS) results in the death of 1 3 million nonsmokers each year (13,14) .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 (15) .Infants and children who are exposed to smoke are at risk for sudden infant death syndrome (SIDS) (16, 17), acute respiratory infection, bronchitis, pneumonia, middle ear infections, and asthma during infancy and the causal relationship with early childhood caries has also been suggested (18, 19) .Thirdhand smoke (THS), the contaminant that persists after SHS, also poses significant health risks, especially to infants, children, and non-smoking adults (20) . Over time, these harmful residues react with indoor air pollutants to form carcinogenic compounds, which can be absorbed through the skin, inhaled, or ingested via hand-to-mouth contact (20) .Studies have shown that thirdhand smoke exposure can lead to respiratory issues, skin irritation, and DNA damage, with potential long-term effects such as an increased risk of cancer and developmental problems in children (20 - 22) .

In most populations, smoking prevalence is much higher among groups with lower levels of education or income (23) and among those with mental health disorders and other co-addictions (24, 25) .Smoking is also more prevalent among males than females in many populations globally (26, 27), with the smoking prevalence among men being four times higher than that among women (28) .Most smokers start smoking during adolescence, with almost 90% of smokers beginning between 15 and 25 years of age (29) . However, girls who smoke tend to start at an earlier age than boys (26) .

Tobacco dependence is a condition driven by nicotine addiction which often requires multiple attempts to quit successfully . Quitting smoking is challenging due to nicotine addiction and psychological dependence .The World Health Organization (WHO) has reported that over 60% of the world's 1 25 billion tobacco users – more than 750 million people – wish to quit, yet 70% lack access to effective cessation services (30) .Smoking cessation has great benefits for oral and general health .Former smokers have a comparable risk of tooth loss compared with never smokers (31) .Smoking cessation success varies widely depending on several factors, including the methods used, the level of support available, and the individual's motivation to quit .Fewer than four in ten adults who smoke cigarettes used evidence-based proven treatments when trying to quit smoking (32) .Smoking cessation interventions delivered by dental teams have been shown to be effective (33) .

Electronic Nicotine Delivery Systems (ENDS), commonly referred to as e-cigarettes, vapes, or electronic cigarettes, have become increasingly popular in some regions over the past decade .ENDS delivers the user with an aerosol that typically contains propylene glycol, vegetable glycerin, nicotine and flavoring chemicals (34) . The inhalation of chemicals in the aerosol, including flavorings and other additives, presents largely unknown health risks, including possible short-term respiratory and cardiovascular effects (35) . ENDS are often marketed with appealing flavors and sleek designs that attract youth, leading to increased experimentation and concerns over the potential progression to smoking combustible tobacco products (34) .It is important to note that while the exclusive use of ENDS may pose fewer health risks than combustible tobacco smoking, there is emerging evidence on the adverse effects of ENDs on oral health (36,37) .Furthermore, the long-term health effects of using ENDS are not yet fully understood and additional research is required (38, 39) .

There is evidence from randomized trials that nicotine-containing ENDS contribute to increased quit rates as compared to conventional nicotine replacement therapy (NRT) (40) .There are insufficient randomized trials directly comparing ENDS to other stop-smoking medications .Indirect trial evidence suggests nicotine-containing ENDS achieve comparable quit rates to the medications varenicline and cytisine, and improved quit rates compared to the medication bupropion (41) .However, as consumer products, in observational studies, e-cigarettes were not consistently associated with increased smoking cessation in the adult population (42) .The same has been observed in observational studies of other stop-smoking treatments, despite proven efficacy in randomized trials (43) .A recent large cohort study in the US suggests that vaping maybe associated with significantly reduced smoking cessation especially when used nondaily .(44) .

Based on scientific evidence, IADR supports the following recommendations:

1 . **IADR opposes the use of all forms of tobacco and nicotine** .IADR supports tobacco end game measures to prevent the sale of tobacco products to achieve a smoke-free generation through minimum age regulations (43) . Subsequently, the public should be educated on the health and financial costs of tobacco and nicotine product use . Patients should be aware of the risk of tooth loss and implant failure associated with smoking and the benefits of cessation on oral health and tooth longevity .Increased attention and resources should be devoted to the prevention of tobacco and nicotine product use among children and adolescents and the implementation of Article 14 guidelines to the WHO Framework Convention on Tobacco Control (WHO FCTC) (45), including routine screenings for tobacco and nicotine product use and offering treatment of tobacco and nicotine dependence to all tobacco and nicotine product users .

2 . **IADR supports research to improve prevention, treatment, and deepen our understanding of tobacco- and nicotine- related general and oral health risks** .IADR also welcomes continued research to elucidate further the health effects of using both established and newly emerging

tobacco and nicotine products and exposure to their emissions or aerosols; 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 of all tobacco and nicotine products .

3 . **IADR supports and recommends a personalized oral health care approach** for the tobacco – and nicotine product – using patient that can also be applied to the patient who presents other associated risk factors to oral and periodontal diseases .

4 . **IADR supports and encourages governments to strengthen tobacco and nicotine product control policies** . Governments should implement and enforce strong tobacco and nicotine product control policies, including comprehensive bans on tobacco and nicotine product advertising, promotion, and sponsorship, as outlined in the WHO FCTC**.** Policies should also include plain packaging requirements, graphic health warnings on tobacco and nicotine products, and restrictions on sales to minors .

5 . **IADR supports increases in tobacco and nicotine product taxes** .Raising taxes on tobacco and nicotine products is an effective way to reduce tobacco and nicotine product use, particularly among price-sensitive populations such as youth and low-income individuals .The revenue generated from these taxes should be reinvested in public health initiatives, including smoking cessation programs and healthcare services .

6 . **IADR supports tobacco and nicotine product use cessation programs** .Accessible and affordable tobacco and nicotine product use cessation services should be available to all tobacco and nicotine product users .This includes providing, in each country, a specific quit line and in-person counseling, nicotine replacement therapies, and other evidence-based treatments as recommended in the WHO global clinical guideline for smoking cessation (26, 46) or as may be provided for in national tobacco and nicotine cessation clinical guidelines .Public health campaigns should raise awareness of the resources available and encourage tobacco and nicotine users to seek help in quitting .Training and involving dental professionals in the management of smoking cessation may be of special interest to control and drive clinical cessation strategies .Regular accompaniment and long-term monitoring of former smokers within clinical settings may reduce the risk of relapses of tobacco and nicotine product use .

7 . **IADR supports the protection of non-smokers from secondhand and thirdhand smoke** .Governments should enforce smoke-free laws in all indoor public places, workplaces, and public transportation to protect non-smokers from the harm of secondhand smoke .Public awareness campaigns should also educate the public about the dangers of secondhand smoke and the importance of smoke-free environments .It is recommended that in choosing meeting sites, IADR gives preference to cities that have enacted comprehensive clean indoor air policies that include restaurants, hotels, conference centers, and other public spaces .

8 . **IADR supports the regulation of emerging tobacco and nicotine products** .The rise of new non-combustible tobacco and nicotine products, such as electronic cigarettes and heated tobacco products, presents new challenges for tobacco and nicotine product control in balancing the risk of uptake by nicotine-naive individuals, especially young people, against the potential benefits for cigarette smokers .

9 .**IADR supports preventing tobacco and nicotine industry interference in scientific processes and policymaking** . Given the tobacco and nicotine industry's long history of manipulating research and obstructing public health efforts, IADR supports policies that ensure scientific integrity and prevent industry influence in regulatory and legislative processes and are in alignment with the WHO Framework Convention on Tobacco Control (WHO FCTC) .

Further Research Areas

1 . **Long-Term Oral Health Effects** – Investigate the lasting impact of new and emerging tobacco and nicotine products on oral health .

2 . **Use Among Vulnerable Populations** – Examine tobacco and nicotine consumption patterns in vulnerable groups, including youth, adolescents, pregnant women, and low-income and minority communities .

3 . **Tobacco and Nicotine Cessation Strategies** – Evaluate personalized cessation approaches, the effectiveness of digital cessation tools, and the long-term success of cessation programs, including relapse prevention strategies .

4 . **Economic Impact of Smoking Cessation** – Assess the projected economic effects of smoking cessation on the burden of tobacco- and nicotine product- related diseases, including a focus on oral health outcomes and overall quality of life .

5 . **Effectiveness of Tobacco and Nicotine Product Control Policies** – Analyze the impact of existing tobacco and nicotine product control measures such as taxation, advertising restrictions, and plain packaging, including the role of graphic health warnings in promoting cessation across different populations .

6 . **Mechanisms of Tobacco and Nicotine Product Induced Oral Diseases** – Explore the interactions between tobacco and nicotine product use and oral diseases, including its relationship with Human Papillomavirus (HPV) .

7 . **Carcinogenic Effects of Smokeless Tobacco** – Investigate the cancer-causing potential of smokeless tobacco and its impact on oral tissues and the oral microbiome .

8 . **Commercial Determinants of Health:** Investigate how profit-driven tobacco and nicotine industry actions impact population health outcomes and mechanisms to increase the transparency of industry strategies .

Conclusion

Tobacco use is one of the most significant public health challenges globally, contributing to millions of deaths each year and imposing a heavy burden on healthcare systems .Despite extensive knowledge of the harms associated with tobacco and nicotine products, its use remains widespread, driven by addiction, social factors, and aggressive marketing by the tobacco and nicotine product industry .This calls for strong international partnerships to implement evidence-based tobacco and nicotine product control measures contained in the WHO FCTC, including making tobacco and nicotine cessation widely accessible to those who use tobacco

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

and nicotine products and conducting research on the long-term oral health effects of both conventional tobacco products and the new emerging tobacco and nicotine products.

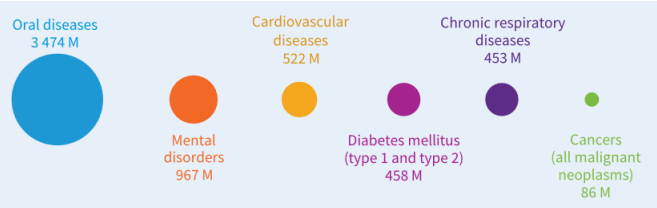

Fig .1: Comparison of estimated global case numbers for selected NCDs .

Adopted 1996, Revised 2015, 2025

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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 manypopulations, 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 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 .

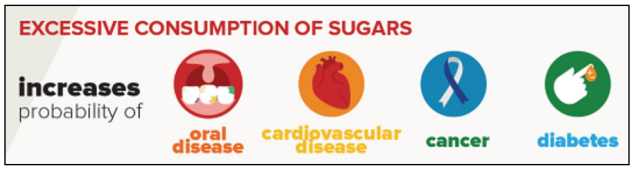


Image Source: FDI World Dental Federation

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 .

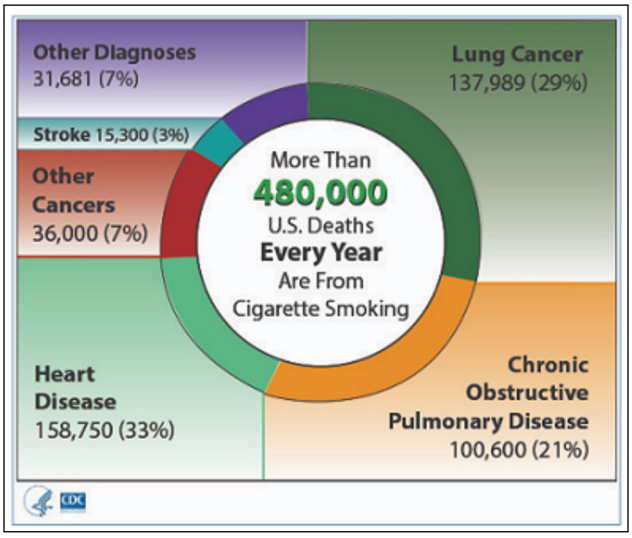
v . When possible, AADOCR will offer reasonable portion sizes and/or limit dessert sizes .

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 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 [1]. 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 [1]. 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 [2]. 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 [3, 4]. 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[5] .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 [6]. Oral diseases are among the most common NCDs worldwide, affecting an estimated 3 5 billion people[7] – 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) [7]. The combined estimated number of cases of oral diseases globally is about 1 billion higher than the combined number from all five main NCDs (figure 1) [8].

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 [7]. 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 [7]. 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%) [9]. 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 [7]. Dental caries is a major cause of productivity losses at work, leads to missed educational opportunities, and contributes to poor academic performance in school [10, 11]. Severe untreated caries with systemic inflammatory reactions from pulp infections is also a contributing factor to underweight and stunting in children [10, 11]. Periodontal disease may result in the gums receding away from the tooth, bone loss, and loose and/or missing teeth [12]. 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 [13].

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 .[14] 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 .[14] Similar trends between oral diseases and all-cause mortality, were also seen in older study populations in the United Kingdom and United States .[15] 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 .[14, 1]

All-cancer mortality has been shown to be positively associated with dental plaque and gingival inflammation .[14] 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 .[17] 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 .[17] Lip and oral cavity cancer is the 11th most common cancer for men (all ages), comprising 3 5% of all cancers .[7] 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 .[18] 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 .[18] 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 .[19] 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 .[17] Therefore, oral diseases and other systemic NCDs may have specific molecular and immunologybased mechanisms in common,[20] because they share major common risk factors and commercial, moral, and social determinants of health .[17, 21] 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[17] while also being a causal factor for diabetes .All forms of tobacco use are major risk factors for lip and oral cavity cancer[22] 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 .[23]

The strength and direction of socioeconomic status (SES)-NCD associations differ within and between countries .[24] 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 .[25] 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 .[7] 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 .[7, 26] 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 .[7, 5, 17]

The economic burden due to oral disease is increasing, particularly in low- and middleincome countries (LMICs),[7] with 3 out of 4 people affected living in middle-income countries .[17] 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,[8] 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 global direct health expenditures .[27] Productivity losses from oral diseases were estimated at about $42 USD per capita, totaling to around $323 billion USD globally .[27] 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 .[28, 29] 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 .[28, 29] 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 .[30] 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) .[31]

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 .[7] OFCs affect approximately 1 in 1000-1500 newborns, though with varying rates across ethnic groups and geographical areas .[7] Although genetic predisposition is the leading factor for congenital anomalies, other modifiable risk factors, such as nutrition deficits and tobacco, also play a role .[32] 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 .[7] Without early treatment, the disease is fatal in about 90% of cases, within weeks after the onset of first symptoms .[7, 33, 34] Surviving persons are often seriously disfigured with complex functional impacts that affect eating, drinking, and speaking .[33, 34] 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% .[35, 36] Traumatic dental injury is a frequent consequence of interpersonal violence, road traffic injuries and unsafe domestic, workplace or recreational environments leading to accidents .[35, 36]

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) .[37, 38] 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 .[39, 40] CVD mortality is more common in middle-income countries compared with high- or low-income countries .[40] 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 .[41] Prevalent cases of total CVD nearly doubled from 271 million (95% uncertainty intervalUI: 257 to 285 million) in 1990 to 523 million (95% UI: 497 to 550 million) in 2019 .[42] 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) .[42] 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 .[43] While in the United States alone, the costs of CVD are estimated to exceed $1 1 trillion by 2035 .[44]

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 .[45] 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 .[46] 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 .[47] Prevalent cases of total cancer more than doubled to 23 million from 1990 to 2019 .[48] 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 .[49] The global trends for DALYs increased to an estimated 250 million in 2019 representing a 16% increase since 2010 .[50] 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 .[51]

Diabetes mellitus occurs when the body either does not produce enough insulin or cannot effectively use the insulin it does produce .[52] 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 .[52] 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 .[53, 54]

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 .[55] Diabetes is responsible for 6 7 million deaths in 2021[55] and is one of the top 10 causes of death globally .[56] Individuals with diabetes have a 2–3 fold increased risk of all-cause mortality[57] and the disease is associated with increased mortality from infections, cardiovascular disease, stroke, chronic kidney disease, chronic liver disease, and cancer[58, 59] Over 3 in 4 adults with diabetes live in low- and middleincome countries .[55] Income, education, and occupation show a graded association with diabetes prevalence and complications across all levels of SES .[60] 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 .[60, 61, 62] Diabetes caused at least US$966 billion dollars in health expenditure equating to a 316% increase over the last 15 years .[55]

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 .[63] In addition to tobacco smoke, other risk factors include air pollution, occupational chemicals and dust, and frequent lower respiratory infections during childhood .[63] In 2017, an estimated 545 million people had a chronic respiratory disease, having increased by 39 8% since 1990 .[64] The prevalence of CRDs was greatest in highincome regions while south Asia and sub-Saharan Africa had the lowest prevalence .[64] 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) .[64] The total economic cost of COPD alone is close to $50 billion USD each year in the United States[65] and $11,585 USD per patient/per year in Norway,[66] while the economic burden of COPD among LMICs is expected to increase to $2 1 trillion USD by 2030 .[67]

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 .[68] Like oral health, mental health is important at every stage of life, from childhood and adolescence through adulthood .[69] 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 .[70] In 2019, 970 million or 1 in every 8 people were living with a mental disorder, with anxiety and depressive disorders the most common .[71] 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 .[72] 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 .[73] In adults, a SES has also been shown to be associated with more frequent mental health problems .[74] The global number of DALYs due to mental disorders increased from 80 8 million to 125 3 million between 1990 and 2019 .[75] 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 .[76]

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 NCDs3 . 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[7]. 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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(Adopted 2023)

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TOBACCO FUNDED RESEARCH

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Tobacco products, whether used through active or passive smoking (e .g . cigarettes or cigars) or smoke-free (e .g . heated tobacco products, inhaled, or chewing tobacco products), are overwhelmingly detrimental to human health . Tobacco is uniquely dangerous to public health in the scale of harm it causes when used precisely as directed . Notwithstanding any ritualistic and social aspects, all forms of tobacco use are harmful, and there is no safe level of exposure to tobacco (World Health Organization, 2023) .Tobacco kills more than 8 million people each year, including an estimated 1 .3 million non-smokers who are exposed to second-hand smoke (World Health Organization, 2023) and up to two-thirds of long-term tobacco users will die from tobacco-related conditions such as ce rebrovascular disease, cancer and respiratory disease (Australian Government Department of Health and Aged Care, 2020) . Tobacco's main psychoactive drug, nicotine, is highly addictive, making it very difficult to quit (U .S . National Institute on Drug Abuse, 2022) . Tobacco product usage is almost always initiated and established during adolescence (U .S . Centers for Disease Control and Prevention, 2022) . Tobacco use remains the single most impactful risk factor for poor health, impoverishment and death globally (World Health Organization, 2023, Perez-Warnisher et al . 2018) .

Tobacco Company-sponsored Research in IADR Journals and IADR/AADOCR Meetings

Tobacco Company Overview

A "Tobacco Company" is a company, entity or organization or groups or combinations of the same whose business other than for an insignificant part (i .e ., less than 10% of its revenue) is the development, production, promotion, marketing, or sale of tobacco in any country of the world or is a subsidiary or a holding company or affiliate of the same (Wellcome Trust, 2023) . In addition to combustible tobacco products such as cigarettes and cigars, they also include electronic nicotine delivery systems (ENDS) such as e-cigarettes, and smokeless tobacco products (e g ., chewing tobacco, moist snuff or snus) and heat-not-burn tobacco products .

History of Unethical Conduct

The World Health Organization's (WHO) Framework Convention on Tobacco Control notes that "There is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests" . The tobacco industry has been aware of the serious health consequences of its products for decades and sought to conceal this evidence from the public . There is evidence of the dishonest behavior of the tobacco industry including suppressing research findings on the harmful effects of tobacco, distorting research evidence, and actively coercing researchers to bias positive views on smoking risk (Brownell KD et al 2009, Brandt AM 2012, Cancer Research UK 2019, American Lung Association 2023) . The tobacco industry has made significant attempts to aggressively promote its products, especially to women, the young, racial and ethnic minorities, the LGBTQ+ community (Acosta-Deprez et al ., 2021), the poor, and low- and middle- income countries (LMICs) (Brown-Johnson CG et al . 2014, World Health Organization 2020) . Today, tobacco companies continue to use scientific publications and misinformation to influence public opinion and policy including tobacco company-funded research that suggests that e-cigarettes are a safe alternative to cigarettes, even though there is evidence that e-cigarettes are harmful to health (Hendlin YH et al . 2019, Smith MJ et al . 2021) . The global tobacco industry also lobbies against government regulations that aim to reduce tobacco use . Indeed, tobacco companies are known to fund research for lobbying strategies to block, amend and delay effective public health policies such as marketing, packaging, and point-of-sale restrictions to minors .

Additionally, the tobacco industry has also been shown to be involved in a large number and diverse range of scientific events (Matthes BK et al . 2023) . The focus of the events ranged from toxicology (28 .2%), medicine (11 .7%), to dentistry (4 .2%) – the latter was attributed to the increasing importance of newer nicotine and tobacco products (Matthes BK et al . 2023) . Event participation mostly took the form of the delivery of posters (55 .4%) and oral presentations (30 .5%) (Matthes BK et al . 2023) . Scientific events provide platforms for tobacco companies to disseminate their messages, normalize their presence within academic settings and present themselves as legitimate stakeholders in evidence production and evidence-based decision making .

Policy Statement

In light of the tobacco industry's long history of deception and its ongoing efforts to undermine public health, the International Association for Dental, Oral and Craniofacial Research (IADR) and the American Association for Dental, Oral, and Craniofacial Research (AADOCR) will not accept symposia sessions or abstract submissions for IADR or AADOCR meetings that present research funded, in whole or in part, by a tobacco company (as defined above) . Additionally, IADR and AADOCR

jointly own the *Journal of Dental Research* (*JDR*) and the *JDR Clinical &Translational Research* . These journals will not consider papers in which support, in whole or in part, comes from a tobacco company . That support includes funding for research personnel, the research study itself, or publication and/or ancillary charges . It is well established that tobacco companies use peer-reviewed journals to promote their products or cast doubt on the adverse health effects of tobacco product usage . Companies also use paid or sponsored content to promote their products or to influence public policy . It is therefore unethical and irresponsible to support the reputation of the tobacco industry . By refusing to publish papers or allow conference presentations that are supported by tobacco companies, IADR and AADOCR are protecting public health and promoting the integrity of scientific research .

Author Contributions

P .Arany, F .Cieplik, N .Damé-Teixeira, and T .Do contributed to design, data acquisition, analysis, and interpretation, drafted and critically revised the manuscript, all members of the IADR and AADOCR Science Information Committee Task Force, 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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Appendix 17 — 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, Oral, and Craniofacial 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 [1]. 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 [2].

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 [3]. 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[4] 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*,[5] and the International Council for Harmonisation[6] 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 Protections7and 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 [8]. 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 [9].

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 [10]

INTERNATIONAL COLLABORATIVE RESEARCH

International Collaborative Research and, by extension, the exchange of scientific information helps improve global oral health, a core value of IADR [11] 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 [12]

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 [13]

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 [14,15]

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) [16] 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,[17] the Committee on Publications Ethics (COPE) guidelines[18] and core practices,[19] the WorldAssociation of Medical Editors (WAME),[20] and the Center for OpenScience[21]
- follow the COPE Guidelines for Managing the Relationships Between Society Owned Journals, their Society, and Publishers[22] and the WAME Recommendations on Publication Ethics Policies: Relation of the Journal to the Sponsoring Society[23] 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 MedicalJournalEditors[24]
- consider applying current transparency and standardization trends for study reporting guidelines, such as are available through the EQUATORNetwork[25]
- 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 previouslypublished[26]

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[27]
- 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/ ordata[28]
- engage in plagiarism or self-plagiarism[29–32]
- engage inghostwriting[33]

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 .[34]

Ethical Considerations for Peer Review

Both editorial bodies and peer reviewers should:

- abide by the COPE Ethical Guidelines for Peer Reviewers,[35] the CSE Statement on Reviewer Roles and Responsibilities,[36] and the WAME Recommendations on Publication Ethics Policies for Peer Review .[37]
- 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 .[32]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, socioeconomicstatus, 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, Oral, and Craniofacial Research Statement on Equity and Inclusion[38]
- 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 bylaw .

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 IADR Professional Conduct at Meetings Policy[39] 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 .[40]

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 findings of scientific misconduct" by individual institution (IADR Constitution and Bylaws) .[41] 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 who will report to the corresponding author and their institution .A report from the author and institution will be requested .Any report may lead to 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,[42] 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

Operating Definition of Research Wrongdoing and Key Words

Research Misconduct: As defined by U S .federal agencies, research misconduct is fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results .

WHO Defined research wrongdoing specifically includes:

- Inappropriate development of research protocols .
- Failure to disclose or take action on declared conflict of interest .
- Inadequate management of a research project .

- Fabrication of data – deliberate creation, recording and reporting of nonexistent results .
- Falsification – deliberate manipulation of data to change, or omit data .
- Sabotage – intentionally damaging, destroying, obstructing or otherwise harming a research project .
- Plagiarism – the copying of ideas, data or text (or various combinations of the three) without authorization or acknowledgement .
- Piracy – the deliberate exploitation of data from others without authorization .
- Conducting research in a manner which contravenes the terms of approval granted by WHO or by other relevant bodies and accepted by WHO as governing the conduct of the research in question .
- Conducting research for which WHO requires prior approvals (for instance from national authorities) without having failed to secure those approvals .
- Failure to adhere to accepted ethical principles for the conduct of research, in particular the World Medical Association Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects .
- Failure to follow accepted procedures or exercise due care for avoiding unreasonable risk of harm to humans, animals or the environment .
- Mismanagement or inadequate preservation of data and/or primary materials .
- Misappropriation of data .
- Improper conduct in peer review .
- Misrepresentation of interests, qualifications, and experience .
- Misrepresentation of involvement or authorship .
- Failure to protect or the inappropriate use or disclosure of confidential or proprietary
- information, or the misuse of intellectual property .
- Improper dealing with allegations of wrongdoing .
- Wrongdoing in research does not include honest errors or differences in interpretations or judgements of data .

Human Research: If a research project involves human subjects, IADR requires that a responsible body has certified the project complies with the federal government's "Common Rule" for the protection of human subjects .(adapted from nsf gov)

Animal Research: If your project involves live vertebrate animals, IADR requires that one of the following must be in place before it issues an award: Approval from an Institutional Animal Care and Use Committee (IACUC) and Public Health Service (PHS)-approved Animal Welfare Assurance .OR A determination by an organization's IACUC that the project is exempt from IACUC oversight .(adapted from nsf gov)

Scientific Misconduct: is defined broadly and includes Research Misconduct .Scientific misconduct can also include unacceptable authorship practices and deviations from accepted research practices as examples .

Publication Misconduct Fabrication: The WHO, European Code of Conduct for Research Integrity and U S .federal agencies define fabrication as making up data/research results and recording and reporting them

Falsification: The WHO, European Code of Conduct for Research Integrity and U S .federal agencies define falsification as manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record .

Plagiarism: The WHO, European Code of Conduct for Research Integrity and U S .federal agencies define plagiarism as the appropriation of another person's ideas, processes, results, or words without authorization or giving appropriate credit or acknowledgement .

Scientific Integrity: is the adherence to professional practices, ethical behavior and the principles of honesty and objectivity when conducting, managing, using the results of and communications about science and scientific activities .Inclusivity, transparency and protection from inappropriate influence are hallmarks of scientific integrity .(nsf gov)

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Appendix 18 — IADR Corporate Support

- Bisco in support of the IADR Dental Materials Group Reception
- Church & Dwight Co , Inc .in support of an IADR Distinguished Scientist Award
- BioGaia in support of and Industry-Sponsored Symposium and the IADR/IAP Ricardo Teles Clinical Research Award
- Colgate-Palmolive Company for being a Gold Scientific Session Sponsor and in support of the IADR/PER Past Executives' Business Meeting, the IADR Council Dinner, an Industry-Sponsored Symposium, the IADR Colgate Research in Prevention Travel Awards and Luncheon, an IADR Distinguished Scientist Award, the IADR Cariology Research Group Student Research Award, the IADR Colgate Oral Health Research Award, the IADR Periodontal Research Group Past Presidents' Travel Award, and the IADR Women in Science Promising Talent Award
- Colgate Palmolive Europe in support of the IADR Meet-a-Mentor Luncheon
- Dentsply Sirona in support of an IADR Distinguished Scientist Award and the IADR Women in Science Award for Distinguished Female Mentor
- GC Corporation in support of an Industry-Sponsored Symposium, the Japan Night Reception, the IADR Scientific Networking Center, the IADR Dental Materials Group Reception, the IADR Toshio Nakao Fellowship, and the IADR Geriatric Oral Research Awards
- Haleon in support of an Industry-Sponsored Symposium, the Science Lounge, IADR Distinguished Scientist Awards, the IADR Innovation in Oral Care Awards, and the IADR 'Sustainability in Oral Health' Research Award
- Ivoclar in support of an Industry-Sponsored Symposium and the IADR Dental Materials Group Reception
- J .Morita in support of the IADR/AADOCR William J .Gies Award and the IADR Distinguished Service Award and as an IADR general meeting sponsor
- Kenvue in support of an IADR Distinguished Scientist Award, the IADR Joseph Lister Award for New Investigators, and an Industry-Sponsored Symposium
- Kulzer in support of the IADR Dental Materials Group Reception and IADR Kulzer Travel Awards
- Kuraray in support of an Industry-Sponsored Symposium
- LION in support of the IADR Lion Dental Research Award
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of the IADR President's Induction Ceremony and Reception and the IADR Young Investigator Award
- SDI in support of the IADR Dental Materials Group Reception
- Shofu in support of an Industry-Sponsored Symposium
- SmileTrain in support of an Industry-Sponsored Symposium
- Solventum for being a Gold Scientific Session Partner
- Unilever Oral Care in support of an IADR Distinguished Scientist Award
- vVardis in support of an Industry-Sponsored Symposium

Appendix 19 — IADR Institutional Support

- The Borrow Foundation in support of the IADR E W .Borrow Memorial Award
- The Sarnat Family Foundation in support of an IADR Distinguished Scientist Award

Appendix 20 — *In Memoriam* *(IADR Members who passed between October 2024 – December 2025)*

Michael Alfano
Loveladies, NJ, USA
American Division

John Brownbill
Malvern East, VIC, Australia
Australian/New Zealand Division

W. Mike Edgar
Oxfordshire, England
British Division

Claes-Goran Emilson
Goteborg, Sweden
Scandinavian Division

Donald Giddon
Sarasota, FL, USA
American Division

Michel Goldberg
Paris, France
Continental European Division

Poul Holm-Pedersen
Dragoer, Denmark
Scandinavian Division

Matthias Kern
Kiel, Germany
Continental European Division

Melvin Lund
Indianapolis, IN, USA
American Division

Markus Mosley
Garner, NC, USA
American Division

James Mellberg
Columbus, NC, USA
American Division

Isha Mutreja
Woodbury, MN, USA
American Division

Richard Ranney
Mineral, VA, USA
American Division

Richard Rozier
Chapel Hill, NC, USA
American Division

Jeanne Sinkford
Silver Spring, MD, USA
American Division

Norton Taichman
Narberth, PA, USA
American Division

The 54th Annual Meeting of the AADOCR

The 54th Annual Meeting of the AADOCR was held in conjunction with the 49th Annual Meeting of the Canadian Association for Dental Research on March 12-15, 2025 . The event provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest cutting-edge research in New York, NY .

The meeting was attended by 2,303 delegates representing 34 countries .Those in attendance could choose from among 220 oral presentations, 1,289 poster presentations, 3 Distinguished Lectures Series plenaries, 6 Hands-On Workshops, 45 Symposia, and 3 Satellite Symposia .Attendees also had the opportunity to visit the exhibit hall, which had 10 corporate booths and 39 institutional booths .

The 2025 Distinguished Lectures Series speakers were Eduardo L . Franco, McGill University, Abigail Tucker, King's College London, and Kim Lewis, Northeastern University .

Jennifer Webster-Cyriaque was installed as the 54th AADOCR President at the conclusion of the General Session .Her inaugural address, "No Research Without Action, No Action Without Research," is published in the *Journal of Dental Research* .

AADOCR thanks the following for their support of AADOCR programs and activities .

- The American Academy of Periodontology in support of AADOCR Student Research Fellowships
- CareQuest Institute for Oral Health for being a Bronze Scientific Session Partner
- Colgate-Palmolive Company for being a Gold Scientific Session Partner and in support of the AADOCR/CADR Past Executives' Business Meeting, AADOCR Student Research Fellowships, the AADOCR Diversity Matters Symposium, and an Industry-Sponsored Symposium
- Delta Dental for in support of the AADOCR Delta Dental Institute Oral Health Equity Award
- Dentsply Sirona for being a Bronze Scientific Session Partner and in support of the Student Competition for Advancing Dental Research and its Application (SCADA) and AADOCR Student Research Fellowships
- Haleon in support of an Industry-Sponsored Symposium, the AADOCR Distinguished Scientist Award, and AADOCR Student Research Fellowships, and the Science Lounge
- J .Morita in support of the IADR/AADOCR William J .Gies Award
- Kenvue in support of an Industry Sponsored Symposium and the AADOCR Joseph Lister Award for New Investigators
- Kuraray Noritake in support of an Industry-Sponsored Symposium
- The National Institute of Dental and Craniofacial Research (NIDCR) in support of the AADOCR Bloc Travel Grant
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of the AADOCR/CADR President's Reception, the AADOCR P&G Underrepresented Faculty Research Fellowship (NEW), AADOCR Student Research Fellowships, and the AADOCR William B .Clark Fellowship
- Shofu in support of an Industry-Sponsored Symposium
- Solventum for being a Gold Scientific Session Partner and in support of an Industry-Sponsored Symposium

Proceedings of the AADOCR 2025 Council Meeting

AADOCR Council Meeting • March 12, 2025 • 8 a.m. – 10:15 a.m.
New York, New York

AADOCR Board of Directors: President, Effie Ioannidou; Vice-President, Nisha D'Silva; Treasurer, Ana Bedran-Russo; Members-at-Large: Sheila Riggs, Hope Amm, and Erin Bumann; Board Members, Modupe Coker; Patient Advocate Paige Falion; *JDR* Editor-in-Chief, Nick Jakubovics; *JDR CTR* Editor-in-Chief, Jocelyne Feine; and Chief Executive Officer, Christopher Fox .

President-elect, Jennifer Webster-Cyriaque; Immediate Past President, Alex Vieira; Board Member, Mark Heiss; Student Representatives, Shawn Hallett and Caris Smith were not in attendance .

AADOCR Councilors from Groups/Networks: Behavioral, Epidemiologic and Health Services Research Group, Tamanna Tiwari; Cariology Research Group, Aylin Baysan; Clinical and Translational Science Network, Yuan Liu; Craniofacial Biology Group, Lorri Morford; Dental Anesthesiology and Special Care Research Group, Caroline Sawicki; Dental Materials Group, Grace De Souza; Diagnostic Sciences Group, Steven Singer; Digital Dentistry Research Network, Franciele Floriani; Geriatric Oral Research Group, Lyubov Slashcheva; Global Oral Health Inequalities Research Network, Abimbola Oladayo; Implantology Group, David Kim; International Network for Orofacial Pain and Related Disorders Methodology (INfORM), Adeyinka Dayo; Lasers & Bio-photonics Group, Georgios Romanos; Microbiology/Immunology Group, Michelle Visser; Mineralized Tissue Group, Alejandro Almarza; Minimally Invasive Dentistry Network, Aylin Baysan; Neuroscience Group, Eli Eliav; National Student Research Group, Sarah Aitken; Nutrition Research Group, Kirsten Lampi; Oral and Maxillofacial Surgery Group, Lukas Witer; Oral Health Research Group, Patricia Lenton; Oral Medicine and Pathology Group, Kamran Awan; Pediatric Oral Health Research Group, Giovana Anovazzi Medeiros; Periodontal Research Group, Hatice Hasturk; Prosthodontics Group, Mijin Choi; Pulp Biology and Regeneration Group, Fatima Syed; Salivary Research Group, Kevin Matthew Byrd; Stem Cell Biology Group, Mina Mina; Student Training and Research (STAR) Network, Anjali Bhagirath; Women in Science Network, Patricia Miguez .

AADOCR Councilors from Sections: Arizona, John Mitchell; Baltimore Section, Hanae Saito; Boston Section, M . Marianne Jurasic; Buffalo Section, Thikriat Al-Jewair; Chicago Section, Linda Kaste; Cincinnati Section, Malgorzata Klukowska; Colorado Section, Devatha Nair; Columbus Section, Scott Schricker; Florida Section, Cristina Godoy; Houston Section, Chun-Teh Lee; Indiana Section, Hakan Turkkahraman; Iowa Section, Ariene Leme-Kraus; Kansas City Section, Emma Kaz Frick; Kentucky Section, Lorri Morford; Long Island Section, Stephen Walker; Memphis Section, Yanhui Zhang; Michigan Section, Hajime Sasaki; Missouri Section, Gretchen Gibson; North Carolina Section, Apoena Ribeiro; Oklahoma Section, Sharukh Khajotia; Oregon Section, Ginny Hsu; Puerto Rico Section, Carmen Buxó-Martínez; Rochester Section, Linda Rasubala; San Francisco Section, Karen Schulze; Seattle Section, Lisa Heaton; Southern California Section, Yan Wang; Wisconsin Section, David Berzins .

Non-voting Councilors and Observers: AADOCR Development Committee, J .Timothy Wright; AADOCR Edward H .Hatton Awards Committee,Georgios Kotsakis; AADOCR Fellowships Committee, Clarissa Fontoura; AADOCR Government Affairs Committee, Amid Ismail; AADOCR Honorary Membership Committee, Mark Herzberg; Boston Section, Pam Yelick; Boston Section, Raul Garcia; Buffalo Section, Marcelo Araujo; Columbus Section, Brian Foster; National Student Research Group, Jessica Cook; Puerto Rico, Lydia Lopez; Puerto Rico, Kai Guo; Washington, DC Section, Rena D'Souza; Women in Science, Maria Ryan .

Global Headquarters (GHQ) Staff: Chief Operating Officer, Denise Streszoff; Chief Financial Officer, Pete Quinlivan; Director, Science Policy, Makyba Charles-Ayinde; Director of Government Affairs, Yehuda Sugarman; Executive Assistant to the CEO and Recording Secretary, Brenda Moreno .

The meeting was called to order at 8:10 a.m.

1. ADMINISTRATIVE

1.1. Council Attendees

It was ascertained that quorum was met .

1.2. Approval of Council Agenda

Motion 1: That the March 12, 2025, AADOCR Council meeting agenda be approved.
Motioned: Hatice Hasturk
Seconded: Georgios Romanos
The motion passed unanimously .

1.3. Approval of March 2024 Council Minutes

Motion 2: That the March 13, 2024, AADOCR Council meeting minutes be approved as submitted.
Motioned: Tamanna Tiwari
Seconded: Hatice Hasturk
The motion passed unanimously .

1.4. Election Results – Tellers Report

Dr .Ioannidou reviewed and congratulated the elected members .

- AADOCR Vice-president: Margherita Fontana (University of Michigan, Ann Arbor)
- AADOCR Treasurer: Julie Frantsve-Hawley (Sjögren's Foundation, Chicago, Illinois)
- AADOCR Representative to the IADR/AADOCR Publications Committee: Ariadne Letra (University of Pittsburgh, Pennsylvania)

The successful candidates above will begin their terms at the conclusion of the 2025 AADOCR/CADR Annual Meeting .

1.5. President's Report

Dr .Ioannidou reviewed the President's report that was included in the manual and highlighted the following:

- The 53rd Annual Meeting of the AADOCR, held alongside the 102nd General Session of the IADR and the 48th Annual Meeting of the CADR, brought together over 4,200 attendees from 85 countries . The event featured nearly 400 Oral Presentations and more than 2,100 Poster Presentations .

- Additionally, the three Distinguished Lecture speakers provided invaluable insights into the prevention, management, and treatment of high blood pressure, overcoming treatment resistance in head and neck squamous cancer, and the role of evolution in shaping dental variation .
- AADOCR's dedication to promoting health and well-being was further reinforced in March with the adoption of our official statement on tobacco-funded research .Under this policy, AADOCR will no longer accept symposia sessions or abstract submissions for its Annual Meetings that present research supported, in any capacity, by a tobacco company .Furthermore, the official journals will not consider papers that receive full or partial funding from the tobacco industry .
- Thanks to the generosity of our donors, AADOCR has been able to implement a variety of impactful initiatives that strengthen our field .These efforts include the creation of a new research development fund for early-career investigators, advocacy for increased government funding for research, and the provision of research fellowships for students exploring careers in oral health research .

1.6. CEO's Report

Dr .Fox reviewed the CEO's report and highlighted the following:

- IADR/AADOCR/CADR General Session – March 13-16, 2024
  - —First In-person IADR/AADOCR/CADR General Session in the US since 2017
  - —4,280 Total Delegates
  - —DLS Speakers
    - Barbara Burtness
    - Jukka Jernvall
    - Paul Whelton
- AADOCR Meeting Within a Meeting: Women in Dental, Clinical, and Translational Research
- 2024 IADR Presidential Symposium: Shaping the Face: Artificial Intelligence, Computational Modeling, and Multiomics in our Understanding of Craniofacial and Dental Form and Structure
- Membership
  - —3,145 as of 12/31/2024 (+9 4%)
- Publications
  - —*JDR* IF 5 7 (Tied for #4 of 157 journals)
  - —*JDR* Special Issue: Imaging
  - —*JDR CTR* IF 2 2 #52 (Top 1/3rd)
  - — *JDR CTR* Supplement: Whole Person Health
  - —*Advances*: Women in DOC Research
- Finance
  - —Clean 2023 Audit
  - —Latest Estimate for 2024 $474K investment allocation needed vs .$615K budgeted (+141K better than Budget)
  - —Portfolio $9 2 million 4Q 2024
- Science Policy
  - —Approved IADR, AADOCR Statement on Tobacco-funded Research
  - —Presenting an updated Statement on Water Fluoridation for approval today
  - —RFC/RFI's
- HHS, NIH, NIDCR, CMS, FDA
  - —Diversity Initiatives
- Diversity Matters Session
- History/Heritage Months
- Government Affairs
  - —Continuing Resolution
  - —AADOCR/FNIDCR/ADEA Advocacy Day
  - —GAC in-person Hill visits
  - —AADOCR Leads Opposition of NIH Restructuring Plan
- MIND the Future
  - —5th and Final Year of current NIH grant
  - —Renewal Impact Score: 17
  - —Positive Summary Statement
  - —With the current shift in priorities, it is unlikely that the grant will get renewed
- Membership Engagement
  - —Ask-me-Anything's
  - —Webinar Platform
  - —AADOCR Community
- Fundraising Update
  - —$1 5 Million since 2014

2. REQUIRED ACTIONS AND STRATEGIC ISSUES

2.1. Board Officers Committee

2.1.1. Nominations for AADOCR Vice-President 2026-2027

Dr .Ioannidou gave a brief overview of Marcelo Araujo, Kimon Divaris, and Sarah Knox's qualifications .Dr .Ioannidou asked if any of the candidates were present, to please leave the room .Council members discussed the candidates .Once the discussion was over, Dr . Araujo was asked to return .

Motion 3: That Marcelo Araujo, Kimon Divaris, and Sarah Knox, stand for election by the membership for the office of AADOCR Vice President for the 2026-2027 term .
Motioned : Grace De Souza
Seconded: Patricia Miguez
The motion passed unanimously .

2.1.2. AADOCR Member-at-Large (2025 – 2028)

The AADOCR Board Member-at-Large is elected by the AADOCR Council from among its members to represent its interests on the AADOCR Board of Directors .A list of Councilors is provided to the Board for review,

and they have recommended Azeez Butali, Fernando Luis Esteban Florez and Mina Mina to stand for Council election for Member-at-Large .

Dr .Fox clarified that only Mina Mina was qualified from the list presented due to being the only Councilor present at the Council meeting .After discussion, Councilors suggested the following 3 additional Councilors to be up for consideration:

- Grace De Souza
- Sharukh Khajotia
- Mina Mina
- Tamanna Tiwari

Voting Councilors submitted their votes and selected Tamanna Tiwari .

Motion 4: The AADOCR Council appoints Tamanna Tiwari as the 2025-2028 AADOCR Member-at-Large .
Motioned: Brenda Heaton
Seconded: Devatha Nair
The motion passed unanimously .

2.1.3. Appointment of Patient Advocate to the Board

The AADOCR Patient Advocate Board member term expires at the conclusion of the AADOCR/CADR Annual Meeting in 2025 . The AADOCR Board of Directors selected Adrienne McBride (FD/MAS Alliance) as the Patient Advocate for the 2025-2028 term .

2.1.4. AADOCR Representative to the IADR/ AADOCR Publications Committee

Councilors spoke on behalf of the candidates .

Motion 5: That Maria Geisinger, Stefan Ruhl, and Hom-Lay Wang be considered as candidates for the AADOCR election of AADOCR Representative to the IADR/AADOCR Publications Committee .
Motioned: Malgorzata Klukowska
Seconded: Tamanna Tiwari
The motion passed unanimously .

2.1.5. Approval of Committee Appointments

Dr .Ioannidou noted that the Board will need to make additional appointments for the committees with current vacancies .She encouraged councilors to self-nominate to fill the current vacancies .

Motion 6: AADOCR Council to approve the 2025-2026 AADOCR and Joint (IADR/ AADOCR) Committee appointments as presented by the AADOCR Board of Directors .
Motioned: Georgios Romanos
Seconded: John Mitchell
The motion passed unanimously .

2.1.6. AADOCR Bylaws Change—Honorary Membership

The AADOCR Board requested a clarification on the Honorary Membership description to exclude current or former members from consideration .

Motion 7: That the Bylaws revision to the AADOCR Honorary Membership be recommended to for approval .
Motioned: Georgios Romanos
Seconded: John Mitchell
The motion passed unanimously .

2.1.7. IADR and AADOCR Code of Ethics Update

The IADR and AADOCR Ethics Committees have reviewed the Code of Ethics adopted in 2021 .This update has been approved by the joint IADR and AADOCR Boards .This update will also be submitted to the IADR Council for its approval in June 2025 .

Motion 8: That the IADR and AADOCR Code of Ethics be approved by the AADOCR Council as submitted .
Motioned: Hatice Hasturk
Seconded: Devatha Nair
The motion passed unanimously .

2.1.8. AADOCR Community Water Fluoridation Position Statement

The AADOCR Community Water Fluoridation position statement adopted in 2018 is currently due for review based on AADOCR's policy / position statement review protocol .The AADOCR Science Information Committees developed a Community Water Fluoridation Position statement which was subsequently approved by the AADOCR Board .

Motion 9: That the Community Water Fluoridation Position Statement be approved by the AADOCR Council as submitted .
Motioned: Linda Kaste
Seconded: Brenda Heaton
The motion passed unanimously .

2.1.9. AADOCR Topical Fluoride Position Statement

The AADOCR Topical Fluoride position statement revised in 2015 is currently due for review based on AADOCR's policy / position statement review protocol .The AADOCR Science Information Committees developed a Topical Fluoride Position statement which was subsequently approved by the AADOCR Board .

Motion 10: That the Topical Fluoride Position Statement be approved by the AADOCR Board as submitted .
Motioned: Linda Kaste
Seconded: Malgorzata Klukowska
The motion passed unanimously .

2.2. Performance and Audit Committee (P&C)

2.2.1. AADOCR 2023 Independent Auditors' Report

Dr .D'Silva reviewed the AADOCR 2023 Independent Auditors' Report and highlighted the following:

- The most important part of an auditor's report is the "Opinion" paragraph . This is what is known as an "Unmodified or Unqualified Opinion", (meaning the opinion

is stated without any modifications or qualifiers, in other words, no restrictions or modifications) .

- This is the best opinion auditors can issue and the one you want to see every year .
- The auditors informed the Board that the Association's finances are well-managed by staff and the audit went smoothly .
- Assets are overwhelmingly made up of the investment portfolio (87%)
- Liabilities are very small in comparison to assets . Mostly made up of Deferred Dues received for future years, Deferred compensation payable and Accounts Payable .
- Net Assets were $8 9 Million at the end of 2023, an increase of $714,000 from 2022 due in a large part to market value investment gains in 2023 .
- The Association's financial position continues to be strong .
- The main sources of Revenue in 2023 are Meeting Registrations, Dues, Contributions/ Sponsorships and Publications .
- The main expense categories are Meetings, Management, Government Affairs/Science Policy, Awards, Grants & Followships and Publications costs .
- The 2023 change in Net Assets from Operating Activities was a deficit of ($224,000) due to lower than expected general operations deficit, a slightly greater than expected meeting surplus and a better than expected publications surplus .
- When 2023 investment gains are included, Net Assets increased by $714,000 for the year .
- Investments make up such a large percentage of our total assets (87% in 2023), that changes in net assets are most dramatically affected by investment returns .For example, 2023 like 2021, 2019 and 2017 saw sharp increases in Net Assets due to strong investment returns, as compared to 2022 and 2018 which saw a decrease in Net Assets due to investment losses . 2020 was unusual due to the large operating loss caused by AADOCR's 50% share of the cancelled meeting loss, which was partially offset by strong investment returns . Tight budgets have kept Operating Net Income relatively low each year, so it has little impact on Net Assets .
- Despite the challenges of the last several years, Net assets have remained relatively unchanged primarily due to strong positive investment returns in several of those years .

Motion 11: That the AADOCR Council approves the AADOCR 2023 Independent Auditor's Report as presented:
Motioned: Linda Kaste
Seconded: Sharukh Khajotia
The motion passed unanimously .

2.2.2. Investment Portfolio Report

Dr .D'Silva reviewed the investment portfolio and highlighted the following:

- Following large positive investment returns of 15 6% in 2023, the AADOCR investment portfolio saw positive returns of 12 5% in 2024 .
- The portfolio balance at the end of 2024 was just under $9 2 million (an increase of $480,000 from year end 2023) . This net increase takes into account the $594,000 of investments sold in 2024 to fund operations .
- The market consensus is uncertain for 2025, given the rapid economic and political changes underway, 2025 investment returns are uncertain .
- The portfolio continues to screen for both SSB and tobacco companies .
- The portfolio is used to fund operations, as well as various projects, awards, and grants .
- Withdrawals from the portfolio have been more frequent in recent years . 2024 was one of the years in which withdraws were necessary to fund ongoing operations . As mentioned above, Investments totaling $594,000 were sold in 2024 to fund operations . Withdraws of $810,000, $560,000, $230,000 and $1,151,000 were made in 2023, 2022, 2021 and 2020, respectively .

A Councilor pointed out that the investment charts presented in the slide decks did not appear to match the charts provided in the manual .Mr .Quinlivan clarified that although the years and the portfolio amount gradients shown on the axes of the charts were different, the information presented was the same and correct .

2.2.3. Unaudited 2024 Year-End Estimate

Dr .D'Silva reviewed the unaudited year-end budget estimate and highlighted the following:

- The Table 1A in the manual shows 2024 Budget vs .Estimated Actual results .
- The far-right section shows a balanced budget ($0 Overall Net Income) with an investment allocation being used to balance the budget .
- 2024 results were $141,000 favorable to the budget .This is primarily due to a lower than expected general operations deficit, greater than expected meeting Division share and IADR meeting share from the New Orleans General Session in March and a better than expected publications surplus
- A $474,000 investment allocation is expected to be needed to balance the budget versus the $615,000 investment allocation that was budgeted, again $141,000 less, which is favorable to budget .

- AADOCR membership increased 9 4% in 2024, which equates to a 6 5% membership revenue increase, due to the mix of members (full, student, pre-paid) .The 2024 budget included an expected 5 0% increase in membership . Dues revenue is expected to be in line with the budget .
- Operating expenses are expected to be $57,000 less than budget due to due to lower than expected allocated salary and benefit costs, Board, government affairs, member recruitment and organizational dues costs, partially offset by higher than expected member retention costs .
- The overall meeting surplus is expected to be $149,000, which is $39,000 greater (better) than the $110,000 surplus budgeted . This is due to a greater than expected meeting Division share and IADR meeting share .
- No Fall Focused Symposium/Research Summit was held in 2024 .
- GHQ - Salary & benefits costs are expected to be $96,000 lower than due to several open staff positions for part of the year and some roles that have been or will be refilled with candidates more junior in their careers .
- GHQ Overhead costs are expected to be $18,000 greater than budget primarily due to higher than budgeted information technology and recruitment costs .
- The *JDR* surplus is currently expected to be about $44,000 greater than budgeted .Royalty income is estimated to be approximately $35,000 greater than the budgeted amount .
- The *JDR-CTR* deficit is expected to be $31,000 less (better) than budget .A supplement published in the Fall is the primary reason for the better than expected results .

2.3. Strategy Planning Committee (S&P)

2.3.1. 2025 AADOCR Budget & 2025 Joint IADR/AADOCR Budgets

Dr .Ioannidou reviewed the 2025 AADOCR budget and 2025 IADR/AADOCR budgets and highlighted the following:

- Table A1 shows the 2024 Latest Estimate compared to 2025-2025 budgets .
- The General Operations are always a deficit as membership dues do not cover the costs of staff salaries, benefits, HQ overhead, Board costs, and Government Affairs advocacy costs .
- Meeting budgets are typically strongest in years when we have Joint IADR/AADOCR meetings .
- The 2025 AADOCR/CADR Annual Meeting in NYC is budgeted for a $372,000 deficit due to the high cost of holding a meeting in NYC .
- A $894,000 allocation from the Investment Portfolio is required to balance the 2025 budget .
- For 2026 & 2027 targeted meeting surpluses were calculated to assist the Board and HQ in determining the level of meeting surplus needed to achieve a balanced operating budget
- A balanced budget is achieved through an allocation of $894,000 from the investment portfolios – which exceeds the Association's 4% investment spending policy .
- 2025 membership is budgeted to increase by 3 5 % from year-end 2024 .
- A significant deficit of $372,000 is budgeted for this stand-alone meeting in New York City . While meeting revenues are budgeted to increase by $558,000 when compared to the 2023 meeting in Portland, the meeting costs are expected to increase by approximately $1 million due to high required union labor costs .AADOCR continues to recognize cost savings by bringing meeting registration in-house and other cost saving measures .
- Under GHQ costs a full global headquarters staff is budgeted in 2025 . IT costs are expected to increase in 2025 primarily due to the costs of a new AI bot to replace the chat monitoring function previously performed by the receptionist position which has been eliminated and the higher costs associated with our new IT support vendor which provides a greatly enhanced security function . However, depreciation costs continue to decline in 2025 thru 2027 as capitalized costs associated with office renovations, the Nimble AMS system and the website redesign are fully depreciated .
- As has been typically done for *JDR* & *JDR-CTR*, to be conservative, a 5% reduction in Royalty income from expected 2024 results is budgeted for 2025 .The Editorial Stipend revenue provided by Sage remains unchanged .
- Approval of the 2025 budgets also includes approval of the 2026 dues and journal subscription rates

Motion 12: That the AADOCR Council approves the 2025 AADOCR and Joint IADR/AADOCR Budgets which includes the proposed 2026 dues and journal subscription rates .
Motioned: Linda Kaste
Seconded: Dayo Adeyinka
The motion passed unanimously .

2.3.2. 2029 AADOCR/CADR Annual Meeting Site Selection

Dr .Ioanndou reviewed the Board's discussion regarding the 2029 AADOCR/CADR Annual Meeting site selection .The 2024 December Board approved presenting to Council the Selection of Denver, Colorado – even though another group had a "first option" .

Unfortunately, even after presenting Denver with our desire to move forward, which usually forces any group with a "first option" to confirm or release, Denver has not confirmed availability for AADOCR/CADR .Net, there is no site selection presented to Council . AADOCR continues to follow-up with Denver as well as explore other options, should Denver ultimately not become available .

2.3.3. *JDR* Editor-in-Chief Report

Dr .Jakubovics reviewed the *JDR* Editor-in-Chief Report and highlighted the following:

- In the latest metrics, published in June 2024, the JDR achieved a high 2-year Journal Impact FactorTM (JIF) of 5 7, ranking #4 of 91 journals in "Dentistry, Oral Surgery & Medicine" .
- The journal remains #1 in terms of total citations at 24,426 and continues to perform strongly in other metrics such as Article Influence Score and Journal Citation Indicator (JCI) .
- Manuscript Processing .
  - — Article types and acceptance
- We have received consistently high submissions throughout 2024, far exceeding submission levels in 2022 or 2023 .
- The accept ratio was low, enabling us to keep within the agreed page budget .
- 89% of original submissions and 72% of accepted papers were original research reports .
- 72% of original submissions were triaged on entry through rejection w/o peer review (57%) or recommended transfer to *JDR CTR* (15%) .
- Most revised manuscripts are eventually accepted, sometimes with further rounds of revision .
- Processing times
  - — Submission to acceptance time increased slightly in 2023 and remained high in 2024 .
  - — Acceptance to online publication has reduced slightly from a peak in 2023 .
  - — Acceptance to print publication declined in 2024 as we were running with little or no backlog of accepted papers .
  - — Time from submission to first decision is 19 6 days .
- Highly read and cited research
  - — Articles published in the *JDR* remain of interest for many years, evidenced by the long citation half-life (10 2 y) and the top-5 most read papers in the last 6 months, which date from 2020-2024 .
  - — The most heavily cited papers from the last 3 years cover a broad range of topics including dental caries, oral cancer, oral microbiome and dental materials, reflecting the broad scope of the journal .
  - — Community water fluoridation is a topic of high interest in social media and the press, as measured by Altmetrics scores from the last 3 months .
- Promotion and engagement
  - — Press releases are available at this link: https://www iadr org/about/news-reports/iadr-press-releases .
  - — In July, we coordinated a webinar to mark the publication of new statistical guidelines for oral health research in the *JDR* and 5 other journals (available via the JDR homepage) .
  - — The *JDR* X (formerly Twitter) feed (@JDentRes) has amassed more than 2,500 followers to date and remains very active .
  - — *JDR* editors frequently give talks and training, aiming to promote the journal and to increase engagement with peer review .
- Special Issues in the *JDR* and Advances
  - — The 2024 special issue on Advanced Imaging in Dental, Oral and Craniofacial Research was published as the December issue .
  - — Editors Dana Graves (University of Pennsylvania) and Sergio Uribe (Rīga Stradiņš University, Latvia) .
  - — We had around 34 submissions, of which 13 will be published in this issue .
- The next special issue will be on 'The Relationship between Oral and Systemic Diseases' .
  - — Editors Gustavo Garlet (University of São Paulo, Brazil) and Gustavo Nascimento (Duke-NUS Medical School Singapore) .
  - — Open for submissions until 31st March 2025 .
- An Advances in Dental Research issue was published from the AADOCR Meeting within a Meeting at New Orleans (March 2024) on 'Women in Dental Clinical and Translational Research' .
- Editor: Alex Viera .

2.3.4. *JDR CTR* Editor-in-Chief's Update

Dr .Feine reviewed the *JDR CTR* Editor-in-Chief's update and highlighted the following:

- The *JDR CTR* has started its 9th year of existence .
- Manuscript Processing .
  - — Acceptance ratio
    - Jan - Dec 2023 34%
    - Jan - Dec 2024 50%
- 77% submitted were original reports; 91% including proceedings .

- Submission to acceptance rate for 2024 was 151 days .
- *JDR CTR* average days from submission to first decision (Prior 12 months) – 59 2 days .
- Supplements:
  - Published - Whole Person Health and Medical Dental Integration (Tiwari, Tranby, and Heaton) JDR Clin Trans Res .2024 Oct;9(1_suppl):3S-5S . doi: 10 1177/23800844241273799 PMID: 39558732
  - Dental Profession and Interprofessional Primary Care: Intersection of Research, Education, and Communities .Reports are in the review stage .
- Scientific Advisory Board (SAB)
  - *JDR CTR* has prioritized having a diverse Scientific Advisory Board .
  - To acknowledge the important role that our SAB members have with the *JDR CTR*, we are providing our SAB members with ribbons to identify them at our AADOCR and IADR meetings .
  - We are also contacting some to ask if they are willing to lead others within their geographic areas to carry out online reviewer training, as well as to identify additional reviewers and solicit reports of interest to our readership .They will also share with us issues that arise, reviewer concerns, etc .
    - Additional Reviewer Training Activities
  - 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 .With the JDR, we are also encouraging reviewers to work with their graduate students on their reviews .

2.3.5. Philanthropic Update

It was noted that as of December 31, 2024, AADOCR received $119,191 in donations and pledges in 2024 .$670,000 in planned gifts have been pledged as of December 31, 2024 .

AADOCR has already met the funding goal for 3 endowments: the Anne Haffajee Fellowship, the Willima Butler Fellowship, and the General Operating Endowment .

AADOCR is 75% towards our funding goal for the New Investigator Research Development Fund . Dr .Ioannidou encouraged Councilors to donate if it is within their capacity .

2.3.6. Government Affairs Update

Mr .Sugarman and Dr .Ismail reviewed the Government Affairs Update included in the manual and highlighted the following:

- Dr .Ismail noted that given the new administration, the Government Affairs Committee needs a new strategy with how we work with the government .
- 2024 Election Outcome and Impacts
  - Following the November elections, AADOCR published an article on its Community Member Forum summarizing the election results and describing the potential impacts on the health and research ecosystem .AADOCR has been closely monitoring policy developments at both the executive and legislative level with an eye on potential reforms to the structure and operations at the NIH, oral health programs at CDC and HRSA, and federal recommendations related to community water fluoridation .
- House Appropriations Committee Hearing on NIH
  - On November 19, the House Labor-HHS Appropriations Subcommittee held a congressional hearing on NIH . NIH Director at the time, Dr .Monica Bertagnolli, testified regarding the FY 2025 NIH budget and responded to lawmakers' questions regarding NIH reform/ restructuring and various health challenges including oral disease .In advance of the hearing, AADOCR provided talking points to dentist Rep .Mike Simpson (R-ID) who delivered strong comments regarding oral disease and the importance of maintaining an independent NIDCR .
- FY 2025 Federal Funding for NIH & NIDCR
  - In late December, Congress passed, and President Biden signed into law a continuing resolution (CR) that extends funding at fiscal year (FY) 2024 levels for all 12 annual spending bills, including the Labor, Health and Human Services, and Education bill which provides funding for the National Institutes of Health (NIH), through March 14 .AADOCR joined the Ad Hoc Group for Medical Research in calling on Congress to provide at least the Senate Appropriations Committee-approved level of $48 9 billion for NIH in FY 2025 .
  - As the March 14 government funding deadline approaches, lawmakers are working to finalize spending levels for the remainder of FY25 .Major disagreements remain and a temporary federal funding freeze has complicated negotiations .A federal judge blocked the freeze, but uncertainty persists over which programs are affected and whether research grants can continue to be awarded .
  - The White House freeze of federal funds that have already been appropriated by Congress amounts to "impoundment", or

unilateral action taken by the executive branch to delay or cancel appropriations enacted into law and is widely considered unlawful .Former Democratic Party operatives created a new website, ImpoundmentReport com, to track the effects of the Trump administration's funding freezes, including updates, research, and insights on the issue .

— Meanwhile, in early February, the NIH announced that indirect cost reimbursement for federally funded research would be capped at 15%, a drastic cut from a usual range of about 50 to 70% .The directive will significantly reduce financial support for universities, medical/dental schools and research institutions .Facilities & Administrative (F&A) or indirect costs cover essential expenses, such as building maintenance, equipment and support staff salaries . The Coalition for Health Funding created a resource document with links to fact sheets, statements, action alerts, and other resources related to the blanket 15% F&A costs cap .Three federal lawsuits were filed challenging NIH's authority to change this rule without notice and in such a fashion .

— On February 10th, the AADOCR issued a statement calling on NIH to withdraw the new indirect coasts guidance .This was followed by an email to all AADOCR members urging them to contact their elected officials to oppose these F&A cuts .

- New Presidential Administration
  - — The new Administration issued a series of Executive Orders (EOs), many with direct impacts to the research, science, and education communities .These included, but were not limited to, eliminating DEI programs and initiatives in the federal government, rescinding the previous Administration's EOs related to advancing racial equity and supporting underserved communities, and withdrawing from the World Health Organization and the Paris Climate Agreement .On January 28th, the AADOCR issued a statement to all its members on the new EOs and confirmed AADOCR's continued commitment to our values of diversity and inclusion, that we remain committed to supporting programs that enhance the pathways to research careers, and that we will continue to advocate for the United States' role in global health .
  - — Additionally, the Administration imposed a freeze on all external HHS communications until February 1, an indefinite ban on travel for HHS/NIH employees, and later, a pause on ALL federal grants .These actions resulted in the cancelation of regular meetings between state and local health officials, and NIH training sessions and grant reviews .
  - — After considerable uproar and lawsuits, the OMB rescinded the memo on January 29 while clarifying that the government will continue to withhold funds that they view as being in conflict with the EOs .
  - — Within weeks of taking office, the Trump administration through its informal Department of Government Efficiency (DOGE) — the cross-agency team tasked by President Trump to slash federal spending — began laying off thousands of federal workers as part of the administration's efforts to drastically downsize the government . In mid-February, the Department of Health and Human Services (HHS) was affected where about 3,600 probationary employees were terminated, primarily among staffers at the CDC and NIH .The move sparked bipartisan backlash due to concerns that it could disrupt public health efforts at a time when agencies are already under strain and struggling to track and control bird flu, measles outbreaks, and other health concerns .

2.3.7. AADOCR Friends of NIDCR Update

Dr .Ioannidou advised the Councilors to review the AADOCR Friends of NIDCR Update, included in the manual .

2.3.8. AADOCR Committee on Diversity and Inclusion Update

Dr .Charles-Ayinde reviewed the AADOCR Committee on Diversity and Inclusion Update and highlighted and invited Councilors to the 2025 Diversity Matters: Advancing Dental, Oral, and Craniofacial Research Leaders symposium .

- 2025 AADOCR/CADR Annual Meeting & Exhibition Symposium Session
  - — The CDI will host its annual symposium at the 2025 General Session and Exhibition . titled "Diversity Matters: Advancing Dental, Oral, and Craniofacial Research Leaders" .This symposium includes undergraduate, dental, and graduate students within underrepresented populations and is intended to build peer networks and establish novel mentoring relationships .

2.3.9. Science Information Committee Update

Dr .Charles-Ayinde reviewed the Science Information Committee Update and highlighted the following:

- Federal agencies' Requests for Information (RFIs) and Requests for Comments (RFCs) are unique opportunities for AADOCR

and its members to provide input on issues that have the potential to affect dental, oral and craniofacial research or the research enterprise more broadly .Whether these requests are on niche issues or more far-reaching, AADOCR relies on its members to inform its responses to ensure that multiple perspectives are represented in the process .

- — U S .House of Representatives Request for Information on the Next Generation Cures Bill
- — National Institute of Dental and Craniofacial Research (NIDCR) Request for Information on their Proposed Research Initiatives
- — Department of Health and Human Services (HHS) Request for Information on G7 Health Ministers' Meeting
- — Commission On Dental Accreditation (CODA) Proposed Revisions of Standards for Predoctoral Dental Education Programs

2.3.10. NSRG Update

Student Representatives Shawn Hallett and Caris Smith were not in attendance to review the NSRG Update but the NSRG Councilor Sarah Aitken reviewed the NSRG Update and highlighted the following:

- Annual Meeting 2025 Updates
  - — 2/3 proposals accepted by program committee
- NSRG Social Media
  - — Continued to spotlight students on Instagram, Facebook, and Twitter
  - — Advertising events and deadlines for awards, abstract submission, etc .
- NSRG Zoom Events
  - — Holding Zoom networking/social events periodically so students can feel more connected to NSRG and get more out of a membership
- Recruiting pre-dental students
  - — GroupMe was created for pre-dental students to continue recruit pre-dental students so that they could ask any questions to NSRG officers
- Several pre-dental students are featured on NSRG Instagram
- Inaugural AADOCR NSRG Rising Researcher Poster Competition (RRPC)
  - — During the 2025 AADOCR/CADR Annual Session, The NSRG is hosting the inaugural Rising Researcher Poster Competition, aimed at predoctoral students prior to enrollment in a graduate or professional program .
- Major goals for 2025-26 discussed during January meeting
  - — Providing resources to advisors l to better equip them to help pre-dental students interested in dual-degree programs
  - — Webinars facilitated by AADOCR for pre-dental students
  - — Creating a dual-degree program webinar including a representative from each school
  - — Improve engagement of SRGs with deans of admissions to improve advertising of research opportunities to pre-dentals
  - — Creating a network of grad students as a resource for schools to use (e g .attending pre-dental events)
  - — Improving representation of AADOCR at DEI-related conferences (e g .ABRCMS or SNDA) to bolster recruitment (e g . bringing a NSRG board member to advocate for student dental research)
  - — Moving social media efforts to BlueSky

3. IN MEMORIAM

Dr .Ioannidou led a moment of silence to honor those who have passed in the last year .

There being no other business, the meeting was adjourned at 10:22 a.m.

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 March 15, 2025

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 yearly by unanimous recommendation from three most recent living Past Presidents of the Division, who are no longer serving on the Board of Directors . This recommendation must be approved by the Council .Honorary Members shall have all the rights and privileges that accompany regular membership .However, they will only receive the print Journal of Dental Research (JDR) or JDR Clinical & Translational Research (JDR CTR) upon payment of the journal subscription fee .

(b) An Honorary Member shall be selected from fields other than dental, oral, or craniofacial science, but whose contributions have enabled the advancement in these areas .Current or past members of AADOCR are not eligible for Honorary Membership .

(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

1. **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

1. **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 Editors(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

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

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 .

Appendix 1 — President's Inaugural Address, Editor's Report and Chief Executive Officer's Report

Jennifer Webster-Cyriaque
National Institute of Dental and Craniofacial Research

AADOCR Presidential Address by Jennifer Webster-Cyriaque at the 54th Annual Meeting of the AADOCR/CADR

Welcome to the 54th Annual Meeting of the American Association for Dental, Oral, and Craniofacial Research .The first wealth is health, and most hold the potential to achieve this wealth .However, without oral health, that wealth melts to pennies .Oral health is fundamental .And it is research—your research—that can and will lead us to better health across the nation .It is a shared journey, one that that NIDCR is grateful to share with you .

At the heart of the AADOCR mission is a simple and powerful goal: to advance health and well-being through excellence in dental, oral and craniofacial research .Carrying out this mission allows us to meet our social responsibility by bringing the products of scientific excellence to all .

Like Marie Curie, I believe that "science has great beauty ". There is immense beauty in the truth that science reveals and, in the community it creates .But, beyond this beauty is the critical utility of the research findings that emanate from the work that each of you do and the work that is supported across each of the AADOCR sections .The work that once disseminated, moving beyond the manuscripts and papers to the people, can guide practice and care—from the page to the people .This is our challenge .

Our field has seen incredible progress, from materials to mechanisms, from problems at the bench to potential solutions for the masses, and more . But our work is not done .AADOCR is over 3000 strong and continues to push the envelope, driven by a deep and unwavering support of and commitment to science, the community, and each other .

I have personally benefited as a member of this community .I began attending AADR meetings as a dental student presenting a poster based on work generated during a summer program . This training program was led by a former AADR president at the University of Rochester, Dr .Tabak .The experience provided my first glimpse into the wonderful world of dental research and entrée to this important organization .I am a product of the dentist-scientist training pathway .As a first year PhD student, attending an AADR meeting, Dr .Greenspan, another former AADR president attended my talk and invited me to the Oral Medicine and Pathology group meeting .He shared with me that these would become my 'people' .I found a home within this group and across the full organization, over time advancing through the ranks and holding multiple leadership positions .It has been my privilege .I have experienced countless examples of fulfilling personal and scientific interactions with so many of you at AADR/ AADOCR- thank you to each and every one of you for your support, collaboration, and inspiration .

The type of outreach and care that I was afforded remains so important as we chart a new course, nurture our next generation, and develop the future leaders of the field—we need them and the world needs them .The fight for oral health and oral health research is a very worthy battle as we consider 1) the critical evidence that can be provided through our science and 2) the many who will benefit .But it is up to us, it is our imperative!

There will be no research without action, and there can be no action without research .This time in our history presents the opportunity to act, to move oral health science forward and to implement evidence-based scientific findings so that *every* individual can achieve their fullest wealth of health—empowered by oral health .Because oral health is health .

I thank you and I wish you a wonderful and highly successful meeting .

Editor's Report for the *Journal of Dental Research*, 2025 (See page 24)

Editor's Report for the *JDR Clinical & Translational Research*, 2025 (See page 30)

Chief Executive Officer's Report

OVERVIEW

The 54th Annual Meeting of the AADOCR was held in conjunction with the 49th Annual Meeting of the Canadian Association for Dental Research on March 12-15, 2025 .The event provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest cutting-edge research in New York, NY .

The meeting was attended by 2,303 delegates representing 34 countries .Attendees could choose from among 220 oral presentations, 1,289 poster presentations, 3 Distinguished Lectures Series plenaries, 6 Hands-On Workshops, 45 Symposia, and 3 Satellite Symposia .Attendees also had the opportunity to visit the exhibit hall, which had 10 corporate booths and 39 institutional booths .

AADOCR President's Inaugural Address

Jennifer Webster-Cyriaque was installed as 54th AADOCR President at the conclusion of the meeting .View her inaugural address here .

AADOCR Awards Presentations

View the AADOCR Awards presentation shown during the Opening Ceremonies of the 2025 AADOCR/CADR Annual Meeting & Exhibition .

The 2025 Distinguished Lectures Series speakers were Eduardo L . Franco, McGill University, Abigail Tucker, King's College London, and Kim Lewis, Northeastern University .

Meeting Within a Meeting: Research Innovation and Entrepreneurship

The 2025 AADOCR/CADR Annual Meeting continuation of the Meeting Within a Meeting initiative has the objective of introducing attendees with the fundamentals of dental innovation and entrepreneurial management to increase understanding of the requirements and challenges in this area .These sessions provide opportunities for attendees to consider how entrepreneurship and innovation processes may impact their future research careers and how SBIR and STTR grant funding opportunities offer small business entrepreneurs a chance to obtain non-dilutive funding for early-stage research and development .

The first session focused on creating connections to communicate challenges and innovation for others to understand, buy in, and co-create; gain motivation through innovation by addressing emerging problems and opportunities with applied creativity and collaboration; and ways to bring together a culture of openness, collaboration, and diverse thinking for inclusive innovation .The second session focused on learning from small business companies, faculty leaders, and executives about innovation and design thinking processes; supporting students, faculty, and researchers in encouraging creativity and out-of-the-box thinking, promoting scalable solutions to meaningful dental problems; initiatives to launch successful startups and commercialize technology with tips on developing a business plan; utilizing AI to enhance market research, operational efficiency, and public engagement; and financial literacy related to NIH-NSF small business grants and Venture Fund .The third session focused on the code of federal regulations, medical/dental device safety and innovation and requirements for an Investigational New Drug (IND) application; initial drug development plans, and regulatory requirements for demonstrating safety and efficacy .

PUBLICATIONS

The *Journal of Dental Research* (*JDR*) 2-Year Journal Impact Factor™ is now 5 9, ranking it #7 of 162 journals in the "Dentistry, Oral Surgery & Medicine" category .The JDR 5-year JIF is now 7 3, with an Immediacy Index of 0 9, an article Influence score of 1 657, and an Eigenfactor of 0 01126 . The JDR once again maintains its #1 rank in total citations, with a total of 25,107 in 2024 . In the same category, the *JDR Clinical & Translational Research (JDR CTR)* 2-Year JIF is now 2 2, placing it tied for rank #59 .The *JDR CTR* 5-year JIF is now 2 8, with an Immediacy Index of 0 3, an article Influence score of 0 674, and an Eigenfactor of 0 00127 .The *JDR CTR* had 983 total citations in 2024 This news comes from the 2024 Journal Citation Reports® (Clarivate™, 2025) .

Generative Artificial Intelligence: Opportunities, Risks, and Responsibilities for Oral Sciences

In October, a new perspective article jointly published in the *JDR* and *JADA Foundational Science* highlighted the transformative potential of generative artificial intelligence (AI) in dental, oral,

and craniofacial research while cautioning against its misuse and ethical pitfalls .Authored by Falk Schwendicke, LMU Clinics, Germany, et al , "Generative Artificial Intelligence: Opportunities, Risks, and Responsibilities for Oral Sciences" outlines how generative AI can accelerate scientific discovery .The paper calls for transparent disclosure of AI use, robust verification methods, and clear distinction between synthetic and real-world data .Ethical oversight, equity considerations, and human accountability remain central to responsible integration .

Arginine Dentifrices Significantly Reduce Childhood Caries

In August, IADR and AADOCR announced the publication of a new study in *JDR Clinical & Translational Research* that demonstrated that arginine dentifrices reduce dental caries in children with active caries as much as, or more than, a sodium fluoride dentifrice, depending on the arginine concentration .The study, "Arginine Dentifrices and Childhood Caries Prevention: A Randomized Clinical Trial" by Wei Lin, Sichuan University, et al . carried out a two-year, phase III, double-blind, three-arm, parallel-group, randomized controlled trial from April 15, 2019 through March 12, 2022 across three centers in China .It confirmed that depending on the concentration, arginine dentifrices offer a safe, effective alternative to sodium fluoride dentifrices .

HSRA's Role in the Academic Oral Health Workforce

In June, IADR and AADOCR announced the publication of a supplemental issue of *JDR CTR* entitled, "HSRA's Role in the Academic Oral Health Workforce ". The guest editors are Linda Rasubala, Yanfang Ren, and Thomas Caprio of the University of Rochester School of Medicine and Dentistry .The issue describes the innovative work done by junior dental faculty supported by the United States' Health Resources and Services Administration (HRSA) programs, demonstrates the importance of investing in long-term faculty career development, and encourages dental educators and researchers to explore the intersection of primary care, teaching, and research .

Call for Papers: *JDR* Special Issue on Oral and Systemic Diseases

In January, *JDR* announced the upcoming publication of a special issue highlighting the complex relationship between oral and systemic diseases .The guest editors are Gustavo Garlet, University of São Paulo, Brazil, and Gustavo Nascimento, Duke-NUS Medical School, Singapore .The relationship between oral and systemic diseases has evolved significantly over the past few decades .While substantial progress has been made in this field, there remain opportunities to deepen our understanding of this complex topic .

IADR CONNECT WEBINAR SERIES

On the third Thursday of every month, the IADR Connect webinars explore the latest advancements in dental, oral, and craniofacial research .This year's IADR Connect webinars have included:

- **Phosphate, Proteins, and Patterning: Unraveling the Rules of Biomineralization**
  November 20, 2025
  Presented by the Mineralized Tissue Group

- **Host, Microbe, and Mouth: A New Look at Oral Interactions**
  October 16, 2025
  Presented by the Microbiology & Immunology Group
- **Building Critical Thinking Exercises into a Symbiotic Network with Outcomes-Based Learning, Assessment, and "Learning Moments"**
  September 18, 2025
  Presented by the Education Research Group
- **Surgical and Non-surgical Laser Approaches in Regenerative Periodontal Applications**
  August 21, 2025
  Presented by the Lasers and Bio-photonics Group
- **Peri-Implant Interfaces - From Laboratory Models to Clinical Design Strategies**
  July 17, 2025
  Presented by the Implantology Group
- **Integrating Oral Care into General Care of Older Adults - The OHS-interRAI and Oral Health Care Track**
  May 15, 2025
  Presented by the Geriatric Oral Research Group
- **3D Printing in Dentistry**
  February 20, 2025
  Presented by the Dental Materials Group
- **Innovations in Oral Research to Engage Excluded Populations**
  January 15, 2025
  Presented by the Dental Anesthesiology & Special Care Research Group

AADOCR WEBINARS

The IADR Webinar & CE On Demand Library allows users to participate in upcoming live webinars and view our growing portfolio of content .Members can submit a webinar proposal at any time for consideration .2025 AADOCR webinars have included:

- **From Campus to Capital: The Role of Advocacy in Advancing Dental Health**
  Sponsored by the AADOCR National Student Research Group
  September 22, 2025
- **Next-Gen Dental Scientists: Exploring PhD and Specialty Dual Pathways**
  Sponsored by the AADOCR National Student Research Group
  June 17, 2025
- **Recruitment Opportunity for DDS/DMD Students: NIH Medical Research Scholars Program (2025-2026)**
  Sponsored by the AADOCR & CADR National Student Research Groups
  March 25, 2025

ASK ME ANYTHING

Ask Me Anything (AMA) is a live, one-hour virtual event where IADR Community members interact through online discussions with an expert in dental, oral, and craniofacial research .AMA events are held exclusively on the IADR Online Community and are available only to IADR members .Recent AMA events have included:

- **Causal Interference in Oral Health: How Can Longitudinal Cohort Studies Contribute?**
  Host: Flavio Demarco, Federal University of Pelotas
  October 2, 2025
- **The Key to Boost Dental Education: It's Not About Knowing, It's About Sharing and Pushing Beyond the Conventional vs. Digital Dilemma**
  Host: Szabolcs Felszeghy, University of Eastern Finland
  May 12, 2025
- **Community Service Learning & Expanding Care for Minority Populations in Canada**
  Host: Abbas Ali Jessani, Western University, Ontario
  February 25, 2025

MEMBERSHIP

AADOCR had 3,209 members in 2025, representing a 2% increase from the previous year and comprising 30 7% of the IADR membership of 10,457 .

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 .Member benefits such as the IADR Connect Webinar Series and the AADOCR online community are enhancing the value of membership .AADOCR had 11 Corporate Section members and 111 Institutional Section members at the end of 2025 .

Complimentary membership in one of the 37 IADR Scientific Groups and Networks (SG/Ns) is included as an IADR member benefit as a way to enhance the overall membership experience . Members can join additional SG/Ns beyond the included one for an added fee .Students continue to receive up to three IADR SG/N 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 .

MARKETING & COMMUNICATIONS

AADOCR will engage its current and prospective members via its website, marketing automation & email blast platform (Higher Logic), the *Global Research Update* monthly newsletter, webinar library, social media channels (LinkedIn, X (formerly Twitter), Facebook, Instagram, and YouTube), and our online community . IADR/AADOCR emails have again shown consistently strong performance throughout the year .As of November, the average open rate for all emails sent to groups of more than 100 members in 2025 was 47 6%, down from 49 0% in 2024 but above the 38-40% industry average for nonprofits .The average click rate for our emails in 2025 was 7 3%, up from 6 4% in 2024 and well above the industry average .

Social Media

AADOCR regularly publishes content on the AADOCR @AADOCR, *JDR CTR* @JDRClinTransRes, and the *JDR* @JDentRes X (formerly Twitter) accounts .Among the tactics implemented in 2025 has been the adoption of Instagram as one of our primary social media channels, targeted campaigns for first-time presenters at the AADOCR Annual Meetings, and increased engagement with third-party organizations whose mission aligns with our own .

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 .

FINANCE

The 2024 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, 2024, 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, 2024, AADOCR's total assets were $11 1 million (an increase of $1 1 million from 12/31/23) .The increase is primarily due to an increase in investments, prepaids and cash, partially offset by a decrease in fixed assets .Liabilities increase from $1 1 million to $1 6 million primarily due to an increase in deferred revenues and refundable advances related to the 2025 Annual Meeting .

Total revenues were $2 2 million down from $3 4 million in 2023, a $1 2 million decrease primarily due to the joint meeting with IADR in 2024 in which AADOCR only records its share of the Division and meeting shares and meeting dividends as revenue as compared to a stand-alone Annual Meeting in 2023 in which the full meeting revenues and expenses are recorded on AADOCR's books .

Total operating expenses for 2024 were $2 3 million, down from $3 6 million in 2023, primarily due to decreased meeting and award, grants and fellowship expenses associated with a joint meeting year, partially offset by more modest increases in most other expense categories . Net assets at the end of year were $9 5 million, an increase of $0 6 million from the end of 2023 .$8 7 million of the net assets were without donor restrictions .

Although unaudited, the AADOCR portfolio balance as of Q3 2025 was $10 2 million, an increase of $1 0 million from the balance as of December 31, 2024 . The increase is primarily due to strong investment returns year-to-date, partially offset by draws to fund operations . Cambridge Associates continues to provide investment advice to AADOCR, and the portfolio has met our benchmarks for the last several years despite market volatility .

Preliminary year-end estimates for 2025 based on YTD Q3 results project AADOCR ending the year needing a $932,000 investment allocation to get to a balanced budget as compared to a $894,000 budgeted investment allocation, or $38,000 unfavorable to budget . The higher than budgeted investment allocation is due to a larger than expected Annual Meeting deficit, partially offset by a smaller than expected general operations deficit primarily due to lower Board expenses and a greater than expected publications surplus .

AADOCR MIND THE FUTURE

Thanks to the support of CareQuest Institute for Oral Health, AADOCR announced in July that it would continue the AADOCR Mind the Future program for a sixth year, and announced the sixth cohort of participants (mentees) in November:

- **David Fraser**, National Institute of Dental and Craniofacial Research
- **Mohamed Hassan,** Washington University in St .Louis
- **Miaomiao Li,** The Ohio State University
- **Paula Ortega-Verdugo,** University of California, Los Angeles
- **Sudha Rajderkar,** UT Health Houston
- **Ligia Schmitd,** University of Michigan
- **Lakmali Silva,** Harvard University
- **Harim Tavares dos Santos,** University at Buffalo
- **Heather Taylor,** Indiana University
- **Jaqueline Vaz Vanini,** Virginia Commonwealth University
- **Manuela M. Viana Miguel,** University of Kentucky

The primary goal of the AADOCR Mind the Future Program is to develop a sustainable, nationally recognized mentoring network that enhances the career development of early-career dental, oral, and craniofacial (DOC) researchers .The program is open to early-career faculty/investigators (postdoctoral or junior faculty) in academic and research institutions who wish to advance their careers in dental, oral and craniofacial health research .In addition to myself, principal investigators are Effie Ioannidou of the University of California San Francisco, and David Drake of the University of Iowa .

SCIENCE POLICY UPDATE

Community Water Fluoridation Position Statement

AADOCR supports community water fluoridation as a safe, effective, and evidence-based intervention for the prevention of dental caries .Community water fluoridation has its origins in the 1930s when US Public Health Service dentists Drs .Henry Klein and Carroll Palmer found a substantially lower prevalence of caries among American Indian children in areas with higher levels of fluoride in their drinking water than among those in areas with very low fluoride levels .That negative association between naturally occurring fluoride levels in drinking water and the prevalence and severity of dental caries was subsequently

confirmed in a 1940 cross-sectional study of 7,200 white children . The hypothesis that adjusting the fluoride level in drinking water could prevent dental caries was tested in community trials of four test cities and matched control cities that began in 1945 .At the end of the studies, which ranged up to 15 years, the mean number of permanent teeth among children aged 12–14 years that were decayed, missing due to caries, or filled was 48–70% lower than before fluoridation commenced or in the non-fluoridated control cities .Read the full AADOCR position statement .

Topical Fluoride Position Statement

AADOCR supports the use of topical fluorides as a safe, effective, and evidence-based intervention for the prevention of dental caries (tooth decay) .Dental caries is among the most prevalent human diseases globally, especially in children in low-socioeconomic groups and minorities .The significant implications of good oral health on overall health are being increasingly appreciated .The number of people with oral diseases was estimated at 3 5 billion worldwide, of which 2 3 billion (66%) appeared to have untreated disease .The global prevalence of dental caries remained generally unchanged between 1990 and 2017 .Within the United States, the prevalence of caries experience in adults is estimated to be 90%, with 21 3% of adults having untreated decay, while the prevalence of untreated or restored dental caries in one or more primary or permanent teeth in children ages 2-19 years is 46 0% .The Centers for Disease Control and Prevention's (CDC) Division of Oral Health identifies oral health disparities among groups defined by race or ethnicity, socioeconomic status, gender, age, and geographic location . These disparities are due largely to the varied prevalence of water fluoridation, access to dental care, and social and commercial determinants of health .Suboptimal oral health has been shown to negatively impact learning, particularly in early life .Read the full AADDOCR position statement .

GOVERNMENT AFFAIRS UPDATE

AADOCR Statement on Executive Order Politicizing NIH Grant Review

In August, AADOCR issued a statement opposing the Trump administration's Executive Order, "Improving Oversight of Federal Grantmaking," which would allow political appointees to review and influence federal grant funding decisions .This directive threatens the integrity of the scientific funding process by inserting political considerations into a system that must remain objective, expert-driven, and transparent .AADOCR urged the Administration to rescind this harmful directive and reaffirm its commitment to protecting the independence of science and the efficiency of the peer review system that drives U S .biomedical innovation .Read the press release .

AADOCR Statement on International Student Visa Interviews Pause

In June, AADOCR released a statement strongly opposing the Trump Administration's recent decision to pause new international student visa interviews to allow for additional vetting . The directive, instructing U S .embassies to stop scheduling appointments for students and exchange visitors applying for F, M and J visas, will hinder our ability to attract the brightest scientific minds to pursue research and training here .Selectively targeting students, who contribute significantly to U S .research and innovation, sends a message of instability to prospective scholars and young scientists worldwide .International students bring fresh perspectives that help fuel innovation in research, advance healthcare breakthroughs, and strengthen our economy . AADOCR urges the Administration to reverse this harmful policy and restore the free exchange of students and researchers across borders so that the United States remains a global leader in science and biomedical discovery .
Read the press release .

AADOCR Urges Congress to Reject White House Budget, Preserve Independent NIDCR

In May, AADOCR released a statement in response to President Trump's FY2026 budget proposal, which includes steep cuts to the NIH and to other federal agencies, as well as a sweeping reorganization of the NIH that would consolidate its 27 institutes, including the National Institute of Dental and Craniofacial Research (NIDCR), a move that would vastly diminish its unique role advancing our understanding of the fundamental causes of oral diseases and conditions, and transforming the delivery of oral health care .The proposal would also eliminate the CDC Division of Oral Health, which plays a vital role in improving oral health outcomes by promoting evidence-based interventions like dental sealants, fluoridated water, and infection prevention guidelines for dental offices .AADOCR urged Congress to reject the proposed cuts to NIH, CDC, and other federal research and science agencies, and to ensure that any structural changes to NIH only occur after an open and transparent process that includes input from a variety of key stakeholders both from within the NIH as well as the broader research community .Read the press release .

2025 AADOCR/FNIDCR/ADEA Advocacy Day

On April 3, 2025, AADOCR, along with the American Dental Education Association (ADEA) and the Friends of National Institute of Dental and Craniofacial Research (FNIDCR) joined forces for the 2025 Advocacy Day, an annual event that brings together dental researchers, scientists, educators, students, and other oral health advocates to Capitol Hill to raise the visibility of oral health, champion NIDCR-funded research, and promote investment in dental education and training programs .

This year's event attracted about 75 participants from 23 states who traveled to Washington, D C .to spend the day meeting with their elected officials and other policymakers on Capitol Hill . The advocates educated Congress about the importance of our nation's investment in biomedical research at the NIH and NIDCR, and federal oral health training and workforce programs .They also requested support for the Resident Education Deferred Interest Act (REDI), legislation that will bolster the dental workforce by allowing medical and dental students to defer their federal student loans interest-free during their residency or internships .

AADOCR Statement on Devastating HHS Job Cuts

In April, AADOCR issued a statement strongly disapproving of the U S .Department of Health and Human Services (HHS) unprecedented mass layoffs of the federal health workforce . In March, HHS announced it would be reducing its full-time employees by nearly 25%, including cuts at CDC, CMS, FDA, and NIH .Although the initial HHS announcement outlined that

Left to right: Christopher Fox, Yehuda Sugarman, Mary Farach-Carson, Rep. Brian Babin, Jeffrey Hicks

the NIH cuts of 1,200 employees primarily affect centralizing procurement, human resources, and communications, STAT news reported a much broader and more troubling reality .The layoffs included NIH institute directors, senior lab leaders, and scientists conducting critical research in areas such as sickle cell, neurologic disorders, and pandemic preparedness .Read the press release .

New NIH Indirect Costs Guidance

In February, AADOCR President Effie Ioannidou and I issued a statement regarding a new policy cutting Facilities and Administrative (F&A) or indirect costs to 15% on all new and existing NIH Awards .This rate is far below what universities have previously negotiated with the NIH and would cripple the research enterprise in this country and endanger America's global leadership in innovation .F&A costs of research are integral to successfully completing research grants and sustaining research excellence .The AADOCR called on the NIH to immediately withdraw this Notice and return to the previously negotiated F&A rates .

AADOCR Announces 2025 Gert Quigley Fellowship Winner

The winner of the 2025 AADOCR Gert Quigley Government Affairs Fellowship is Lauren Kress from the University of Minnesota School of Dentistry .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, Ms .Kress completed a short work stay at AADOCR headquarters in Alexandria, VA .She will serve a one-year term as a member of AADOCR's Government Affairs Committee and as the government affairs liaison to the AADOCR National Student Research Group (NSRG) .Read the press release .

AADOCR MEMBERS ELECTED AS AAAS FELLOWS

The Fellows of the American Association for the Advancement of Science (AAAS) are a distinguished cadre of scientists, engineers, and innovators who have been recognized for their achievements across disciplines in academia, industry, and government in an annual tradition dating back to 1874 .In March, three AADOCR members were elected as 2024 AAAS Fellows in the "Dentistry and Oral Health Sciences" section:

- **Donald L. Chi**, University of Washington
- **Yvonne L. Hernandez-Kapila**, University of California, Los Angeles
- **Clark M. Stanford**, The University of Iowa

AADOCR FELLOWS PROGRAM

This year AADOCR installed its tenth class of 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 and is open to active AADOCR members .2025 Fellows:

- Marco Bottino, University of Michigan
- Simone Duarte, University at Buffalo
- Stuart Gansky, University of California, San Francisco
- Dorota Kopycka-Kedzierawski, University of Rochester
- Xiaohua Liu, University of Missouri
- Vivek Thumbigere Math, University of Maryland
- Jin Xiao, University of Rochester

Applicants who are accepted into the AADOCR Fellows Program receive the following benefits upon induction: recognition at AADOCR Annual Meeting Opening Ceremonies, recognition in AADOCR *Science Advocate*, an AADOCR Fellows Program

lapel pin, and opportunities to network with other Fellows at the Fellows Lounge at the AADOCR Annual Meeting .Twenty-four AADOCR 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 in 2023-25 .

AADOCR DIVERSITY INITIATIVES

Diversity Matters: Advancing Dental, Oral, and Craniofacial Research Leaders

On Saturday, 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 (DOC) research space .The underrepresentation of minoritized scholars in the DOC research workforce presents a critical challenge to equitably serve communities across the nation .This session took a step towards advancing equity and justice in the dental research enterprise by exploring strategies for leveraging community grounded, cross-disciplinary collaboration to support the advancement of historically minoritized scholars .

The session began with a panel of community leaders, professors, and scholars who shared their academic and professional journeys, highlighting how community and collaboration have facilitated their progress .Participants then engaged in small group discussions

to identify strategies for collectively fostering the advancement of minoritized scholars in DOC research through community grounded, cross-disciplinary collaboration .This session offered a unique opportunity for undergraduates, dental students, graduate scholars, researchers, and professors to form a network across institutions and build meaningful professional relationships .It also provided a framework for the CDI to sustain collaboration between attendees beyond the annual meeting .

AADOCR/Procter & Gamble New Faculty Research Fellowship

Paula Ortega-Verdugo, University of California, Los Angeles received the 2025 AADOCR/Procter & Gamble New Faculty Research Fellowship .The $10,000 award supports dental, oral, and craniofacial researchers at the early stages of their scientific careers and to enhance career development at the faculty level in science and academia .

AADOCR Anne D. Haffajee Fellowship

Ozge Erdogan, Harvard University, received the 2025 AADOCR 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 .

AADOCR SUPPORT FOR STUDENT RESEARCH

AADOCR Support of NIH MSRP 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 .

AADOCR Student Research Fellowships

Supported by several major industrial companies as well as by AADOCR and IADR Group Chapters, Sections, and members, the AADOCR Student Research Fellowships are sponsored and administered by the AADOCR 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 fourteen students in 2025 .

AADOCR Bloc Travel Grant

The AADOCR 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 AADOCR Annual Meetings through 2025 .The AADOCR 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 .AADOCR Bloc Travel Grant recipients are selected to receive funds based on the quality of an abstract accepted for presentation at the meeting .Thirty-one

Bloc Travel Grant recipients were recognized during the Opening Ceremonies of the 2025 AADOCR/CADR Annual Meeting & Exhibition in March .

Student Research Day

AADOCR encourages academic institutions involved in dental, oral, and craniofacial research to apply for the AADOCR 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 . Twenty students were selected for the 2025 AADOCR Student Research Day Award and were recognized during the Opening Ceremonies of the 2025 AADOCR/CADR Annual Meeting & Exhibition .Each was awarded $500 and complimentary registration to attend the meeting .

SCADA: Student Competition for Advancing Dental Research and its Application

For the eighth year, AADOCR collaborated 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, to advance 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 2025 AADOCR/CADR Annual Meeting & Exhibition .Read the press release here .

AADOCR FUNDRAISING

As of November 10, 2025, AADOCR has received more than $1 8 million in donations, which includes planned gifts of $870,000 in planned estate gifts since 2014 .

Since January 1, 2025, AADOCR has received more than $37,000 in actual donations in 2025 .This does not include AADOCR's upcoming annual solicitation during November/December 2025 .

In 2025, AADOCR received a grant from CareQuest Institute for Oral Health at $175,000 to fund Cohort Year 6 of the AADOCR Mind the Future Program .

AADOCR 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:

- Support of the AADOCR Mission
- AADOCR Endowment - Anne D .Haffajee Fellowship
- AADOCR Endowment - William Butler Fellowship
- AADOCR General Operating Endowment
- AADOCR Government Affairs Advocacy/FNIDCR Activities Contribution
- AADOCR National Student Research Group
- AADOCR New Investigator Research Development Fund
- AADOCR Student Research Fellowship Contributions

AADOCR Endowments

AADOCR has four endowments which are eligible for AADOCR's $1 million matching campaign .The AADOCR Match goes into effect once an endowment is fully realized .

The AADOCR Anne D .Haffajee Fellowship, William Butler Fellowship, and the General Operating Endowment have all met the endowment goals and funds were matched by AADOCR .

Donations continue to be accepted for these programs .

Endowment	Funding Goal/Status	Awarded (Year)
Anne D .Haffajee Fellowship	Goal met in 2016	2017-2025
William Butler Fellowship	Goal met in 2022	2023-2025
General Operating Endowment	Goal met in 2022	N/A
New Investigator Research Development Fund	85% of goal reached to date	N/A

AADOCR New Investigator Research Development Fund

The new AADOCR New Investigator Research Development Fund will assist in developing and fostering junior scientists as they embark on a career in dental, oral, and craniofacial (DOC) research .The award recognizes original research by new investigators and is designed to stimulate research in all DOC disciplines .Once fully endowed, one award per year will be presented in the amount of at least $10,000 to be put towards the candidate's research, the establishment of research infrastructure, the completion of a research project, or preparing research for publication .

Other updates include:

- Giving Tuesday is an opportunity for members to generously support the causes they care most about .A series of emails, social media campaigns (#GivingTuesday), and thank-you emails were sent coinciding with Giving Tuesday and end-of-year efforts in late 2025 .

The AADOCR 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 AADOCR staff .

IN MEMORIAM

Michael Alfano

Longtime IADR/AADOCR member Michael Alfano passed away in July .In addition to being a founding member of the US-based Friends of NIDCR, Alfano was made an Honorary Member of AADOCR in 2023 and received the AADOCR Jack Hein Public Service Award in 2004 .

Gary Rozier

Gary Rozier, a longtime IADR/AADOCR member and recipient of the H .Trendley Dean Memorial Award in 2005, passed away in January .Dr .Rozier received his B S .degree from Wake Forest University and his D D S .and M P H .degrees from the University of North Carolina at Chapel Hill (UNC) .He retired from full-time teaching in 2014 .

FUTURE MEETINGS:

- The 2026 IADR/AADOCR/CADR General Session & Exhibition will take place March 25-28, 2026, in San Diego, CA .
- The 2027 AADOCR/CADR Annual Meeting will take place on March 12-15, 2027, in Minneapolis, MN .
- The 2028 IADR/AADOCR/CADR General Session & Exhibition will take place on March 14-18, 2028 in Baltimore, MD .

CLOSING

I would like to thank the leadership of Jennifer Webster-Cyriaque, Effie Ioannidou, the AADOCR Board of Directors, the AADOCR GHQ staff, and all the AADOCR volunteer leaders .

Respectfully submitted,

Christopher H .Fox, DMD, DMSc
Chief Executive Officer
November 10, 2025

Appendix 2 — Independent Auditor's Report for 2023

CBM
CENTERED ON YOUR SUCCESS

7910 WOODMONT AVENUE
SUITE 500
BETHESDA, MD 20814
(T) 301.986.0600

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, 2023, 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, 2023, 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 2022 financial statements, and we expressed an unmodified audit opinion on those financial statements in our report dated October 17, 2023. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2022, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Bethesda, Maryland
October 9, 2024

Certified Public Accountants

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2023
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2022)

	2023	2022
Assets		
Current Assets		
Cash and Cash Equivalents	**$ 41,024**	$ 41,168
Accounts Receivable	**55,367**	55,643
Contributions Receivable	**95,824**	72,150
Prepaid Expenses and Other Current Assets	**184,766**	175,914
Total Current Assets	**376,981**	344,875
Investments	**8,700,909**	8,278,478
Fixed Assets, Net	**437,507**	566,275
Investment in Deferred Compensation	**461,505**	350,315
Total Assets	**$ 9,976,902**	$ 9,539,943
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable and Accrued Expenses	**$ 75,993**	$ 51,760
Refundable Advances	**-**	90,000
Due to IADR	**73,274**	299,052
Deferred Revenue		
Member Dues	**468,481**	332,557
Annual Meeting	**17,335**	250,084
Publications	**3,583**	2,945
Total Deferred Revenue	**489,399**	585,586
Total Current Liabilities	**638,666**	1,026,398
Deferred Compensation Payable	**461,505**	350,315
Total Liabilities	**1,100,171**	1,376,713
Net Assets		
Without Donor Restrictions		
Undesignated	**7,819,819**	7,220,679
Board Designated	**388,232**	384,326
Total Without Donor Restrictions	**8,208,051**	7,605,005
With Donor Restrictions		
Purpose Restricted	**289,173**	254,138
Endowment Funds	**379,507**	304,087
Total With Donor Restrictions	**668,680**	558,225
Total Net Assets	**8,876,731**	8,163,230
Total Liabilities and Net Assets	**$ 9,976,902**	$ 9,539,943

See accompanying Notes to the Financial Statements.

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2023
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2022)

	Without Donor Restrictions	With Donor Restrictions	**2023 Total**	2022 Total
Revenues				
Membership Dues	$ 699,608	$ 34,594	**$ 734,202**	$ 641,060
Conference Registration	1,033,838	-	**1,033,838**	740,897
Exhibitors' Fees	53,742	-	**53,742**	11,020
Symposia	11,855	-	**11,855**	7,585
Division Share, Meeting Share, and Meeting Dividend	11,575	-	**11,575**	12,933
Royalties and Publishing	497,232	-	**497,232**	489,028
Advertising	21,517	-	**21,517**	15,832
Contributions and Sponsorships	2,039	642,228	**644,267**	580,952
Investment Return Designated for Current Operations	357,553	-	**357,553**	356,363
Miscellaneous	531	-	**531**	427
Net Assets Released from Restrictions	653,883	(653,883)	**-**	-
Total Revenues	3,343,373	22,939	**3,366,312**	2,856,097
Expenses				
Program Services				
Journal of Dental Research and Publishing	291,138	-	**291,138**	277,496
Annual Meeting and Symposia	1,328,601	-	**1,328,601**	1,228,071
Government Affairs and Science Policy	572,854	-	**572,854**	534,893
Awards, Grants, and Fellowships	479,674	-	**479,674**	426,345
Member Services and Other Programs	111,607	-	**111,607**	118,527
Total Program Services	2,783,874	-	**2,783,874**	2,585,332
Supporting Services				
Management and General Expenses	641,762	-	**641,762**	510,196
Membership Development	164,704	-	**164,704**	191,665
Total Supporting Services	806,466	-	**806,466**	701,861
Total Expenses	3,590,340	-	**3,590,340**	3,287,193
Change in Net Assets before Investment Gain (Loss)	(246,967)	22,939	**(224,028)**	(431,096)
Investment Gain (Loss) in Excess of Amounts Designated for Current Operations	850,013	87,516	**937,529**	(2,161,228)
Change in Net Assets	603,046	110,455	**713,501**	(2,592,324)
Net Assets, Beginning of Year	7,605,005	558,225	**8,163,230**	10,755,554
Net Assets, End of Year	$ 8,208,051	$ 668,680	**$ 8,876,731**	$ 8,163,230

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, 2023
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2022)

	Journal of Dental Research and Publishing	Annual Meeting and Symposia	Government Affairs and Science Policy	Awards, Grants, and Fellowships	Member Services and Other Programs	Total Programs	Management and General	Membership Development	**2023 Total**	2022 Total
Expenses										
Salaries, Benefits, and Taxes	$ 187,564	$ 415,415	$ 380,837	$ 50,034	$ 63,617	$ 1,097,467	$ 344,441	$ 97,580	**$ 1,539,488**	$ 1,281,980
Professional Fees	4,908	23,130	72,352	71,762	53	172,205	46,976	9,848	**229,029**	221,389
Advertising and Promotion	-	-	540	-	-	540	-	14,892	**15,432**	53,834
Office Expenses	2,743	23,217	7,958	1,026	3,222	38,166	8,854	2,730	**49,750**	50,654
Information Technology	9,581	87,579	30,740	2,205	6,460	136,565	30,950	8,484	**175,999**	112,479
Occupancy	3,034	11,481	10,402	758	2,222	27,897	8,717	2,918	**39,532**	40,300
Travel	4	35,221	15,942	40,440	11,323	102,930	116,050	3,687	**222,667**	174,268
Conferences and Meetings	-	689,092	1,134	10,722	-	700,948	-	11,721	**712,669**	768,023
Depreciation and Amortization	7,859	33,469	30,316	2,216	6,488	80,348	50,717	8,498	**139,563**	147,302
General Insurance	1,747	6,085	5,514	402	1,178	14,926	4,620	1,547	**21,093**	22,621
Contributions and Sponsorships	-	-	-	227,545	-	227,545	-	-	**227,545**	239,140
Other Expenses	73,698	3,912	17,119	72,564	17,044	184,337	30,437	2,799	**217,573**	175,203
Total Expenses	$ 291,138	$ 1,328,601	$ 572,854	$ 479,674	$ 111,607	$ 2,783,874	$ 641,762	$ 164,704	**$ 3,590,340**	$ 3,287,193

See accompanying Notes to the Financial Statements.

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2023
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2022)

	2023	2022
Cash Flows from Operating Activities		
Change in Net Assets	**$ 713,501**	$ (2,592,324)
Adjustments to Reconcile Change in Net Assets to		
Net Cash (Used in) Provided by Operating Activities		
Depreciation and Amortization	**139,563**	147,302
Net Realized and Unrealized (Gain) Loss on Investments	**(1,136,000)**	1,942,491
(Increase) Decrease in Assets		
Accounts Receivable	**276**	7,840
Contributions Receivable	**(23,674)**	(55,710)
Due from IADR	**-**	24,981
Prepaid Expenses and Other Current Assets	**(8,852)**	20,735
Investment in Deferred Compensation	**(111,190)**	80,580
Increase (Decrease) in Liabilities		
Accounts Payable and Accrued Expenses	**24,233**	(80,783)
Refundable Advances	**(90,000)**	(430)
Due to IADR	**(225,778)**	299,052
Deferred Revenue	**(96,187)**	299,385
Deferred Compensation Payable	**111,190**	(80,580)
Net Cash (Used in) Provided by Operating Activities	**(702,918)**	12,539
Cash Flows from Investing Activities		
Purchases of Investments	**(590,852)**	(1,074,127)
Proceeds from Sales and Maturities of Investments	**1,304,421**	1,047,917
Purchases of Fixed Assets	**(10,795)**	(9,722)
Net Cash Provided by (Used in) Investing Activities	**702,774**	(35,932)
Net Decrease in Cash and Cash Equivalents	**(144)**	(23,393)
Cash and Cash Equivalents, Beginning of Year	**41,168**	64,561
Cash and Cash Equivalents, End of Year	**$ 41,024**	$ 41,168

See accompanying Notes to the Financial Statements.

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

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, 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 IADR. Many of the publication costs are 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 stand-alone meeting was held in 2023. 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 the online community and 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, 2023

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. The Association uses the loss-rate method to estimate expected credit losses based on historical experience, current conditions, and reasonable and supportable forecasts about collectability. Historical credit loss experience provides the basis for the estimation of expected credit losses and adjustments are made for the differences in current and forecasted risk characteristics and economic conditions. In addition, allowance for credit losses is measured on a collective (pool) basis when similar risk characteristics exist. Contracts receivable that do not share risk characteristics are evaluated on an individual basis. Contracts receivable are considered overdue based on management's determination and are written off based on management's case-by-case determination that they are uncollectible. There were no allowance for credit losses or write-offs or recoveries of any accounts receivable during the year ended December 31, 2023.

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.

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

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

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 collectable.

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, 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, 2023, the Association had net unrelated business income resulting in income tax expense of approximately $3,500. 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.

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

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

Functional Expense Allocation (Continued)

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, 2022. 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, 2022, from which the summarized information was derived.

Adoption of Accounting Standards Codification Topic 326

During the year ended December 31, 2023, the Association adopted Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments.* ASU 2016-13 revises the accounting requirements related to the measurement of credit losses and requires organizations to measure all expected credit losses for financial assets based on historical experience, current conditions, and reasonable and supportable forecasts about collectability. Assets must be presented in the financial statements at the net amount expected to be collected. All assets that fall within the scope of ASU 2016-13 were evaluated to determine if the measurement of expected credit losses is material. The Association adopted ASU 2016-13 and the effect of the adoption was not material to the financial statements.

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, 2023, the following financial assets and liquidity sources are available for general operating expenditures in the year ending December 31, 2024:

Financial Assets	
Cash and Cash Equivalents	$ 41,024
Accounts Receivable	55,367
Contributions Receivable	95,824
Investments	8,700,909
Less Board Designated Funds for Future Awards and Fellowships	(388,232)
Less Purpose Restrictions by Donors	(289,173)
Less Endowment Funds Held in Perpetuity	(379,507)
Financial Assets Available to Meet Cash Needs for General Expenditures within One Year	$ 7,836,212

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

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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);

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, 2023:

Description	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	$ 38,282	$ -	$ -	$ 38,282
Vanguard ST Treasury Index Admiral	563,420	-	-	563,420
Vanguard Energy Fund Admiral	310,173	-	-	310,173
GMO Climate Change Institutional Shares	196,010	-	-	196,010
JOHCM Global Equity Fund Institutional Shares	1,329,177	-	-	1,329,177
Equity Securities	4,751,473	-	-	4,751,473
Fixed Income Securities	-	1,512,374	-	1,512,374
Total Investments at Fair Value	$ 7,188,535	$ 1,512,374	$ -	$ 8,700,909
Deferred Compensation Investments				
CREF Global Equities R1	$ 85,615	$ -	$ -	$ 85,615
CREF Growth R1	166,599	-	-	166,599
CREF Stock R1	155,844	-	-	155,844
Other Mutual Funds	24,343	-	-	24,343
Total Deferred Compensation Investments at Fair Value	$ 432,401	$ -	$ -	432,401
TIAA Traditional Annuity at Contract Value				29,104
Total Deferred Compensation Investments				$ 461,505
Deferred Compensation Liability at Fair Value	$ 432,401	$ -	$ -	$ 432,401
Deferred Compensation Liability at Contract Value				29,104
Total Deferred Compensation Liability				$ 461,505

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.

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3. FAIR VALUE MEASUREMENTS (CONTINUED)

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

4. INVESTMENT GAIN

Investment gain was as follows for the year ended December 31, 2023:

Description	Amount
Interest Income and Dividends	$ 196,978
Net Realized and Unrealized Gain	1,136,000
Investment Fees	(37,896)
Total Investment Gain	1,295,082
Less Investment Gain Designated for Current Operations	357,553
Investment Gain in Excess of Amounts Designated for Current Operations	$ 937,529

During 2023 and 2022, 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, 2023:

Description	Amount
Buildings and Improvements	$ 1,133,538
Office Furniture and Equipment	688,485
	1,822,023
Less Accumulated Depreciation and Amortization	(1,384,516)
Fixed Assets, Net	$ 437,507

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, 2023, were approximately $99,000.

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.

7. FINANCIAL RISK (CONTINUED)

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.

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).

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8. ENDOWMENTS (CONTINUED)

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.

Composition and changes in endowment net assets were as follows for the year ended December 31, 2023:

	Without Donor Restrictions	With Donor Restrictions		
	Board Designated	Purpose Restricted	Invested in Perpetuity	Total
Endowment Net Assets, Beginning of Year	$ 384,326	$ -	$ 304,087	$ 688,413
Investment Earnings	-	37,422	50,094	87,516
Contributions	2,700	-	25,326	28,026
Transfer from Unrestricted	1,206	-	-	1,206
Amounts Appropriated for Expenditure	-	(20,598)	-	(20,598)
Endowment Net Assets, End of Year	$ 388,232	$ 16,824	$ 379,507	$ 784,563

Endowment funds that are invested in perpetuity for the following purposes as of December 31, 2023:

Description	Amount
Anne Haffajee Fellowship	$ 149,026
William Butler Fellowship	115,590
General Operating Endowment	63,445
New Investigator Endowment	51,446
Total Endowments Invested in Perpetuity	$ 379,507

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or the Uniform State Prudent Management of Institutional Funds Act (UPMIFA) requires the Association to retain as a fund of perpetual duration. A deficiency of this nature exists in one donor-restricted endowment fund, which has an original gift value of approximately $161,000, a current fair value of approximately $149,000, and a deficiency of approximately $12,000 as of December 31, 2023. This deficiency resulted from unfavorable market fluctuations that occurred during the prior year.

9. BOARD DESIGNATED NET ASSETS

As of December 31, 2023, board designated net assets are available for the following purposes:

Description	Amount
Anne Haffajee Fellowship	$ 237,330
William Butler Fellowship	143,674
William J. Gies Award	7,228
Total Board Designated Net Assets	$ 388,232

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10. NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSE

As of December 31, 2023, net assets with donor restrictions are available for the following purposes:

Description	Amount
Endowments	$ 379,507
AADOCR Sections	134,788
Delta Dental Award	53,657
National Student Research Group	19,049
FNIDCR Barmes	17,288
William Butler Fellowship	16,823
Student Fellowships	13,785
Underrepresented Faculty Award	11,163
Distinguished Scientist Award	9,613
William Clark Fellowship	5,400
Junior Investigator Award	4,390
Lister Award	3,217
Total Net Assets With Donor Restrictions for Purpose	$ 668,680

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, 2023:

Description	Amount
MIND The Future Grant	$ 207,112
Annual Meeting	205,000
Delta Dental Award	54,344
Student Fellowships	46,961
Bloc Travel Grant	29,000
AAGS - Fall Focused Symposium	25,000
Joseph Lister Award for New Investigators	17,843
Mission Support	14,500
Anne Haffajee Fellowship	12,598
Underrepresented Faculty Award	10,800
National Student Research Group	8,588
William Butler Fellowship	8,000
Distinguished Scientist Award	6,869
AADOCR Sections	5,693
Government Affairs	1,575
Total Net Assets Released from Restrictions	$ 653,883

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, 2023, the Association contributed $15,000 to the Plan.

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11. DEFERRED COMPENSATION AND EMPLOYMENT AGREEMENT (CONTINUED)

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 approximately $586,000 as of January 1, 2023. The full amount was recognized as revenue during the year ended December 31, 2023.

14. 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 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.

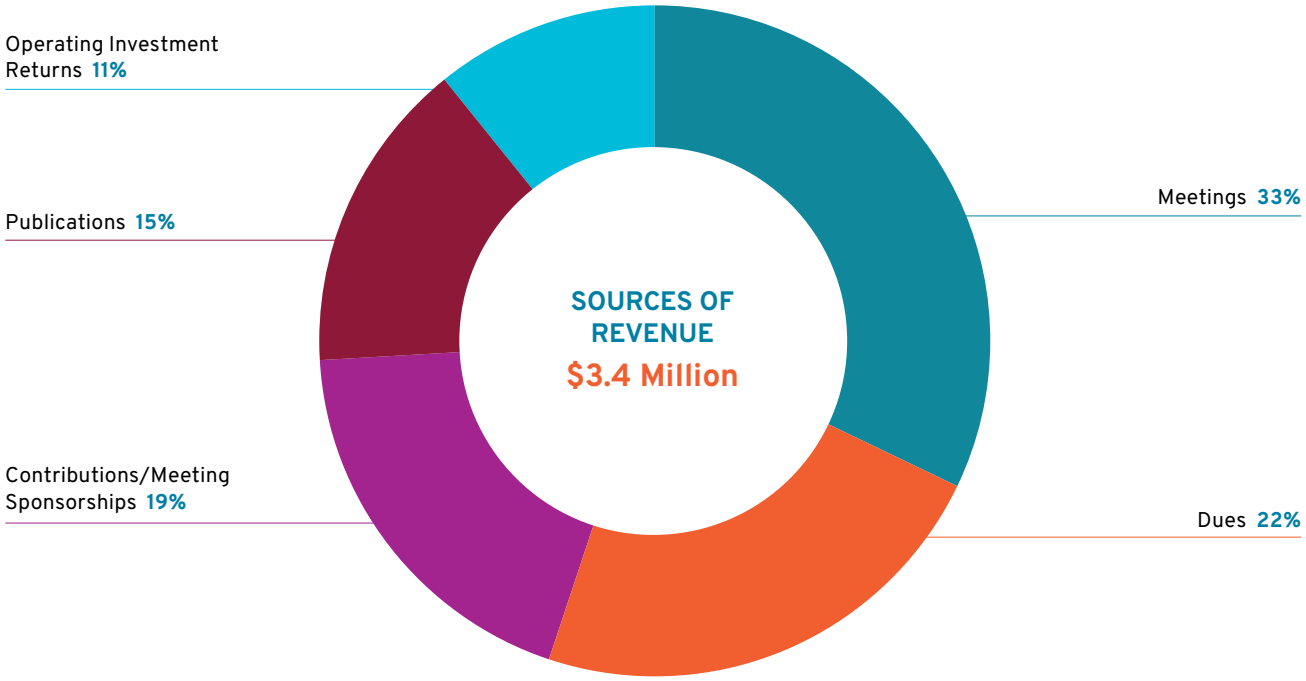
15. CONCENTRATIONS

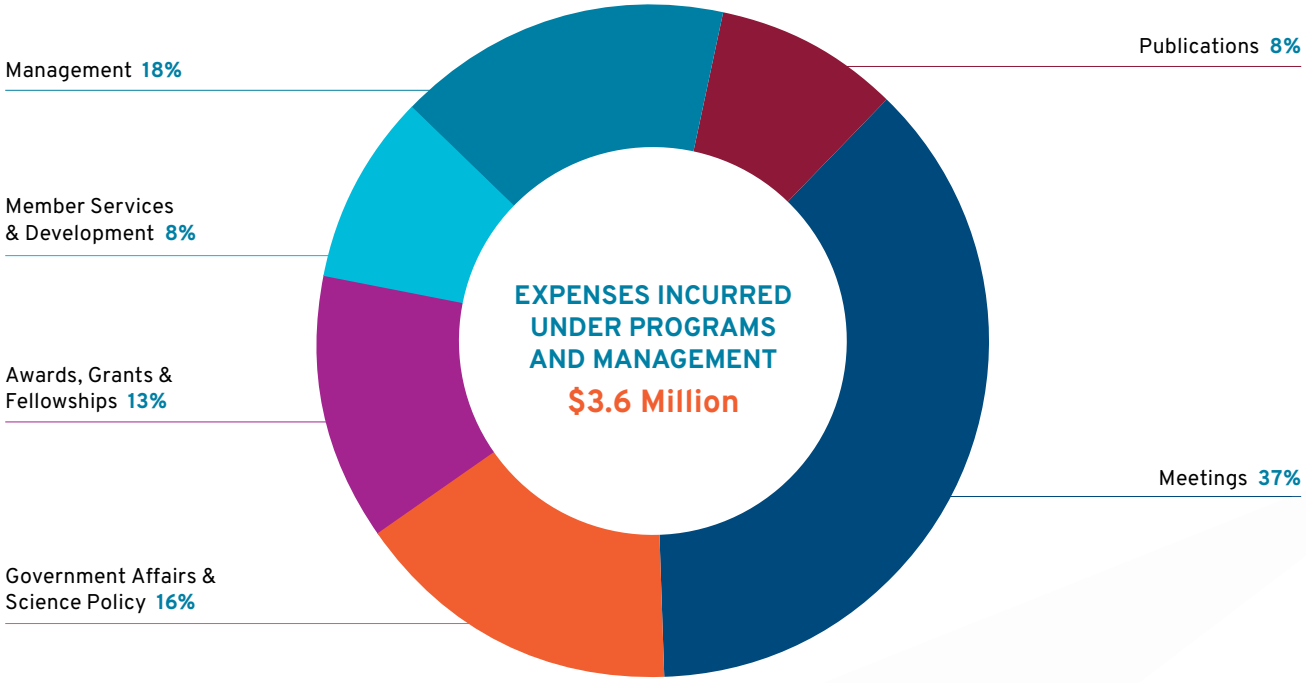
As of December 31, 2023, approximately 100% of accounts receivable is due from two entities and approximately 86% of contributions receivable is due from two entities. For the year ended December 31, 2023, approximately 37% of contributions and sponsorship revenue was received from one entity. Royalties and publishing revenue are primarily from one entity for the year ended December 31, 2023.

16. SUBSEQUENT EVENTS

Subsequent events were evaluated through October 9, 2024, which is the date the financial statements were available to be issued.

2023 OPERATIONAL HIGHLIGHTS





Overall Assessment

A summary of the AADOCR operating budget during the period 2024 through 2028 is illustrated in Table A1 .Investment allocations to balance the budget are included when necessary .For each year in this period, the total income and expenses in each of the programs is displayed with an overall total for each year .

In 2025, an investment allocation of $949,000 is estimated to be needed to balance the budget .This compares to the $894,000 estimated in the original budget .The larger allocation is primarily due to large Annual Meeting deficit, partially offset by a lower general operations deficit and larger than expected Publications surplus .

In 2026, an investment allocation of $631,000 is projected to be required to balance the budget .Additional investment allocations are also budgeted in 2026 and 2027 .Although investment allocations are typical in years when AADOCR holds separate meetings, it has been common to also require one in years in which Joint meetings are held with IADR (as in 2019, 2021 and 2024) as it has become more challenging to generate large joint meeting surpluses even in joint meeting years .

Surpluses have typically been largest during years when joint meetings are held in-person and in North America .However, portfolio allocations have been needed in all recent years to balance the budgets regardless of whether it is a joint or stand-alone meeting year .With increasing GHQ costs and the challenges in increasing memberships, overall surpluses are more challenging to achieve .

The Board increased the annual spending policy rate from 2% to 4% beginning in 2020 .However, given the smaller surpluses expected from future meetings, the Board will likely need to approve one-time additional allocations from the investment portfolio or reflect a deficit for 2025 and future years .

Large swings can occur in the net income of Fellowships & Awards (F&A) due to timing issues related to receiving contributions in one year and issuing awards the following year .When F&A activity is included in the overall operating budgets, the results can be misleading .Because of this F&A are excluded from the Total Operations Budget amount .Fellowships & Awards are presented on the Summary Budget below the Total Operations amount for information purposes only .

The assumptions for each of the programs will be described further in the subsequent tables .

Table A1. Summary

	2024 Actuals			2025 Year-End Estimates			2025 Budget		
AADOCR Operations	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**
General	747,674	1,520,013	(772,339)	710,033	1,352,785	(642,752)	739,402	1,400,745	(661,344)
Investment Returns Designated for Operations	389,317		389,317	407,060		407,060	390,923	0	390,923
Additional Investment Support Needed	21,096		21,096	541,502		541,502	503,161		503,161
Annual Meeting	192,342	0	192,342	1,661,245	2,150,262	(489,017)	1,885,350	2,256,908	(371,558)
Fall Focused Symposium	0	23,535	(23,535)	0	21,377	(21,377)	0	31,390	(31,390)
Subtotal - AADOCR	1,350,429	1,543,548	(193,119)	3,319,840	3,524,424	(204,584)	3,518,836	3,689,043	(170,208)
Joint Publications									
Journal of Dental Research*	446,460	253,043	193,417	436,047	241,367	194,680	419,937	236,232	183,705
JDR Clinical & Translational Research	60,954	61,251	(297)	70,192	60,289	9,904	47,082	60,580	(13,498)
Subtotal - Joint Publications	507,414	314,294	193,120	506,240	301,656	204,584	467,019	296,812	170,207
Total - Operations	**1,857,842**	**1,857,842**	**0**	**3,826,079**	**3,826,079**	**0**	**3,985,855**	**3,985,855**	**(0)**
Net Income as a Percent of Income			0.0%			0.0%			0.0%
Other									
Fellows & Awards **	204,118	117,431	86,687	172,033	150,084	21,949	169,354	149,902	19,452
Total - Operations and Awards	2,061,960	1,975,273	86,687	3,998,112	3,976,163	21,949	4,155,209	4,135,757	19,451

	2026 Budget			2027 Budget			2028 Budget		
AADOCR Operations	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**
General	735,127	1,522,670	(787,542)	754,433	1,514,197	(759,764)	769,619	1,638,053	(868,433)
Investment Returns Designated for Operations	409,415		409,415	430,687		430,687	447,898		447,898
Additional Investment Support Needed	221,842		221,842	-		-	142,805		142,805
Annual Meeting	60,117	0	60,117	TBD	TBD	227,228	230,469	0	230,469
Fall Focused Symposium	0	33,526	(33,526)	0	32,413	(32,413)	0	35,575	(35,575)
Subtotal - AADOCR	1,426,501	1,556,196	(129,694)	1,185,120	1,546,610	(134,262)	1,590,792	1,673,628	(82,836)
Joint Publications									
Journal of Dental Research*	399,030	255,333	143,697	384,377	237,231	147,146	370,514	267,237	103,277
JDR Clinical & Translational Research	51,407	65,410	(14,003)	49,842	62,725	(12,884)	48,360	68,801	(20,441)
Subtotal - Joint Publications	450,437	320,743	129,694	434,218	299,957	134,262	418,874	336,038	82,836
Total - Operations	**1,876,938**	**1,876,938**	**0**	**1,846,566**	**1,846,566**	**0**	**2,240,135**	**2,009,666**	**(0)**
Net Income as a Percent of Income			0.0%			0.0%			0.0%
Other									
Fellows & Awards **	131,256	122,109	9,148	160,006	150,648	9,358	133,341	122,719	10,621
Total - Operations and Awards	2,008,195	1,999,047	9,148	2,006,573	1,997,214	9,358	2,373,475	2,132,386	10,621

* JDR & JDR-CTR are split 50/50 between IA and AA.
** Due to typical fluctuations in Awards, Fellowships & Grants, net income can vary greatly from year to year and, therefore, this category is reported separately from the Total Operations budgets.

Table A2. General Operations

REVENUE	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Institutional & Corporate dues	462,100	405,100	410,000	420,000	420,000	420,000	420,000
Membership Dues	309,248	333,684	333,784	348,155	350,120	368,876	387,887
Prepaid Membership Dues	(45,730)	(56,105)	(58,000)	(47,331)	(51,750)	(53,561)	(55,436)
Miscellaneous	22,056	16,752	24,249	18,577	16,757	19,118	17,168
TOTAL REVENUE	**747,674**	**699,431**	**710,033**	**739,402**	**735,127**	**754,433**	**769,619**
EXPENSES							
Employee salaries	732,064	515,208	675,653	679,357	754,240	763,030	830,795
Employee benefits	182,760	87,224	185,805	186,823	207,416	209,833	228,469
Overhead Allocation	288,528	91,601	209,493	216,967	251,758	223,023	251,340
Merchant Fees	21,261	10,520	18,000	17,668	18,483	18,933	19,389
Shipping & courier	276	257	1,000	1,000	1,030	1,061	1,093
Board Costs - Travel & Mtg	97,789	36,946	86,946	113,450	89,610	92,298	95,067
Travel - Staff	7,060	6,438	18,000	18,000	18,000	18,540	19,096
Government Affairs	82,467	42,249	62,000	62,000	72,364	74,535	76,771
Media & Public Relations	17,290	16,041	16,041	13,038	15,896	16,373	16,864
Member Retention	41,499	20,899	31,000	35,090	36,143	37,227	38,344
Member Recruitment	12,175	9,180	9,180	4,000	9,167	9,442	9,725
Organizational Dues	7,899	9,351	10,000	15,914	10,300	10,609	10,927
Programatic Sponsorships	3,441	0	5,000	10,000	10,000	10,000	10,000
Student Research Group	12,324	16,667	16,667	16,830	17,335	17,855	18,391
Miscellaneous	13,180	6,164	8,000	10,609	10,927	11,438	11,781
TOTAL EXPENSES	**1,520,013**	**868,745**	**1,352,785**	**1,400,745**	**1,522,670**	**1,514,197**	**1,638,053**
Net Income (before investment alloc)	**(772,339)**	**(169,314)**	**(642,752)**	**(661,344)**	**(787,542)**	**(759,764)**	**(868,433)**
Investment Allocation per Sepending Policy	410,413		948,562	894,084	221,842	0	142,805
Adjusted Net Income	**(361,926)**	**(169,314)**	**305,810**	**232,740**	**(565,700)**	**(759,764)**	**(725,628)**

Budget Assumptions	Actual 2024	YTD 9/30/2025	YE Estimate 12/31/2025	BUDGET 2025	BUDGET 2026	BUDGET 2027	BUDGET 2028
Member dues - 2025 - 1-year memberships	1,378	1,268	1,268	1,429	1,268	1,300	1,332
	$ 185.00	$ 200.00	$ 200.00	$ 200.00	$ 210.00	$ 221.00	$ 232.00
Member dues - 2025 - 3-year memberships		32	32		32	32	
		$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00
Member dues - 2024 - 3-year memberships	32	32	32		32		
	$ 185.00	$ 185.00	$ 185.00	$ 185.00	$ 185.00	$ 185.00	$ 185.00
Affiliate Member dues	48	31	31	50	31	31	31
	$ 147.00	$ 159.00	$ 159.00	$ 159.00	$ 167.00	$ 175.00	$ 184.00
Retired Member dues	98	91	91	101	91	91	91
	$ 58.00	$ 60.00	$ 60.00	$ 60.00	$ 63.00	$ 66.00	$ 69.00
Student dues	849	1,045	1,045	879	1,045	1,045	1,045
	$ 47.00	$ 60.00	$ 60.00	$ 60.00	$ 63.00	$ 66.00	$ 69.00

General Operations (Table A2)

Revenue

The largest portion of revenue comes from individual 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 – 2024 and expected to be needed each year from 2025 – 2028, the investment spending policy of the Association is expected 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 allocated salaries, benefits, global HQ costs (overhead allocation), Board and government affairs costs . The global HQ cost allocation percentages applied to AADOCR general operations for 2026, 2027 and 2028 are 26 3%, 25 4% and 26 3% respectively .Total 2025 general operations expenses are estimated to be $48,000 lower than budgeted amount, due to lower Board expenses and member retention costs .Future year budgets are based on maintaining similar spending patterns to 2025 .The 2026 budget assumes full Board, staff and NSRG meeting 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 .
- 2025 membership figures show that the number of paid memberships increased by 5% from 2024 totals, but the mix of members changed with an increase in student members, but a decrease in full members .
- We are budgeting for no change in memberships in 2026 as compared to 2025 .The challenges presented by the current administration will make it difficult to maintain our membership numbers during this time of decreased funding for dental research .

The number of members and students is also budgeted to remain unchanged in 2027 & 2028 .

Table A3. Meetings

	Portland	New Orleans	New Orleans	New Orleans	New York City	San Diego	Minneapolis
	Actual	YTD	Year-End Estimate	Approved BUDGET	Preliminary BUDGET	Preliminary BUDGET	Preliminary BUDGET
REVENUE	**2023**	**06/30/2024**	**12/31/2024**	**2024**	**2025**	**2026**	**2027**
Registration	991,243				1,470,743		
Member reg							
Non-member reg							
Student reg							
Accomp persons	4,200				10,582		
Abstract Submission Fees	32,175				42,275		
Exhibition Fees	57,898				90,000		
Advertising							
Contributions							
Symposium	11,955				12,000		
Sponsorship & Advertising	210,000				258,000		
Division Share *		0	31,534	15,252		109,268	
IADR Meeting Share **		0	56,761	27,454		177,014	
Meeting Dividend	11,575	0	69,014	67,187		19,668	
Interest							
Miscellaneous	7,799				1,750		
TOTAL REVENUE	**1,326,845**	**0**	**157,309**	**109,893**	**1,885,350**	**305,950**	**TBD**
EXPENSES							
Employee Salaries	298,346				273,160		299,225
Employee Benefits	79,867				75,119		82,287
Overhead Allocation	97,078				82,600		79,038
Personnel							
Merchant Fees/Bank Charges	14,066						
Meeting Venue							
Scientific Program							
Exhibition							
Networking Opportunities							
Meeting Promotion							
Miscellaneous							
AV & Other Meeting Technical Costs	455,977				672,975		
Convention Center & Setup Costs	69,962				626,547		
Catering Costs	86,088				215,672		
Travel & Honorarium Costs	35,779				85,990		
Staffing Costs	23,825				50,705		
Registration & Abstract Mgmt Costs	42,735				53,585		
Promotion & Printing Costs	37,616				55,559		
Other Costs	6,951				64,996		
TOTAL EXPENSES	**1,248,291**	**0**	**0**	**0**	**2,256,908**	**0**	**TBD**
Net Income (Before Adjustments)	**78,554**	**0**	**157,309**	**109,893**	**(371,558)**	**305,950**	**176,580**

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 AADOCR's share of the Meeting Dividend from the General Session .

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 half of the remaining surplus from a joint IADR/AADOCR meeting held in North America after the allocation of Division Share, Developing Region Grant funding and Meeting Dividends, which is 32 4% of the meeting surplus .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) allocated staff salaries, benefits and overhead costs and 2) direct costs related to the meeting .Allocated staff costs vary according to whether the costs are distributed to one combined IADR/AADOCR meeting or to two separate meetings .The finance and meeting departments budget meetings according to a very detailed line item budget, 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 deficit for the 2025 Annual Meeting in New York City is estimated to be ($489,000) as compared to a budgeted deficit of ($372,000) .

AADOCR's share of the Division share, IADR meeting share and meeting dividends for the 2026 joint meeting in San Diego is expected to be $60,000 .

For 2027 & 2028 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

REVENUE	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Member reg	0	0	0	0	0	0	0
Non-member reg	0	0	0	0	0	0	0
Student reg	0	0	0	0	0	0	0
Sponsorships/Contributions	0	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0	0
TOTAL REVENUE	**0**	**0**	**0**	**0**	**0**	**0**	**0**
EXPENSES							
Employee Salaries	13,614	8,781	13,486	13,560	15,004	14,429	16,537
Employee Benefits	3,620	1,442	3,709	3,729	4,126	3,968	4,548
Overhead Allocation	6,301	1,832	4,182	4,101	4,396	4,016	4,490
Merchant Fees	0	0	0	0	0	0	0
Organization	0	0	0	0	0	0	0
Meeting Venue	0	0	0	2,500	2,500	2,500	2,500
Scientific Program	0	0	0	7,500	7,500	7,500	7,500
Travel	0	0	0	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
TOTAL EXPENSES	**23,535**	**12,055**	**21,377**	**31,390**	**33,526**	**32,413**	**35,575**
Net Income	**(23,535)**	**(12,055)**	**(21,377)**	**(31,390)**	**(33,526)**	**(32,413)**	**(35,575)**

Fall Focused Symposium (Table A4)

AADOCR 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 cutting-edge technology and techniques .The first Fall Focused Symposium was held in 2008 .

No Fall Focused Symposium or Research Summit was held in 2025 .The overall meeting deficit was $0 as a result .

Revenue

The two main sources of revenue are registration fees and sponsorships .No event was scheduled for 2025 .No registration revenues are budgeted for 2026 – 2028 events .

Expenses

For 2026 through 2028 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 break even each year .However, due to costs and low non-member attendance at this meeting (who are typically asked to pay a small registration fee) it has been difficult to achieve .
- A deficit of about $21,000 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 AADOCR no longer held the symposium .It is financially better for AADOCR 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 AADOCR's membership and the benefits accomplished through communication of AADOCR's scientific impact .

Table A5. Fellowships, Awards, and *Quasi*-Endowments Summary

REVENUE	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Contributions	121,131	93,561	117,190	126,540	87,780	115,940	87,780
AADOCR Portfolio Allocation	1,610	1,076	1,150	1,000	1,000	1,000	1,000
Total Return On Investment	81,377	53,693	53,693	41,814	42,476	43,066	44,561
TOTAL REVENUE	**204,118**	**148,330**	**172,033**	**169,354**	**131,256**	**160,006**	**133,341**
EXPENSES							
Awards/Fellowships/Mission Support	107,086	117,710	135,300	135,300	111,800	135,300	111,800
Plaques	403	350	430	310	120	350	120
Miscellaneous	171	12	2,350	2,350	155	2,505	155
Admin Fees	6,295	2,677	8,774	8,577	6,757	9,118	7,168
Investment Fees	3,476	1,726	3,230	3,365	3,277	3,375	3,476
TOTAL EXPENSES	**117,431**	**122,475**	**150,084**	**149,902**	**122,109**	**150,648**	**122,719**
Net Income	**86,687**	**25,855**	**21,949**	**19,452**	**9,148**	**9,358**	**10,621**
Balance from Previous Year	880,707	967,394	967,394	913,516	989,343	998,490	1,007,849
Prior Year Balance Adjustment							
Balance at Year End	**967,394**	**993,249**	**989,343**	**932,968**	**998,490**	**1,007,849**	**1,018,470**

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 purpose 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 "quasi-endowed" 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 .A third fully funded permanent endowment, the SCADA Endowment, has been added in 2025 .Contributions are also being received for the remaining two AADOCR 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 fellowship and award contributions during the year that they are promised or received, whichever is earlier, and record the expense of the award/fellowship in the year that it is awarded . 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 J1. IADR & AADOCR – All Global Headquarters Costs

Staff costs	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Staff Salaries	2,641,446	1,986,065	2,684,791	2,699,508	2,864,507	3,007,182	3,156,991
Staff Benefits	658,574	568,817	738,318	742,365	787,739	826,975	868,173
Subtotal	3,300,020	2,554,882	3,423,109	3,441,872	3,652,246	3,834,157	4,025,164
% Change from Prior Year	-0.1%		3.7%	4.3%	6.7%	5.0%	5.0%
% Diff. From Current Year Budget	-4.3%		-0.5%		6.1%		
Overhead costs							
Accounting fees	6,247	4,564	7,500	7,500	7,725	7,957	8,195
Audit	76,900	62,500	77,250	77,250	79,568	81,955	84,413
Bank charges	20,510	19,402	25,869	24,150	26,628	27,959	29,357
Building maintenance	69,219	58,677	76,000	76,329	77,498	79,823	82,217
Depreciation (50/50 Joint Assets)	224,348	93,066	120,287	113,934	124,097	98,931	95,449
Information Technology	282,483	223,413	310,000	312,729	312,587	321,964	331,623
Insurance	52,600	58,631	58,631	59,400	61,563	64,641	67,873
Leases & equipment	11,927	3,820	5,025	4,940	5,112	5,265	5,423
Legal fees	10,511	325	10,000	10,300	10,300	10,609	10,927
Miscellaneous	9,256	6,611	8,815	9,201	11,701	12,052	12,413
Office supplies	12,911	6,089	10,250	10,288	10,558	10,874	11,200
Postage & Shipping	265	238	480	1,030	515	530	546
Recruitment costs	16,095	674	1,500	5,150	5,150	5,305	5,464
Staff Development	18,944	28,635	30,000	24,720	25,462	26,225	27,012
Staff Events/Appreciation	11,538	2,091	6,695	6,695	6,896	7,103	7,316
Taxes - Property	34,455	20,932	35,949	36,760	37,027	38,138	39,282
Taxes - Other	0	0	0	0	0	0	0
Telephone/Internet	25,594	20,388	26,275	25,925	26,879	27,685	28,516
Temporary Help	9,921	21,920	21,920	10,000	10,000	10,000	10,000
Subtotal	893,724	631,976	832,446	816,300	839,263	837,016	857,228
% Change from Prior Year	4.9%			-8.7%	0.8%	-0.3%	2.4%
% Diff. From Current Year Budget	2.3%			-6.6%	2.8%		
GRAND TOTAL	**4,193,744**	**3,186,858**	**4,255,555**	**4,258,173**	**4,491,509**	**4,671,174**	**4,882,392**
% Change from Prior Year	0.9%		1.5%	1.5%	5.5%	4.0%	4.5%
% Diff. From Current Year Budget	-3.0%		-0.1%		5.5%		

Joint Budgets – Executive Summary

Proposed 2026 Budgets

GHQ: Total 2026 GHQ costs are budgeted to increase by 5 5% as compared to 2025 budgeted costs and increase by 5 5% when compared to projected 2025 year-end expensess .

- Salaries and benefits costs are expected to be about $19,000 lower than budget primarily due to an open staff position for part of the year due to an extended leave of absence, partially offset by higher than budgeted salaries for some existing staff .A full staff of 20 full-time employees, 2 part-time employees and 1 intern is budgeted for 2026 .The is a similar number of staff when compared to the 2025 budget . Salary and benefit costs are budgeted to increase in 2026 by 6 1% when compared to 2025 budgeted costs and increase by 6 7% compared to projected 2025 yearend expenses .
- Depreciation costs are budgeted to be higher in 2026 as compared to expected 2025 actual expenses .Newly capitalized costs for the replacement of 3 HVAC units and a new roof completed in 2025 will have a full year of depreciation expense in 2026 .New capitalized costs associated with a website redesign as well as regularly scheduled laptop replacements are also contemplated in the 2026 budget .
- Information technology costs, which are the largest non-salary and benefit cost, are expected to be similar to budget in 2025 .Budgeted information technology costs for 2026 are similar to 2025 .The budgeted website redesign which should be completed in 2026 is not expected to increase the ongoing website maintenance expenses .
- Most other costs have been budgeted with a small CPI increase .

JDR: 2026 will be the first year under the new contract terms with Sage .Even with the less favorable terms for the Associations' share the of the *JDR* royalties, 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 2025 results is budgeted for 2026 .

The Editorial Stipend provide by Sage will remain unchanged in 2026 under the terms of the new agreement .Editorial expenses, with the exception of allocated salaries, benefits and overhead, are budgeted similar to 2025 expected costs . .

JDR CTR: Royalty income, similar to the *JDR*, has been conservatively budgeted to decrease by 5% from expected 2025 results .The expected royalty income reflects the new less favorable royalty sharing terms for the journal in the new agreement .The editorial stipend provided by Sage under the new agreement terms is unchanged from 2025 .Budgeted editorial expenses for 2026 are unchanged from 2025 .A small deficit is expected, though it should be noted that the expenses include allocated staff salaries, benefits and overhead costs .

Preliminary 2027 & 2028 Budgets

GHQ: Costs are budgeted to include modest increases in 2027 and 2028, with the exception of depreciation costs which will begin decreasing sharply in 2027 as the Nimble AMS system reaches the end of its depreciation lifecycle .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 JP1. *Journal of Dental Research*

REVENUE	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Member subs	7,700	8,150	8,150	6,930	12,474	11,227	10,104
Student subs	2,250	2,363	2,363	2,025	3,645	3,281	2,952
Advances in Dental Research	0		0	0	0	0	
Miscellaneous	0		0	800	0	0	0
Less: Subscription Rev to SAGE	(9,950)	(10,513)	(10,513)	(8,955)	(8,060)	(7,254)	(6,528)
Advertising Share	25,846	13,279	17,705	26,236	15,000	15,000	15,000
Editorial Stipend	265,000	198,750	270,000	270,000	270,000	270,000	270,000
Royalty Income	602,073	452,073	602,763	542,838	505,000	476,500	449,500
TOTAL REVENUE	**892,919**	**664,102**	**890,468**	**839,874**	**798,060**	**768,754**	**741,028**
EXPENSES							
Employee salaries	163,356	91,645	130,589	131,305	156,942	134,377	173,005
Employee benefits	36,452	13,671	35,912	36,109	43,159	36,954	47,576
Overhead Allocation	53,794	16,324	40,490	39,705	45,982	37,403	46,977
Merchant Fees	341	232	347	296	532	479	431
Printing	0	0	0	0	0	0	0
Editorial expenses/Ed Board	206,381	213,925	218,425	221,550	220,050	220,050	220,050
Taxes	0	0	0	1,500	1,500	1,500	1,500
Advances in Dental Research	0	0		0	0	0	0
Legal	45,762	12,977	30,000	41,200	40,000	41,200	42,436
Media/PR/Communication/Ann Rpt	0	0	0	799	0	0	0
Miscellaneous	0	28,459	28,459	0	2,500	2,500	2,500
Editor Search	0	0	0	0	0	0	0
TOTAL EXPENSES	**506,086**	**377,233**	**484,222**	**472,463**	**510,665**	**474,462**	**534,475**
Net Income	**386,833**	**286,869**	**406,246**	**367,411**	**287,394**	**294,291**	**206,554**

Budget Assumptions	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
JDR							
Member Print							
Rate	$50	$50	$50	$50	$100	$100	$100
Number of	154	163	163	139	125	112	101
	7,700	8,150	8,150	6,930	12,474	11,227	10,104
Student Subs Print							
Rate	$25	$25	$25	$25	$50	$50	$50
Number of	90	95	95	81	73	66	59
	2,250	2,363	2,363	2,025	3,645	3,281	2,952

- Budgeted at a 10% annual decrease in Member and Student print subscribers
- Budgeted at a 5% annual decrease in Royalty Income

Joint Publications Budgets

Journal of Dental Research (Table JP1)

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 .

2026 will be the first year under the new contract terms with Sage .Even with the less favorable terms for the Associations' share the of the JDR royalties, 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 2025 results is budgeted for 2026 .The Editorial Stipend provide by Sage will remain unchanged in 2026 under the new terms .

Expenses

IADR/AADOCR is responsible for paying editorial costs and various management and overhead costs .Expected 2025 expenses are projected to be $12,000 greater than budget primarily due to Knowledgeworks Global consulting costs for assisting the Associations in negotiating a new publishing agreement with Sage and editor meeting expenses at the General Session and Annual Meeting, partially offset by lower than expected legal fees .

Editorial expenses, with the exception of allocated salaries, benefits and overhead costs and miscellaneous costs (consulting costs), are budgeted similar to 2025 expected costs .

Table JP2. *JDR Clinical & Translational Research*

REVENUE	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Approved BUDGET 2025	Proposed BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Member subs	2,040	2,130	2,130	2,029	3,852	3,467	3,120
Student subs	408	426	426	363	778	700	630
Less: Subscription Rev to SAGE	(2,448)	(2,556)	(2,556)	(2,392)	(2,315)	(2,083)	(1,875)
Miscellaneous	0	0	0	250	0	0	0
Advertising Share	427	0	0	0	0	0	0
Editorial Stipend	40,000	20,000	42,500	42,500	42,500	42,500	42,500
Royalty Income	81,481	79,833	98,480	51,415	58,000	55,100	52,345
TOTAL REVENUE	**121,908**	**99,833**	**140,980**	**94,165**	**102,815**	**99,683**	**96,720**
EXPENSES							
Employee salaries	53,760	34,226	47,973	48,236	53,047	50,100	58,476
Employee benefits	12,160	5,057	13,193	13,265	14,588	13,777	16,081
Overhead Allocation	17,471	6,001	14,874	14,586	15,542	13,945	15,878
Merchant Fees	111	50	84	74	144	129	116
Marketing	0	0	0	1,500	0	0	0
Editorial expenses/Ed Board	39,000	19,500	43,500	41,500	45,500	45,500	45,500
Legal	0	0	1,500	1,500	1,500	1,500	1,500
Miscellaneous	0	0	0	500	500	500	50
TOTAL EXPENSES	**122,502**	**64,834**	**121,124**	**121,161**	**130,820**	**125,451**	**137,602**
Net Income	**(594)**	**34,999**	**19,856**	**(26,996)**	**(28,005)**	**(25,767)**	**(40,882)**

Budget Assumptions	Actual 2024	YTD 9/30/2025	Year-End Estimate 12/31/2025	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027	Preliminary BUDGET 2028
Member Print							
Rate	$20	$20	$20	$20	$40	$40	$40
Number of	102	107	107	101	96	87	78
	2,040	2,130	2,130	2,029	3,852	3,467	3,120
Student Subs Print							
Rate	$12	$12	$12	$12	$24	$24	$24
Number of	34	36	36	30	32	29	26
	408	426	426	363	778	700	630

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 2025 .In addition, a supplement was published in June 2025 .

Royalty income has exceeded the budgeted estimate most years .The current year estimate assumes the budgeted royalty revenue will exceed the 2025 budget primarily due to the published supplement .To be conservative, future year royalty income is budgeted to decline by 5% per year .The 2026 – 2028 royalty income figures also use the less favorable royalty sharing terms found in the new agreement with Sage .

Expenses

IADR/AADOCR is responsible for paying editorial costs and various management and overhead costs .

2025 expenses are expected to be similar to budget .Future year budgets are planned at similar amounts to the 2025 budget .Editorial expenses reflect an increase for the journal editor that was put in place during 2025 .

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 — 2024-25 AADOCR Board of Directors and Committees

Board of Directors

Effie Ioannidou, President
Jennifer Webster-Cyriaque, President-Elect
Nisha D'Silva, Vice-President
Alexandre Vieira, Immediate Past President
Ana Bedran-Russo, Treasurer
Nicholas Jakubovics, *JDR* Editor-in-Chief
Jocelyne Feine, *JDR CTR* Editor-in-Chief
Sheila Riggs, Member-at-Large
Erin Bumann, Member-at-Large
Hope Amm, Member-at-Large
Paige Falion, Patient Advocate
Mark Heiss, Board Member
Modupe Coker, Board Member
Caris Smith, Student Representative
Shawn Hallett, Student Representative
Christopher H .Fox, AADOCR Chief Executive Officer

Annual Session Committee

Jin Xiao (2025), Chair
Kimon Divaris (2025)
Ashraf Fouad (2025)
John Mitchell (2027)
Se-Lim Oh (2026)

Committee on Diversity and Inclusion

Dina Garcia (2025), Chair
Hend Alqaderi (2026)
Marcia Campos (2025)
Simone Duarte (2027)
Eleanor Fleming (2025)
Sukirth Ganesan (2026)
Kimberly Jasmer (2025)
Abraham Schneider (2025)
Rong (Rose) Wang (2027)

Constitution Committee

Gisele Neiva (2025), Chair
Claudia Freitas (2025)
Saulo Geraldeli (2027)
Geelsu Hwang (2027)
Fatemeh Momen-Heravi (2025)
Jeremie Oliver Piña (2025)
Tracy Popowics (2026)
Sivaraman Prakasam (2027)
Mateus Rocha (2025)

Development Committee

J .Timothy Wright (2025), Chair
Marco Bottino (2026)
Lois Cohen (2026)
Julie Frantsve-Hawley (2027)
David Johnsen (2026)
Patricia Miguez (2027)
John Mitchell (2025)

Edward H. Hatton Awards Committee

Georgios Kotsakis (2025), Chair
Benjamin Chaffee (2027)
Geetha Duddanahalli Siddanna (2026)
Cristiane Franca (2025)
Quamarul Hassan (2026)
Boyen Huang (2025)
Chun-Teh Lee (2025)
Dayane Oliveira (2027)
Apoena Ribeiro (2026)

Ethics in Dental Research Committee

Eric Everett (2025), Chair
Jacqueline Abranches (2025)
Joana Cunha-Cruz (2025)
Cristina Godoy (2026)
Jill Kramer (2027)
Regina Messer (2025)
Steven Singer (2027)
Livia Tenuta (2027)

Fellowships Committee

Clarissa Fontoura (2025), Chair
Clarisa Amarillas Gastelum (2025)
Kyounga Cheon (2025)
Anna Dongari-Bagtzoglou (2027)
Christopher Donnelly (2026)
Gaurav Joshi (2025)
Elisabeta Karl (2025)
Lauren McKay (2026)
Ana Carolina Morandini (2027)
Zezhang Wen (2027)
Simon Young (2027)
Zoe Zhu (2027)

Government Affairs Committee

Amid Ismail (2025), Chair
Olga Baker (2025)
Ann Decker (2027)
Eric Everett (2025)
Vivek Thumbigere Math (2026)
Soomin Park (2025), Gert Quigley Fellow
Cameron Randall (2027)
Christine D .Wu (2026)
Pamela Yelick (2025)
Christopher Fox (2025), *ex officio*

Nominating Committee

Bruno Cavalcanti (2025), Chair
Brian Foster (2027)
Ana Paula Fugolin (2025)
Sharon Gordon (2027)
Brenda Heaton (2025)
Rajesh Lalla (2025)
Anh Le (2026)
Michael Reddy (2025)
Qian Wang (2025)
Jane Weintraub (2025), Immediate Past President

Science Information Committee

Yau-Hua Yu (2025), Chair
Praveen Arany (2025)
Xuelian Grace Huang (2025)
Xin Li (2025)
Diana Messadi (2026)
Ryan Moffat (2025)
Shillpa Naavaal (2026)
Wanida Ono (2025)
Richard Sherwood (2025)

National Student Research Group Faculty Advisors

Hope Amm (2026)
Brian Foster (2025)

IADR/AADOCR William J. Gies Award Committee

Dalia Meisha (2025), Chair
Sukumaran Anil (2027)
Geetha Duddanahalli Siddanna (2025)
Julie Frantsve-Hawley (2027)
Dandara Haag (2025)
Mohamed Jamal (2027)
Marina Kaizer (2026)
Tuula Salo (2026)
Harim Tavares dos Santos (2025)

IADR/AADOCR Tellers

Prabhat Kumar Chaudhari (2025), Chair
Yeon-Hee Lee (2027)
Alexandra Pierre-Bez (2026)

Distinguished Scientist Award

Jane Weintraub (2025), Chair
Mark Herzberg (2027)
Jacques Nör (2028)
Maria Ryan (2025)
J .Timothy Wright (2026)

Honorary Membership Committee

Mark Herzberg (2025), Chair
Jacques Nör (2025)
Jane Weintraub (2027)

AAAS Representative

Christopher Fox

ADA Standards Committee on Dental Products

Marco Bottino (2025)
Robert Kelly (2025)
Carmem Pfeifer (2025)
Yu Zhang (2025)

ADA Standards Committee on Dental Informatics

Marcelo Freire

Dental Quality Alliance Committee

Kathryn Atchison

IADR/AADOCR Publications Committee

Jane A .Weintraub (2025), (AADOCR), Chair
Brian O'Connell (2025), (Irish Division)
Jorge Perdigao, AADOCR Rep, (2025)
Purnima Kumar, AADOCR Rep (2026)
Abraham Schneider, AADOCR Rep, (2027) (elected)
Raj Nair, IADR Rep, (2025), (ANZ Division)
Wei Ji, IADR Rep (2026), (Chinese Division)
Meisser Madera (2027), (Colombian Division), IADR Rep, (Appointed by IADR Board)
Falk Schwendicke, Associate Editor, *Journal of Dental Research*, (CED), *ex officio*
Gustavo Garlet, Associate Editor, *Journal of Dental Research* (Brazilian Division), *ex officio*
Jacques Nör, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*
Joy Richman, Associate Editor, *Journal of Dental Research* (Canadian Division), *ex officio*
Dana Graves, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*
Ana Paula Colombo, Associate Editor, *Journal of Dental Research* (Brazilian Division), *ex officio*
Jocelyne Feine, Editor-in-Chief, *JDR Clinical & Translational Research* (Canadian Division), *ex officio*
Nick Jakubovics, (British Division) Editor-in-Chief, *Journal of Dental Research*, *ex officio*
Carmem Pfeifer, Associate Editor, *Journal of Dental Research* (AADOCR), *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*

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

2024 Brian Foster, The Ohio State University, Columbus
Elizabeth Kaye, Boston University, MA
Sharukh Khajotia, University of Oklahoma, Oklahoma City
Patricia Miguez, University of North Carolina, Chapel Hill
Marcelle Nascimento, University of Florida, Gainesville
Christopher Okunseri, Marquette University, Milwaukee, WI
Stefan Ruhl, University at Buffalo, NY

2025 Marco Bottino, University of Michigan, Ann Arbor
Simone Duarte, University at Buffalo, NY
Stuart Gansky, University of California, San Francisco
Dorota Kopycka-Kedzierawski, University of Rochester, NY
Xiaohua Liu, University of Pennsylvania, Philadelphia
Vivek Thumbigere Math, University of Maryland, Baltimore
Jin Xiao, University of Rochester, NY

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
Grethel 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
Shahrzad (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

2024 Manuel Acuna, University of Pennsylvania, Philadelphia
Natalie Andras, The University of Ohio, Columbus
Jonathan Banks, University of Illinois Chicago
Kristelle Capistrano, University of Illinois Chicago
Angela Chen, University of North Carolina, Chapel Hill
Shawn Hallett, University of Michigan, Ann Arbor
Minyoung Kim, University of California, San Francisco
Kasey Leung, University of Illinois Chicago
Kyungjoon Park, University of Pennsylvania, Philadelphia
Lauren Rudolph, University of Pennsylvania, Philadelphia
Karin Shamardani, University of California, San Francisco
Caris Smith, University of Alabama at Birmingham
Michael Troka, University of Pennsylvania, Philadelphia
Eric Yin, University of California San Francisco

2025 Jessie Alfaro, UT Health at San Antonio
Dayoon Chang, University of Pennsylvania, Philadelphia
Harsh Chheda, Columbia University, New York
Olivia Diakantonis, University of Michigan, Ann Arbor
Zilin Guo, University of Pennsylvania, Philadelphia
Yesul Kang, University of Pennsylvania, Philadelphia
Sanjana Madarapu, Indiana University, Indianapolis
Peter Nguyen, Oregon Health & Science University, Portland
Young Park, Nova Southeastern University, Fort Lauderdale, FL
Sienna Perry, University of Michigan, Ann Arbor
Yilin Piao, University of California, San Francisco
Sherry Schneider, University of Pennsylvania, Philadelphia
Samuel Suslavich, University of Pennsylvania, Philadelphia
Hannah Takasuka, University of California, San Francisco

Appendix 7 — 2025 AADOCR Bloc Travel Grant Recipients

Supported by the National Institutes of Health – National Institute of Dental and Craniofacial Research (NIH-NIDCR) (Grant No. R13DE032910)

Daria Buhtoiarova, The Ohio State University, Columbus
Harsh Chheda, Columbia University, New York
Ye Won Cho, Harvard University, Boston, MA
Paria Dehghanian, Texas A&M University, Dallas
Anyelo Diaz, University of Massachusetts, Boston
Pu-Ting Dong, ADA Forsyth, Cambridge, MA
Jeremy Elias, ADA Forsyth, Cambridge, MA
Shawn Hallett, University of Michigan, Ann Arbor
Jacob Harris, The Ohio State University, Columbus
Claire Houchen, University of Missouri-Kansas City
Rachel Kim, University of California, Los Angeles
Matthew Koller, University of Florida, Gainesville
Lauren Kress, University of Minnesota, Minneapolis
Rachel Kulchar, NIH/NIDCR
Chloe La Prairie, University of Alabama at Birmingham
Kasey Leung, University of Illinois Chicago
Dayron Leyva Rodriguez, University at Buffalo, NY
Luke Lucido, University of California, San Francisco
Peyton Maccarone, University of Pennsylvania, Philadelphia
Saba Manafi, University of Iowa, Iowa City
Sonya Movassaghi, Stony Brook University, NY
Jeremie Oliver Piña, University of Maryland at Baltimore
Ana Pagan-Rivera, University of Puerto Rico, San Juan
Hanthao Phan, University of Utah, Salt Lake City
Alyssa Saltz, University of Kentucky, Lexington
Iris Shin, The Ohio State University, Columbus
Johnny Thai, University of California, Los Angeles
Ngoc-Thanh Tieu, University of California, San Francisco
Amy Tran, UT Health Houston
Kristopher Wieland, UT Health San Antonio
Micah Willis, University of Florida, Gainesville

Appendix 8 — AADOCR Mind the Future Program

In 2020, AADOCR 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 .

In July 2025, AADOCR announced that it would continue the program for a sixth year, thanks to a $175,000 grant from CareQuest Institute for Oral Health .

The primary goal of the AADOCR Mind the Future Program is to develop a sustainable, nationally recognized mentoring network that enhances the career development of early-career dental, oral, and craniofacial (DOC) researchers .

The program is open to early-career faculty/investigators (postdoctoral or junior faculty) in academic and research institutions who wish to advance their careers in dental, oral and craniofacial health research .Principal investigators are IADR/AADOCR CEO Christopher Fox, Effie Ioannidou of the University of California San Francisco, and David Drake of the University of Iowa .

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	Margharita 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

2024-2025 Cohort of Mentees and their Mentors

Mentee	Institution	Mentor	Institution
Marvellous Akinlotan	Texas A&M University School of Dentistry	Jane Weintraub	University of North Carolina
Insoon Chang	University of California, Los Angeles	Hatice Hasturk	ADA Forsyth
Renan Dal Fabbro	University of Michigan	John Mitchell	Midwestern University
Alice Goodwin	University of Pittsburgh	Ariadne Letra	University of Pittsburgh
Wei Huang	Rutgers School of Dental Medicine	Mina Mina	UCONN Health
Hagar Kenawy	University of Pennsylvania/Children's Hospital of Philadelphia	Pam Yelick	Tufts University
Ejvis Lamani	University of Alabama at Birmingham	Wanida Ono	UT Health Houston
Yuan Liu	Temple University	Margherita Fontana	University of Michigan
Dayane Oliveira	University of Florida	Livia Tenuta	University of Michigan
Linda Sangalli	Midwestern University	Jill Kramer	University at Buffalo
Caroline Sawicki	University of North Carolina	Alexandre DaSilva	University of Michigan
Zoe Zhu	Tufts University	Flavia Teles	University of Pennsylvania

2025-2026 Cohort of Mentees and their Mentors

Mentee	Institution	Mentor	Institution
David Fraser	National Institute of Dental and Craniofacial Research	Marcela Carrilho	Midwestern University College of Dental Medicine - Illinois
Mohamed Hassan	Washington University in St .Louis	Brian Foster	The Ohio State University
Miaomiao Li	The Ohio State University	Mina Mina	UCONN Health
Paula Ortega-Verdugo	University of California, Los Angeles	Benjamin Chaffee	University of California, San Francisco
Sudha Rajderkar	UT Health Houston	Ariadne Letra	University of Pittsburgh
Ligia Schmitd	University of Michigan	Ana Bedran-Russo	University of Illinois Chicago
Lakmali Silva	Harvard School of Dental Medicine	Alpoğan Kantarci	University of Minnesota
Harim Tavares dos Santos	University at Buffalo	Yu Leo Lei	The University of Texas MD Anderson Cancer Center
Heather Taylor	Indiana University Richard M .Fairbanks School of Public Health	Linda Kaste	University of Illinois Chicago
Jaqueline Vaz Vanini	Virginia Commonwealth University	Nisha D'Silva	University of Michigan
Manuela Maria Viana Miguel	University of Kentucky	Thomas Van Dyke	ADA Forsyth

Appendix 9 — AADOCR Awards & Fellowships Winners *(through 2025)*

AADOCR Distinguished Scientist Award
(supported by Haleon)

Ronald Gibbons	1992	Rafael Bowen	2014
Paul Goldhaber	1995	Robert Genco	2016
Henning Birkedal-Hansen	1998	William Maixner	2018
Roy Page	2001	Sally J .Marshall	2020
James Beck	2004	Barbara Boyan	2022
Sigmund Socransky	2006	Christopher Bowman	2023
Kenneth Yamada	2008	John Featherstone	2025
John Greenspan	2010	*Next award in 2027*	
Ronald Dubner	2012		

AADOCR/CADR Joseph Lister Award for New Investigators
(supported by Kenvue)

Xue Yuan	2018	Viviane Hass	2023
Vivek Thumbigere Math	2018	Ana Carolina Morandini	2023
Archana Kamalakar	2022	Hyuk-Jae (Edward) Kwon	2025
Chukwuebuka Ogwo	2022	Hiroki Ueharu	2025

AADOCR Anne D. Haffajee Fellowship
(supported by generous donations from individuals and companies)

Yong-Hee Patricia Chun	2017	Nini Tran	2022
Kyounga Cheon	2018	Caroline Sawicki	2023
Julie Marchesan	2019	Chenshuang Li	2024
Fatemeh Memen-Heravi	2020	Ozge Erdogan	2025
Ning Yu	2021		

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 – Uinversity 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
Hom-Lay Wang – University of Michigan, Ann Arbor	2024
Martha Somerman – National Institutes of Health, Bethesda, MD	2025

AADOCR Jack Hein Public Service Award

John Hein	1996	Isabel Garcia	2012
Gert Quigley	1997	Alice DeForest	2013
Christopher Squier	1998	Bruce Baum	2014
Jay Gershen	1999	Daniel Meyer	2015
Anthony Picozzi	2000	Harold Slavkin	2016
John Crawford	2001	Christian Stohler	2017
Michael Barnett	2002	Teresa Dolan	2018
Judith Sherman	2003	Scott Tomar	2019
Michael Alfano	2004	Ernest Newbrun	2020
Linda Niessen	2005	Martha Somerman	2021
Robert Collins	2006	Kathleen T .O'Loughlin	2022
Dushanka Kleinman	2007	Bruce Dye	2023
Joan Wilentz	2008	Judith Albino	2023
Roseann Mulligan	2009	Bei Wu	2024
David Johnsen	2010	Karen Tracy	2024
Lawrence Tabak	2011	Katherine Hammitt	2025

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	Peter Polverini	2022
Sebastian Ciancio	2019	Martha J .Somerman	2022
Mary MacDougall	2019	*(Not awarded in 2023)*	
John W .Stamm	2020	Rena D'Souza	2024
Stephen Bayne	2021	Ophir Klein	2024
Jeffrey Ebersole	2021	Judith Albino	2025
Sharon Grayden	2021	William Giannobile	2025
Mina Mina	2022		

AADOCR P&G New Faculty Research Fellowship
(supported by P&G Professional Oral Health, Crest + Oral-B)

Jessica Scoffield	2019	Gina Roque-Torres	2023
Bruno Lima	2020	Stephanie Momeni	2024
Patricia Miguez	2021	Paula Ortega-Verdugo	2025
Susan Salazar Marocho	2022		

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	Jill Bashutski	2013
Lamont MacNeil	1997	Changming Lu	2014
Gregory Oxford	1998	Ramzi Abou-Arraj	2015
Stephen Meraw	2000	Yau-Hua Yu	2016
Bjorn Steffensen	2001	Nada Souccar	2017
Katherine Schrubbe	2003	Yogalakshmi Rajendran	2018
Ryan Harris	2004	Francesca Bonino	2019
Petros Papagerakis	2005	Karren Komitas	2020
Thomas Oates	2006	Dennis Sourvanos	2021
Maria del Pilar Valderrama	2007	Georgios Kotsakis	2022
Maria Geisinger	2009	*(Not awarded in 2023)*	
Isabel Gay	2010	*(Not awarded in 2024)*	
Paula Ortiz	2011	Jay Patel	2025
Leena Bahl-Palomo	2012		

Harald Löe 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	Yan Jing *et al.*	2016
Bong Hu *et al.*	2007	Min Gyu Kwak *et al.*	2017
Jiri Schindler *et al.*	2008	J .E .Seon Song *et al.*	2018
Carlos Semino *et al.*	2009	Marco Lovera *et al.*	2019
Biliang Chen *et al.*	2010	Akinsola Oyelakin *et al.*	2020
Christine Lang *et al.*	2011	Rei Sekiguchi *et al.*	2021
Jill Harunago *et al.*	2012	Bei Chang *et al.*	2022
Page Caufield *et al.*	2013	Danielle Wu *et al.*	2023
Hideharu Ikeda *et al.*	2014	Eun-Ah Christine Song *et al.*	2024
Eduardo Couve *et al.*	2015		

AADOCR William Butler Fellowship
(supported by generous donations from individuals)

Sarah Peters	2023	Emily Chu	2025
Jay Patel	2024		

AADOCR Delta Dental Institute Oral Health Equity Research Award

Astha Singhal – Access to Care	2023
Tamanna Tiwari – Oral Health Literacy	2023
Cameron Randall – Oral Health Literacy	2023
Jason Semprini – Access to Care	2024
Marvellous Akinlotan – Access to Care	2024
Dan Burch – Access to Care	2024
Alva Ferdinand – Access to Care	2024
Heidi Iongi – Access to Care	2025
Jeri Bullock – Access to Care	2025
Kristin Hoef – Oral Health Literacy	2025

AADOCR Hatton Competition

David Russell	Post-doctoral	1967
Burton Horowitz	Post-doctoral	1967
Sherman Sweeney	Junior	1967
Dick Lavender	Post-doctoral	1968
Mladen Kuftinec	Post-doctoral	1968
Marlin Walling	Junior	1968
Stuart White	Junior	1968
Richard Selmont	Post-doctoral	1970
Benjamin Ciola	Post-doctoral	1970
Michael Barkin	Junior	1970
George Kelly	Junior	1970
Lawrence Freilich	Post-doctoral	1971
Manuel Gonzalez	Post-doctoral	1971
Richard Croissant	Junior	1971
Marcia Wadell	Junior	1971
Robert Hurst	Post-doctoral	1972
Michael Reed	Post-doctoral	1972
Bruce Trefz	Junior	1972
Louiza Puskulian	Junior	1972
Kent Palcanis	Junior	1973
Robert Chuong	Junior	1973
Alan Sproles	Junior	1973
Terry Wallen	Post-doctoral	1974
Craig Harrison	Junior	1974
Jon Goldberg	Junior	1974
Steven Schonfeld	Post-doctoral	1975
Sean Meitner	Post-doctoral	1975
Neil Blumenthal	Junior	1975
Frederick Wood	Junior	1975
Ming Tung	Post-doctoral	1976
Sukum Thiradilok	Post-doctoral	1976
Waldemar De Rijk	Junior	1976
Alan Gould	Junior	1976
Lien Nguyen	Post-doctoral	1990
Clark Stanford	Post-doctoral	1990
Cataldo Leone	Post-doctoral	1990
John DiPasquale	Post-doctoral	1990
Theresa Madden	Post-doctoral	1990
Christopher Cutler	Post-doctoral	1990
Harry Dougherty	Junior	1990
Randy Todd	Junior	1990
Mikyung Lee	Junior	1990
Abou Bakr Rabie	Post-doctoral	1991
Geoffrey Gerstner	Post-doctoral	1991
Michael Ignelzi	Post-doctoral	1991
Catherine Schwab	Junior	1991
Frank Rude	Junior	1991
Wesley Belli	Junior	1991
Calogero Dolce	Post-doctoral	1992
Pamela Erickson	Post-doctoral	1992
David Sirois	Post-doctoral	1992
Jonathan Feldman	Junior	1992
Jessica Gardner	Junior	1992
Mark Engelstad	Junior	1992
Cindy Cootauco	Junior	1992
Rebecca Elovic	Post-doctoral	1993
Ridge Gilley	Post-doctoral	1993
Janet Guthmiller	Post-doctoral	1993
Sunil Kapila	Post-doctoral	1993
Amitabha Lala	Post-doctoral	1993
Thuan Le	Junior	1993
Angela Painter	Junior	1993
Jeffrey Thompson	Junior	1993
Jason Jenny	Junior	1993
Greg Kewitt	Junior	1993
Khaled Ghaffar	Post-doctoral	1994
Daniel Stevens	Post-doctoral	1994
Kaaren Vargas	Post-doctoral	1994
Susan Buck	Junior	1994
Earl Albone	Junior	1994
Arthur Wickson	Junior	1994
James Yang	Post-doctoral	1996
Tracy Mayfield-Donahoo	Post-doctoral	1996
Sotirios Tetradis	Post-doctoral	1996
Margherita Fontana	Post-doctoral	1996
Galen Schneider	Post-doctoral	1996
Nisha D'Silva	Post-doctoral	1996
Christopher Robinson	Junior	1996
Joseph Brogan	Junior	1996
Lisa Bueno	Junior	1996
Gayatri Jayaraman	Junior	1996
Stephen Godwin	Post-doctoral	1998
Christina Jespersgaard	Post-doctoral	1998
Trent Westernoff	Post-doctoral	1998
Paul Ezzo	Junior	1998
Kai Worch	Junior	1998
Jennifer Price	Junior	1998
Mo Kang	Junior	1998
Yvonne Kapila	Junior	1998
Mario Chorak	Junior	1998
Anne-Marie Clancy	Junior	1998
David Basi	Senior	2001
Rajesh Lalla	Senior	2001
Ginger Glayzer	Junior	2001
Andrew Fribley	Senior	2004
Manoj Muthukuru	Senior	2004
Monika Oli	Post-doctoral	2004
Sungyon Bang	Junior	2004
Jonathan Ross	Junior	2004
Bradley Henson	Senior	2005
Xiaozhe Han	Post-doctoral	2005
Marxa Figueiredo	Post-doctoral	2005
Jeremy Horst	Junior	2005
Elizabeta Karl	Senior	2006
Bruce Havens	Senior	2006
Marcela Romero-Reyes	Post-doctoral	2006
Cara Knight	Post-doctoral	2006
Cory Ernst	Junior	2006
Melina Cozby	Junior	2006
Mark Appleford	Senior	2007
Cristina Villar	Senior	2007
Nan Hatch	Post-doctoral	2007
Shuang Liang	Post-doctoral	2007
Jamie Luria	Junior	2007

Appendix 9 *(continued)*

AADOCR Hatton Competition *(continued)*

Chi Viet	Junior	2007
Anjalee Vacharaksa	Senior	2008
Rodrigo Giacaman	Post-doctoral	2008
Erica Scheller	Junior	2008
Jessica Boehrs	Junior	2008
Lauren Turner	Junior	2008
Kathleen Neiva	Senior	2009
Turki Alhazzazi	Senior	2009
David Lam	Post-doctoral	2009
Andrew Jheon	Post-doctoral	2009
Bo Yu	Junior	2009
Alexander Nee	Junior	2009
Chad Novince	Senior	2010
Bojana Bojovic	Senior	2010
Maria Athanassiou-Papaefthymiou	Post-doctoral	2010
Sheede Khalil	Junior	2010
Anika Voisey Rodgers	Junior	2010
Angela Brown	Post-doctoral	2010
Ronald Siu	Senior	2011
Jeffrey Kim	Senior	2011
Jin Xiao	Post-doctoral	2011
Yunsong Liu	Post-doctoral	2011
Urvi Ruparelia	Junior	2011
Kaitrin Kramer	Junior	2011
Charles Billington	Senior	2012
Megan Falsetta	Post-doctoral	2012
Mildred Embree	Post-doctoral	2012
Jenny Sun	Junior	2012
Jonathan An	Junior	2012
Yinshi Ren	Senior	2012
Wanida Ono	Senior	2013
Aaron Havens	Senior	2013
Brian Foster	Post-doctoral	2013
Chi Viet	Post-doctoral	2013
Kyle Vining	Junior	2013
Brianna Yang	Junior	2013
Qingfen Pan	Senior	2014
Jin Hee Kwak	Senior	2014
Michael Valerio	Post-doctoral	2014
Marit Aure	Post-doctoral	2014
Kyulim Lee	Junior	2014
Lauren Katz	Junior	2014
Joe Nguyen	Senior	2015
Kevin Byrd	Senior	2015
Reniqua House	Post-doctoral	2015
Xuelian Huang	Post-doctoral	2015
Drake Williams	Junior	2015
Montserrat Ruiz-Torruella	Junior	2015
Insoon Chang	Senior	2016
Sung Hee Lee	Senior	2016
Padma Pradeepa Srinivasan	Post-doctoral	2016
Heidi Steinkamp	Post-doctoral	2016
Meredith Williams	Junior	2016
Mychi Nguyen	Junior	2016
Mohammed Alharbi	Senior	2017
Fatma Mohamed	Senior	2017
Andrew Jang	Post-doctoral	2017
Danielle Wu	Post-doctoral	2017
Zachary Pekar	Junior	2017
Mallory Morel	Junior	2017
Chiranjit Mukherjee	Senior	2018
Tanner Godfrey	Senior	2018
Yuan Liu	Post-doctoral	2018
Kevin Byrd	Post-doctoral	2018
Alexandra Oklejas	Junior	2018
Courtney Johnson	Junior	2018
Jiayu Shi	Senior	2019
Akrivoula Soundia	Senior	2019
Mizuki Nagata	Post-doctoral	2019
Martinna Bertolini	Post-doctoral	2019
Carson Smith	Junior	2019
Ashley Karczewski	Junior	2019
W .Benton Swanson	Senior	2020
Michael Chavez	Senior	2020
Christopher Donnelly	Post-doctoral	2020
Daniel Clark	Post-doctoral	2020
Grace Huang	Junior	2020
Delaney Clayton	Junior	2020
Waheed Awotoye	Senior	2021
Kyle Vining	Senior	2021
Zhi Ren	Post-doctoral	2021
Joshua Emrick	Post-doctoral	2021
Charlotte Martin	Junior	2021
Natalie Atyeo	Junior	2021
Maryam Baldawi	Junior	2022
Mohamed Rawas-Qalaji	Junior	2022
Michelle Scott	Senior	2022
Jaden Lee	Senior	2022
Fatma Mohamed	Post-doctoral	2022
Joe Nguyen	Post-doctoral	2022
Kisa Iqbal	Junior	2023
Michael Troka	Junior	2023
Emily Fisher	Senior	2023
Armond June	Senior	2023
Marwa Afifi	Post-doctoral	2023
Justin Burrell	Post-doctoral	2023
Jeremie Oliver Piña	Junior	2024
Cathy Tran	Junior	2024
Bridgette Wellslager	Senior	2024
Shawn Hallett	Senior	2024
Brianyell Mcdaniel Mims	Post-doctoral	2024
Marshall Padilla	Post-doctoral	2024
Saba Manafi	Junior	2025
Rachel Kulchar	Junior	2025
Vasileios Theofilou	Senior	2025
Samuel Swearson	Senior	2025
Mauricio Sousa	Post-doctoral	2025
Peng Chen	Post-doctoral	2025

NSRG Dentsply Sirona Restorative Competition

Mary Hanlon	Basic	1989
George Nail	Basic	1989
Carl Jenkins	Basic	1989
Gerald Lipshutz	Basic	1989
Anne Nguyen	Basic	1990
Brian Finlay	Basic	1990
Safa Iranpour	Basic	1990
Steve Jacks	Basic	1990
William Giannobile	Basic	1991
Julie Rogers	Basic	1991
Carina L .Schwartz-Dabney	Basic	1991
Tera Moore	Basic	1991
Jennifer Cole	Basic	1992
J .Quintero	Basic	1992
Laura Marshall	Basic	1992
Rita McGrogan	Basic	1992
Mohammad Ghiabi	Basic	1993
Cindy Cootauco	Basic	1993

NSRG Dentsply Sirona Restorative Competition *(continued)*

Joseph Stofko	Basic	1994
Laura Fogle	Basic	1994
Elizabeth Ramos	Basic	1994
Andrew Bagley	Basic	1994
Douglas MacLean	Basic	1995
Maryam Mojdehi	Basic	1995
Rick Heard	Basic	1995
John Caccamese	Basic	1995
Russell McCabe	Basic	1996
David Wilson	Basic	1996
Yooson Kim	Basic	1996
Eric D'Hondt	Basic	1996
John Wallace	Basic	1997
Mark Berkman	Basic	1997
Linda Huang	Basic	1997
Jacqueline Macy	Basic	1997
Michael Feinberg	Basic	1998
Dev Chandra	Basic	1998
Heera Chang	Basic	1998
Carrie Gandhi	Basic	1998
Leonardo Bordador	Basic	1999
George Kang	Basic	1999
Christopher Daniel	Basic	1999
Mario Tai	Basic	1999
Uma Devi Nair	Basic	2000
John McPherson	Basic	2000
Melanie Robinson	Basic	2000
Priya Ramachandran	Clinical	2000
Amin Ghandi	Clinical	2000
Michael Johnson	Clinical	2000
Matthew Abraham	Basic	2001
David Kim	Basic	2001
Adam Martin	Basic	2001
Danna Radcliff	Clinical	2001
Justin Dacy	Clinical	2001
Alexander Rabinovich	Clinical	2001
James Vandeberg	Basic	2002
Sohail Saghezchi	Basic	2002
Jessica Ibarra	Basic	2002
Gregory Segraves	Clinical	2002
Halley White	Clinical	2002
Manali Bhide	Clinical	2002
Michael Horan	Basic	2003
Andi McPhillips	Basic	2003
Robert Renner	Basic	2003
Eugenio Bedolla	Clinical	2003
Pardeep Brar	Clinical	2003
Marrissa Mikolich	Clinical	2003
Kelton Stewart	Basic	2004
Michael Dyal	Basic	2004
Michael Ryan	Basic	2004
Ritu Bahl	Clinical	2004
Jessica Heggen	Clinical	2004
Louis Whitesman	Clinical	2004
Matthew Miller	Basic	2005
Aaron Molen	Basic	2005
Michael Yost	Basic	2005
Jason Gladwell	Clinical	2005
Sung Pyo Hong	Clinical	2005
D .Craig Seager	Clinical	2005
Laura Milnor	Basic	2006
Robert Weaver	Basic	2006
Rosamond Tomlinson	Basic	2006
Matthew Madsen	Clinical	2006
Zachton Lowe	Clinical	2006
John Thomas	Clinical	2006
Lindsay Compton	Basic	2007
Brandon McGarrell	Basic	2007
Cheryl Lewis	Basic	2007
Mikaely Moore	Clinical	2007
Rebecca Bockow	Clinical	2007
Stephanie Blumenshine	Clinical	2007
Chi Viet	Basic	2008
Monet Ducksworth	Basic	2008
Alpesh Patel	Basic	2008
Gail Garrett	Clinical	2008
Niyati Mehta	Clinical	2008
Suzanne Delima	Clinical	2008
Alpesh Patel	Basic	2009
Mahshid Bahadoran	Basic	2009
Ashley Nemec	Basic	2009
Andrew Holpuch	Clinical	2009
William Sexton	Clinical	2009
Danielle Case	Clinical	2009
David Nedrelow	Basic	2010
Teddy Dyer	Basic	2010
Byungdo Han	Basic	2010
Nishith Patel	Clinical	2010
Rebecca Paquin	Clinical	2010
Dennis Beliveau	Clinical	2010
Angela Gullard	Basic	2011
Neha Das	Basic	2011
Bojana Bojovic	Basic	2011
Richard Baxter	Clinical	2011
Ryan Darr	Clinical	2011
Marcus Randall	Clinical	2011
Michael Border	Basic	2012
Nisha Mehta	Basic	2012
Danielle Larivey	Basic	2012
Arthur Jones	Clinical	2012
Nina Guba	Clinical	2012
Lauren Paul	Clinical	2012
Maria Kuzynski	Basic	2013
Hani Ahdab	Basic	2013
Austin Starr	Basic	2013
Devon Cooper	Clinical	2013
Justin Kolasa	Clinical	2013
Denise Gates	Clinical	2013
Amatul Salma	Basic	2014
Austin Starr	Basic	2014
Omar Elnabawi	Basic	2014
Amatul Salma	Basic	2014
Omar Elnabawi	Basic	2014
Nicole Hovencamp	Clinical	2014
Alexandria Hawkins	Clinical	2014
Jordan Seetner	Clinical	2014
Jordan Seetner	Clinical	2014
Alexandria Hawkins	Clinical	2014
Stuart Ryan	Basic	2015
Alaa Ahmed	Basic	2015
Steven Linden	Basic	2015
Lee Zamos	Clinical	2015
Joshua Evans	Clinical	2015
Alice Ko	Clinical	2015
Tian Liang	Basic	2016
Shaun Darrah	Basic	2016
Yiwen Fu	Basic	2016
Yandy Gonzalez Marrero	Clinical	2016
Andrew Lum	Clinical	2016
Aneesa Sood	Clinical	2016
Xue Yuan	Basic	2017

NSRG Dentsply Sirona Restorative Competition *(continued)*

Richard Clough	Basic	2017
Shawn Gutman	Basic	2017
Adam Swan	Clinical	2017
Chungyu Chang	Clinical	2017
Scott Lowry	Clinical	2017
(Discontinued)		

AADOCR NSRG Rising Researcher Poster Competition (RRPC)

Isabella Ho, Stony Brook University, NY	2025

AADOCR 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, Univeristy 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, Univeristy 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
Nathanial 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
Jaffer A .Shariff, Touro College of Dental Medicine, Hawthorne, New York	2024
Lydia M .Lopez Del Valle, University of Puerto Rico, San Juan	2025

AADOCR NSRG 411 Rapid Research Competition

1st – Grace Kim	Clinical Science/Public Health	2019
2nd – Susan Park	Clinical Science/Public Health	2019
3rd – Bright Chang	Clinical Science/Public Health	2019
1st – Alexandra Rogers	Basic Science	2019
2nd – Joseph Mullen	Basic Science	2019
3rd – Grace Chung	Basic Science	2019
1st – Joseph Bui	Clinical Science/Public Health	2020
2nd – Dane Risinger	Clinical Science/Public Health	2020
3rd – Mai Zong Her	Clinical Science/Public Health	2020
1st – Ligia Schmitd	Basic Science	2020
2nd – Gabriel Valencia	Basic Science	2020
3rd – Naeem Motlagh	Basic Science	2020
1st – Mary Younan	Clinical Science/Public Health	2021
2nd – Nicholas Tipton	Clinical Science/Public Health	2021
3rd – Olivia Rebecca Kallo	Clinical Science/Public Health	2021
1st – Juhi Uttamani	Basic Science	2021
2nd – Yao Yao	Basic Science	2021
3rd – James Cheng	Basic Science	2021
1st – Drashty Paresh Mody	Clinical Science/Public Health	2022
2nd – Christina Lieng	Clinical Science/Public Health	2022
3rd – Salima Asifali Sawani	Clinical Science/Public Health	2022
1st – Won Hee Cho	Basic Science	2022
2nd – Sara Alhaffar	Basic Science	2022
3rd – Natalie Atyeo	Basic Science	2022
1st – Natalie Andras	Basic Science	2023
2nd – Drashty Mody	Basic Science	2023
3rd – Yilan Miao	Basic Science	2023
1st – Manuela Miguel	Clinical/Public Health	2023
2nd – Colton Curtis	Clinical/Public Health	2023
3rd – Cyrus Mansouri	Clinical/Public Health	2023
1st – Nour Hilal	Basic Science	2024
2nd – Jonathan Matthew Banks	Basic Science	2024
3rd – Matthew Yee	Basic Science	2024
1st – Kaitlin Healy	Clinical/Public Health	2024
2nd – Justin Hunt	Clinical/Public Health	2024
3rd – Braedon Gunn	Clinical/Public Health	2024
1st – Iram Elamin	Basic Science	2025
2nd – Matthew Yee	Basic Science	2025
3rd – Xiaoyuan Yang	Basic Science	2025
1st – Anny Yang	Clinical/Public Health	2025
2nd – Peyton Maccarone	Clinical/Public Health	2025
3rd – Ahmed Yacoub	Clinical/Public Health	2025

SCADA – Student Competition for Advancing Dental Research and its Application

(supported by Dentsply Sirona and AADOCR)

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

SCADA – Student Competition for Advancing Dental Research and its Application *(continued)*

W .Benton Swanson	Basic and Translational Science	2023
Daniel Rexin	Clinical Science and Public Health Research	2024
Robert Zhou	Clinical Science and Public Health Research	2024
Chao Dong	Clinical Science and Public Health Research	2024
Ameera Haque	Basic and Translational Science	2024
Conrad Harness	Basic and Translational Science	2024
Ali Al Hatem	Basic and Translational Science	2024
John Woodward	Clinical Research and Public Health	2025
Migelle Paolo Orobia	Clinical Research and Public Health	2025
Alex Matthews	Clinical Research and Public Health	2025
Jonathan Banks	Basic and Translational Science	2025
Daniel Thomas Fleming	Basic and Translational Science	2025
Sarah Aitken	Basic and Translational Science	2025

IADR/AADOCR William J. Gies Award

(supported by J .Morita Corporation)

Yutaka Matsuki *et al.*	1996	Catherine Poh *et al.*	2013
Gary Wise *et al.*	1997	Marja Laine *et al.*	2014
M A .Moon & N P P . Ryba *et al.*	1998	Yashuhiro Yoshida *et al.*	2014
Michael Paine *et al.*	1999	Richard Darveau *et al.*	2014
Paul Allison *et al.*	2000	Maiko Suzuki *et al.*	2015
J .Simmer *et al.*	2001	Dean Ho *et al.*	2015
D B Ravassipour *et al.*	2002	Moritz Kebschull *et al.*	2015
Eben Alsberg *et al.*	2003	Waruna Dissanayaka *et al.*	2016
Kailash Bhol *et al.*	2003	Keita Asai *et al.*	2016
Shuo Chen *et al.*	2003	Thomas Van Dyke *et al.*	2016
Kazuhiro Kohama *et al.*	2004	Yan Jing *et al.*	2017
Courtney Young *et al.*	2004	Brian Howe *et al.*	2017
Mari Onozuka *et al.*	2004	Yupeng Li *et al.*	2017
Jian Feng *et al.*	2005	Yukano Fukushim-Nakayama *et al.*	2018
William L .Murphy *et al.*	2005	Nicholas Kassebaum *et al.*	2018
Jung-Wook Kim *et al.*	2005	Liu Yang *et al.*	2018
Atsushi Ohazama *et al.*	2006	Ivor Chestnutt *et al.*	2019
Xiu-Ping Wang *et al.*	2006	Shihai Jia *et al.*	2019
Alexandre Viera *et al.*	2006	Kihoon Nam *et al.*	2019
Bing Hu *et al.*	2007	Nigel Hammond *et al.*	2020
Darnell Kaigler *et al.*	2007	Elizabeth Smith *et al.*	2020
Adriana Modesto Vieira *et al.*	2007	Olivia Urquhart *et al.*	2020
Carolyn Gibson *et al.*	2008	Claudia Brizuela *et al.*	2021
Marcela Carrilho *et al.*	2008	Mohammed Zahedul Nizami *et al.*	2021
Gregory Essick *et al.*	2008	Mark Payne *et al.*	2021
Erica Scheller *et al.*	2009	Xue Yuan *et al.*	2022
Anne Sanders *et al.*	2009	Jingou Liang *et al.*	2022
Sebastian Paris *et al.*	2009	Kirtana Ramadugu *et al.*	2022
Marta Miyazawa *et al.*	2010	Yulai Xie et al .*et al.*	2023
Takahiro Ogawa *et al.*	2010	Bei Chang *et al.*	2023
Carol Bassim *et al.*	2010	Patrick Yi Fen Wen *et al.*	2023
Luciano Casagrande *et al.*	2011	Anting Jin, et al .	2024
Rui Chen *et al.*	2011	Yao Yao, et al .	2024
Xiaoli Gao *et al.*	2011	Harriet Larvin, et al .	2024
Lisha Gu *et al.*	2012	Chiaki Tsutsumi-Arai et al .	2025
Shinya Murakami *et al.*	2012	Xiaoli Gaoi et al .	2025
Naritaka Tamaoki *et al.*	2012	Xiaoxiao Cai et al .	2025
John R .Shaffer *et al.*	2013		
Lei Cheng *et al.*	2013		

AADOCR 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'Ale 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

Appendix 9 *(continued)*

AADOCR Student Research Day Award Recipients *(continued)*

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
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
Sarah Aitken	University of Minnesota, Minneapolis	2024
Cassandra Altimirano	Virginia Commonwealth University, Richmond	2024
Caroline Anselmi de Oliviera	University of Michigan, Ann Arbor	2024
Perry Bachstein	Roseman University, South Jordan, UT	2024
Jocelyn Chen	University of California, Los Angeles	2024
Carter Coppinger	University of Iowa, Iowa City	2024
Carlos Curay	University of Maryland, Baltimore	2024
Qi Dai	Stony Brook University, NY	2024
Lindsey Enders	Marquette University, Milwaukee, WI	2024
Gosia Fryc	University of Connecticut, Farmington	2024
Jason Firth	University of Missouri-Kansas City	2024
Daniel Fleming	The Ohio State University, Columbus	2024
Raju Gandhi	Boston University, MA	2024
Janzel Garzon	Rutgers, Newark, NJ	2024
Simran Grewal	University of Pennsylvania, Philadelphia	2024
Gracie Groth	A.T .Still University, Mesa, AZ	2024

AADOCR Student Research Day Award Recipients *(continued)*

Charles Holjencin	Medical University of South Carolina, Charleston	2024
Rodwan Ibrahim	The University at Buffalo, NY	2024
Wolfgang McLelland	University of Washington, Seattle	2024
Meredith Peterson	Tufts University, Boston, MA	2024
Nadine Robert	University of Pittsburgh, PA	2024
Poojan Shrestha	University of North Carolina, Chapel Hill	2024
Emily Tarr	Midwestern University, Glendale, AZ	2024
Yeongcheol Won	Southern Illinois University, Alton	2024
Eric Yin	University of California, San Francisco	2024
Courtney Beard	Midwestern University College of Dental Medicine – Arizona	2025
Sarah Seohyun Chang	University of Michigan	2025
Yiwen Che	University of Nebraska	2025
Tamilyn Chu	Boston University	2025
Alan Gorny	University of Maryland at Baltimore	2025
Sarah Heis	Virginia Commonwealth University	2025
Ha Eun Jeong	Tufts University, Boston	2025
Lauren Kress	University of Minnesota	2025
George Kokkinos	Stony Brook University	2025
Kimia Imani	University of Washington	2025
Nursima Lacin	University of Pittsburgh	2025
Christian McSweeny	A.T .Still University	2025
Markus Mosley	East Carolina University	2025
Justin Nguyen	Roseman University	2025
Kyungjoon Park	University of Pennsylvania	2025
An-Vi Phan	University of Iowa	2025
Naomi Riley	Indiana University	2025
Kathryn Roeder	Rutgers University	2025
Jordan Sahawneh	Touro College and University System	2025
Talia Thambyrajah	University of Missouri-Kansas City	2025
Aaron Toler	Medical University of South Carolina	2025
Kavya Uddaraju	University of Connecticut	2025
Cassandra Villani	University of Illinois Chicago	2025
Anny Yang	University of California, San Francisco	2025
Nicholas Yuhas	Southern Illinois University	2025

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Shamayim Tabita Ramirez-Puebla, et al .	2025

Appendix 10 — 2024-25 AADOCR Section Officers

Section	President	President-elect	Vice-president	Secretary/ Treasurer	Councilor	Past President
Alabama Section	Ejvis Lamani	Joana Cunha-Cruz	Farahnaz Fahimipour	Yu-Yin Lin	Quamarul Hassan	Jessica Scoffield
Arizona Section	Marc Shlossman	Gina Agostini-Walesch	Ann Spolarich	David Hancock	John Mitchell	Alexandra Pierre-Bez
Baltimore Section	Man-Kyo Chung	Michael Weir	Emily Chu	Se-Lim Oh	Hanae Saito	Abraham Schneider
Boston Section	Felicitas Bidlack	Tingxi Wu	Fernando Guastaldi		M .Marianne Jurasic	Francesca Gori
Buffalo Section			Sabrina Sochacki	Hyuk-Jae Edward Kwon	Thikriat Al-Jewair	Thikriat Al-Jewair
Chicago Section	Spiro Megremis		Linda Sangalli	Kassapa Ellepola	Linda Kaste	
Cincinnati Section	Svetlana Farrell	Matthew Doyle	Eva Schneiderman		Malgorzata Klukowska	
Colorado Section	Devatha Nair		James Nichols	Laurine Szymanski	Jeffrey Stansbury	
Columbus Section	John Bartlett		Scott Schricker	Brian Foster	Binnaz Leblebicioglu	
Connecticut Section	Aniuska Tobin		Lan-Lin Chiou	Tannin Schmidt	Rajesh Lalla	
Dallas Section			Anusha Kotha	Yongbo Lu	Sibel Antonson	
Florida Section	Xiaozhe Han	Saynur Vardar	Toshihisa Kawai	Mark Cayabyab	Erivan Ramos-Junior	
Georgia Section	Rafael Pacheco	Ranya Elsayed	Ana Carolina Morandini			
Houston Section	Wanida Ono			Hamid Nurrohman	Chun-Teh Lee	Chun-Teh Lee
Indiana Section		Chandler Walker	Hadeel Ayoub	Keli Seering	Hakan Turkkahraman	Sabrina Sochacki
Iowa Section	Shaoping Zhang	Ariene Leme-Kraus	Eric Van Otterloo	Sheila Britton	Cristina Vidal	Sukirth Ganesan
Kansas City Section	Mary Walker	Joanna Scott	Melanie Simmer-Beck	Rong (Rose) Wang	Emma Kaz Frick	
Kentucky Section	Gill Diamond	Mauro Santamaria	Grace De Souza	Oelisoa Andriankaja	Lorri Morford	Dolphus Dawson
Lincoln-Omaha Section	Kavya Shankar Muttanahally	Amy Killeen				Meenakshi Vishwanath
Long Island Section	Srinivas Rao Myneni Venkatasatya	Mina Mahdian	Clarisa Amarillas Gastelum	Thomas Manders	Stephen Walker	Ana Botta
Memphis Section			Yanhui Zhang			Kenneth Anderson
Michigan Section	Livia Tenuta	Andrea Pobocik		Justine Moe	Hajime Sasaki	
Minnesota Section	Paul Klaiber		Lyubov Slashcheva	Donald Rindal	Hooi Pin Chew	
Missouri Section	Olga Baker	Kihoon Nam	Sharon Gordon	Richard Sherwood	Gretchen Gibson	
Nashville Section	Ethel Harris	Pandu Gangula		Joyce Barbour	Jacinta Leavell	
New Jersey Section	Bayardo Garcia-Godoy Socias	Jeanne Nervina	Anil Ardeshna	Carla Cugini	Mona Alikhani	Steven Singer
New Orleans Section			Fenglei He			
New York Section		Cristina Teixeira	Martha Mutis	Chinapa Sangsuwon	Sarah Alansari	
North Carolina Section	Apoena Ribeiro	Adam Lietzan	Laura Jacox	Christina Graves		
Oklahoma Section	Fernando Esteban Florez			Sharukh Khajotia		
Oregon Section		Kirsten Lampi	Ana Paula Fugolin			Luiz Bertassoni
Philadelphia Section	Shuying Yang	Santiago Orrego	Daniel Clark	Chider Chen		Nezar Al-Hebshi
Pittsburgh Section		Rebecca Green		Samantha Manna	Ariadne Letra	Fatima Syed-Picard
Puerto Rico Section	Augusto Elias-Boneta	Milagros Toro	Sona Rivas-Tumanyan	Kai Guo	Carmen Buxó-Martínez	Lydia López-Del Valle
Richmond Section	Aous Abdulmajeed	Apurva Tadimari Prabhakar			Oonagh Loughran	Oonagh Loughran
Rochester Section	Dorota Kopycka-Kedzierawski	Jin Xiao	Szilvia Arany	Linda Rasubala	Xianghong Luan	Dorota Kopycka-Kedzierawski
San Antonio Section	Maria Karakousoglou				Brij Singh	Tiffany Tavares
San Francisco Section	Xiaoyuan Han	Erica Hutchins		Nejat Duzgunes	Hussein Al-Wakeel	Rebecca Moazzez
Seattle Section	Andrea Burke		Cameron Randall	Thomas Dodson	Lisa Heaton	
Southern California Section			Yan Wang		Zaher Jabbour	
Utah Section	Barbara Dixon	Kamran Awan	Shankargouda Patil	Man Hung	Brenda Heaton	Lilliam Pinzon
Washington, DC Section		Claudia Cotca				
West Virginia Section	Peter Ngan			Elizabeth Kao	Stephen Pachuta	R .Constance Wiener
Wisconsin Section		Michael Bagby		Pradeep Bhagavatula	David Berzins	

Appendix 11 — Past Presidents of the AADOCR

Helmut A .Zander (1972-73)
Paul Goldhaber (1973-74)
Howard M .Myers (1974-75)
David F .Mitchell (1975-76)
Harold M .Fullmer (1976-77)
Ronald J .Gibbons (1977-78)
Benjamin F .Hammond (1978-79)
Marie U .Nylen (1979-80)
Irwin D .Mandel (1980-81)
William H .Bowen (1981-82)
Roy C .Page (1982-83)
William D .McHugh (1983-84)
James W .Bawden (1984-85)
Robert J .Genco (1985-86)
John C .Greene (1986-87)
Walter J .Loesche (1987-88)
John S .Greenspan (1988-89)
Martin A .Taubman (1989-90)
Richard R .Ranney (1990-91)
Max A .Listgarten (1991-92)
Sally J .Marshall (1992-93)
Harold C .Slavkin (1993-94)
John D .Rugh (1994-95)
Marjorie K .Jeffcoat (1995-96)
Barbara D .Boyan (1996-97)
John C .Keller (1997-98)
Paul B .Robertson (1998-99)
Stephen C .Bayne (1999-2000)
Steven Offenbacher (2000-01)
Martha Somerman (2001-02)
Charles Bertolami (2002-03)
Ken Anusavice (2003-04)
Dominick DePaola (2004-05)
Mary MacDougall (2005-06)
E .Dianne Rekow (2006-07)
Marc Heft (2007-08)
Brian Clarkson (2008-09)
Grayson "Bill" Marshall (2009-10)
David T .Wong (2010-11)
Jeffrey Ebersole (2011-12)
Rena D'Souza (2012-13)
Peter Polverini (2013-14)
Timothy DeRouen (2014-15)
Paul Krebsbach (2015-16)
Jack Ferracane (2016-17)
Raul Garcia (2017-18)
Maria Ryan (2018-19)
J . Timothy Wright (2019-20)
Mark C . Herzberg (2020-21)
Jacques E . Nör (2021-22)
Jane Weintraub (2022-23)
Alexandre Vieira (2023-2024)
Effie Ioannidou (2024-25)
Jennifer Webster-Cyriaque (2025)
Resigned almost immediately due to taking up the position of Acting Director, NIDCR
Effie Ioannidou (2025-26)
Per AADOCR Constitution, the IPP completes the term of a President unable to complete their term

Appendix 12 — Past Treasurers of the AADOCR

1972-77	Arthur R .Frechette (Executive Secretary, Central Office) *(This was a Council-appointed position.)*
1977-80	Daniel B .Green (Executive Director, Central Office) *(The position was re-named "Executive Director".)*
1980-81	Robert Mandell (Secretary/Treasurer) *(This was re-constituted as an elected position.)*
1981-82	Erling Johansen (Secretary/Treasurer) *(Around this time, the Executive Director became the Secretary, and Treasurer was retained as an elected* position)
1982-85	Philias R .Garant
1985-88	John W .Hein
1988-91	William A .Gibson, Jr .
1991-94	Deborah Greenspan
1994-97	Stephen C .Bayne
1997-2000	Susan T .Reisine
2000	Lawrence Tabak *(Resigned almost immediately due to his taking up the position as Director of the National Institute of Dental and Craniofacial Research)* .Replaced by Marc Heft .
2000-04	Marc Heft
2004-07	Pamela DenBesten
2007-10	Paul Krebsbach
2010-13	Frank Scannapieco
2013-16	Pamela C .Yelick
2016-19	David Drake
2019-22	Olga Baker
2022-25	Ana Bedran-Russo

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 3rd "Member-at-large" was added at the Conclusion of the 2012 General Session .

1998-99	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	Brenda Heaton, Effie Ioannidou, Carmem Pfeifer
2020-21	Brenda Heaton, Carmem Pfeifer, Luciana Shaddox
2021-22	Benjamin Chaffee, Brenda Heaton, Luciana Shaddox
2022-23	Benjamin Chaffee, Sheila Riggs, Luciana Shaddox
2023-24	Erin Bumann, Benjamin Chaffee, Sheila Riggs
2024-25	Hope Amm, Erin Bumann, 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 2nd 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 Pax
2021-22	James Jang, Kazune Pax
2022-23	Shawn Hallett, James Jang
2023-24	Shawn Hallett, Caris Smith
2024-25	Drashty Mody, Caris Smith

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
2017-20	Donald White
2018-21	Mildred C .Embree
2019-22	Mary Fete
2020-23	Joe D .Oxman
2021-24	Brian L .Foster
2022-25	Paige Falion
2023-26	Mark Heiss
2024-27	Modupe Coker
2025-28	Adrianne McBride
2025-28	Eileen Sexton

Appendix 14 — Honorary Members of the AADOCR

Samuel Fastlich, 1973
Lowell P .Weicker, Jr., 1986
C .Everett Koop, 1989
Steny Hoyer, 1990
Joseph D .Early, 1992
Harald Löe, 1995
John Howe, 1996
John Porter, 1997
Arlen Specter, 2000
Nicholas Cavarocchi, 2001
David Satcher, 2002
Mary Woolley, 2006
James Bramson, 2007
John E .Sexton, 2008
Mike Simpson, 2009
Tom Harkin, 2010
Ronald Andersen, 2011
Richard H .Carmona, 2012
Patty Murray, 2013
Steve Beshear, 2014
Kenneth Salyer, 2015
Ed Martinez, 2016
Robert Lustig, 2017
J .Bernard Machen, 2018
Margaret Byers, 2019
Mary Otto, 2020
Congresswoman Rosa DeLauro, 2021
Francis Collins, 2022
Michael Alfano, 2023
Marianne Bronner, 2024
Hon .Benjamin Cardin, 2025

Appendix 15 — AADOCR Distinguished Lecture Series Speakers

Year	Meeting	Location	Speaker	Topic
2025	AADOCR/ CADR	New York, NY	Eduardo L .Franco	The Journey to Preventing HPV Infection: Promises and Challenges
			Kim Lewis	Persister Cells and Antibiotic Discovery
			Abigail Tucker	Understanding Dental & Craniofacial Birth Defects Using Diverse Animal Models
2024	IADR/ AADOCR/ CADR	New Orleans, LA	Paul Whelton	Prevention, Control and Treatment of High Blood Pressure: The Way Forward
			Barbara Burtness	Overcoming Treatment Resistance in Head and Neck Squamous Cancer
			Jukka Jernvall	Nature Read in Tooth: What Evolution Tells Us About Dental Variation
2023	AADOCR/ CADR	Portland, OR	Julie Posselt	Equity in Science: Representation, Culture, and the Dynamics of Change
			Shoukhrat Mitalipov	Gene and Cell Therapy in Reproductive Medicine
			Brian J .Druker	Imatinib as a Paradigm of Targeted Cancer Therapies
2022	AADOCR/ CADR	Atlanta, GA (Hybrid)	Christopher Murray	Global Burden of Disease 2020
			Rita R .Colwell	Climate, Oceans, and the Human Microbiome
			Lydia Bourouiba	Air and Transmission
2021	IADR/ AADOCR/ CADR	Virtual Experience	Marie A .Bernard	NIH's Scientific Approach to Inclusive Excellence
			Joseph M .DeSimone	Digital Transformation in Manufacturing to Improve Oral Health
			Kate Pickett	Inequality Bites: Structural Causes of Inequalities in Wellbeing
2020	IADR/ AADOCR/ CADR	Canceled	Eric Green	The Human Genome Project Was Just the Beginning: Research Opportunities at 'The Forefront of Genomics'
			Otis W .Brawley	Cancer Control in the 21st Century
			Janine Austin Clayton	Sex and Gender Influences Across the Biomedical and Dental Research Continuum: A Value Added Proposition
2019	IADR/ AADOCR	Vancouver, Canada	Lee Hood	21st Century Medicine is Transforming Healthcare
			Carrie Bourassa	Noojimo Mikana (A Healing Path): Research as Reconciliation
			Gary Kobinger	Innovative Methods of Vaccination in the Context of Infectious Disease Outbreaks
2018	AADOCR	Fort Lauderdale, FL	Jennifer R .Grandis	Precision Oral Cancer Medicine
			Randolph M .Nesse	Evolutionary Foundations for Dental Research and Practice
			Robert H .Lustig	Tooth Decay and Liver Decay: The Nexus of Physicians and Dentists
2017	IADR/ AADOCR	San Francisco, CA	Steven Chu	Climate Change, Energy and a Sustainable, Low Cost Path Forward
			Joseph DeRisi	Genomics and Infectious Disease
			Enola Proctor	Implementation Science: The Path From Research to High Quality Care
2016	AADOCR	Los Angeles, CA	Frank Hu	Curbing Global Obesity Epidemic: From Science to Policy
			Molly Carnes	Why is Jack More Likely to Become Department Chair Than Jill?
			Dorothy Roberts	Race, Health and Justice in the Genomic Age
2015	IADR/ AADOCR	Boston, MA	Peter Libby	Inflammation in Atherogenesis: A Translational Tale
			Karen Wynn	Looking for the Origins of Human Morality: Evidence From the Scientific Study of Babies
			David J .Mooney	Biomaterial-based, Therapeutic Cancer Vaccines
2014	AADOCR	Charlotte, NC	Pamela Gehron Robey	Stem Cells in Tissue Engineering and Regenerative Medicine
			Ronald Dubner	The Transition from Acute to Persistent Pain After Orofacial Nerve Injury
			Lawrence Appel	Dietary Approaches to Prevent and Treat Elevated Blood Pressure

Appendix 15 *(continued)*

Year	Meeting	Location	Speaker	Topic
2013	IADR/ AADOCR	Seattle, WA	Takashi Tsuji	Tooth Regenerative Therapy as a Future Dental Treatment
			Nancy Maizels	Our Unstable Genomes: Implications for Cancer, Applications to Gene Therapy
			Thomas Kirkwood	Population Aging and Its Impacts on Health
2012	AADOCR	Tampa, FL	John S .Greenspan	HIV/AIDS: The Task Continues
			Martha J .Somerman	Personalized Health Care: Opportunities and Challenges
			Anthony J .Atala	Regenerative Medicine and Organ Replacement Therapy
2011	IADR/ AADOCR	San Diego, CA	Lynne-Marie Postovit	Development Undone: Causes and Consequences of Tumor Cell Plasticity
			Bruce Beutler	Sensing Microbes
			Nobutaka Hirokawa	Intracellular Transport and Kinesin Superfamily Molecular Motors (KIFs): Key Regulators for Neuronal Function, Development and Tumorigenesis
2010	AADOCR	Washington, DC	David Sidransky	Molecular Markers in Personalized Cancer Diagnosis and Treatment
			Kenneth Yamada	Cell and Tissue Dynamics in Development and Regeneration
			Elaine Fuchs	Epithelial Stem Cells: Biology and Clinical Promise
2009	IADR/ AADOCR	Miami Beach, FL	Elizabeth Blackburn	Telomeres and Telomerase in Human Health and Disease
			Fiona Watt	Stem Cells in Squamous Cell Carcinomas
			W .Rory Hume	Science and Social Benefit: the Special Case of the Academic Health Sciences
2008	AADOCR	Dallas, TX	Jim Baker, Jr .	Nanotechnology for the Enhancement of Human Health
			Milton Packer	Engineering the Clinical Research Enterprise in a Multi-institutional and Multidisciplinary Environment
			Eric Olson	Genetic Control of Heart Development and Disease
2007	IADR/ AADOCR	New Orleans, LA	Susan Fisher	Human Embryonic Stem Cells: The Time is Now
			Karen A .Holbrook	Global Perspective on Health Science Institutions and Research
2006	AADOCR	Orlando, FL	David Wong	Salivary Diagnostics: Powered by Nanotechnologies, Proteomics, and Genomics
			Roderic Pettigrew	Horizons in Biomedical Engineering
			David Grier	Transforming Mesoscopic (Bio)materials with Holographic Optical Traps
2005	IADR/ AADOCR	Baltimore, MD	J .Bernard Machen	From Proprietary Trade School to Integral Component of the Academic Health Center: The Long Journey to Academic Acceptance
			Elias A .Zerhouni	NIH Roadmap for Medical Research
			M .Michael Cohen, Jr .	Hedgehog Signaling Network
2004	IADR/ AADOCR	Honolulu, HI	Wendy Mouradian	Ethics, Research, and Social Values: Dental Research in a Changing World
			Gerald Keusch	The Global Status of Nutrition and Infection
			Ko Okumura	Molecular Mechanisms of Cell-mediated Killing and Tumor Rejection
2003	AADOCR	San Antonio, TX	Paul Alivisatos	Biomedical Applications of Nanocrystals
			Rima Rudd	Functional Literacy and Implications for Oral Health
			Jeffrey D .Hillman	Replacement Therapy for the Prevention of Dental Caries
2002	IADR/ AADOCR	San Diego, CA	David L .Sackett	The Tribulations of Ignoring Clinical Trials
			David Relman	The Complex Human Microbial Ecosystem: It's a Jungle in There
			Irwin Kuntz	Drug Discovery in the Post-genomic Era
2001	AADOCR	Chicago, IL	Don Price	Mechanisms of Pain Reduction Produced by Hypnosis and Placebo and Their Clinical Significance
			Eric Anslyn	Electronic Mimicks of Mammalian Senses of Taste and Smell
			Caswell Evans	Oral Health Improvement: Opportunities at the Intersection of Good Intention and Action
2000	IADR/ AADOCR	Washington, DC	Curtis Meinert	Fundamental Concepts in Clinical Trials
			Stephen Epstein	Inflammation, Infection, and Atherosclerosis
			Francis Collins	Functional Genomics
1999	IADR/ AADOCR	Vancouver, Canada	Joseph Vacanti	Tissue Engineering and Biochemistry
			Johan Karlberg	Evidence-based Medicine: Selection of Proper Study Design
			Leroy Hood	Genes and Genomes: A Revolution in Medicine of the 21st Century

Appendix 16 — 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
1974-75	Richard Greulich, Harold M .Fullmer*, S .Wah Leung
1975-76	Solon A .Ellison, Ronald J .Gibbons*, Max A .Listgarten
1976-77	Samuel Dreizen, John A .Gray, Benjamin F .Hammond*
1977-78	Marie U .Nylen*, E R .Costich
1978-79	William H .Bowen, George W .Burnett, Irwin D .Mandel*
1979-80	William H .Bowen* (Candidates proposed by the Nominating Committee were Solon A .Ellison, John A .Gray, and Irwin D .Mandel)
1980-81	Herschel Horowitz, Roy C .Page*, James Shaw
1981-82	William D McHugh*, Juan Navia, Leo Sreebny
1982-83	James W .Bawden*, Robert Craig, Herschel Horowitz
1983-84	Howard Bailit, Robert J .Genco*, John Hein
1984-85	John C .Greene*, Anthony Picozzi, Hans van Houte
1985-86	Thomas R .Dirksen, Walter J .Loesche*, John F .Goggins
1986-87	Louis J .Boucher, Philias R .Garant, John S .Greenspan*
1987-88	Leon M .Silverstone, Martin A .Taubman*
1988-89	Judith Albino, Richard R .Ranney*, Harold C .Slavkin
1989-90	Barbara D .Boyan, Max A .Listgarten*, Thomas E .Van Dyke
1990-91	Dominick P .DePaola, Sally J .Marshall*, Christopher A .Squier
1991-92	Bruce J .Baum, Russell Nisengard, Harold C .Slavkin*
1992-93	Ian C .Mackenzie, John D .Rugh*, William B .Clark
1993-94	John D B .Featherstone, Marjorie K .Jeffcoat*, Norman D .Mohl
1994-95	Christopher A .Squier, Barbara D .Boyan*, Kenneth J .Anusavice
1995-96	Charles Bertolami, Samuel Dworkin, John Keller*
1996-97	Jon Goldberg, Frank Oppenheim, Paul Robertson*
1997-98	Stephen Bayne*, Daniel Laskin, Jon Suzuki
1998-99	Henning Birkedal-Hansen, Steven Offenbacher*, Deborah Greenspan
1999-00	Martha Somerman*, Philip Stashenko, Grayson Marshall
2000-01	Michael Barnett, Charles Bertolami*, A .Jon Goldberg
2001-02	Kenneth Anusavice*, Beverly Dale-Crunk, Deborah Greenspan
2002-03	Dominick DePaola*, Gregory King, Suzanne Michalek
2003-04	Mary MacDougall*, Thomas Van Dyke, James S .Wefel
2004-05	David Cochran, E .Diane Rekow*, Harvey Schenkein
2005-06	Marc Heft*, Grayson (Bill) Marshall, Susan Reisine
2006-07	Brian Clarkson*, No-Hee Park, Paulette Spencer
2007-08	Grayson (Bill) Marshall*, Lynne Opperman, Thomas Van Dyke
2008-09	Pamela DenBesten, Timothy DeRouen, and David T W .Wong*
2009-10	Matthew J .Doyle, Jeffery L .Ebersole*, and Carla A .Evans
2010-11	Rena D'Souza*, Mathilde (Tilly) C .Peters and Susan T .Reisine
2011-12	Pamela DenBesten, Mel L .Kantor and Peter J .Polverini*
2012-13	Timothy DeRouen*, Carla Evans and Ann Progulske-Fox
2013-14	Sharon M .Gordon, Paul Krebsbach* and Phillip Marucha
2014-15	Jack Ferracane*, Ira Lamster, Cun-Yu Wang
2015-16	Raul I .Garcia*, Sharon M .Gordon and Paul C .Dechow
2016-17	Yang Chai, Christopher W .Cutler and Maria Emanuel Ryan*
2017-18	Mina Mina, J .Timothy Wright* and Pamela Yelick
2018-19	Mark Herzberg*, Ann Progulske-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
2025-26	Margherita Fontana*, Azeez Butali, Luciana Shaddox
2026-27	Marcelo Araujo, Kimon Davaris*, Sarah Knox

(*winner)

Appendix 17 — 2025 Canadian Association for Dental Research Officers

Leigha Rock, President
Amir Azarpazhooh, Secretary/Treasurer
Noha Gomaa, Councilor
Maryam Amin, Councilor
Sreenath Madathil, Councilor
Anil Kishen, Immediate Past President
Ahmed Abbas, NSRG President

Appendix 18 — Past Presidents of the Canadian Association for Dental Research

Murray Hunt (1974-76)
Jim Lund (1976-77)
Barry J .Sessle (1977-78)
Colin Dawes (1978-79)
D .Carmichael (1979-80)
Joseph Tonzetich (1980-82)
Gordon Nikiforuk (1982-83)
John Stamm (1983-84)
Arto Demirjian (1984-86)
H .James Sandham (1986-89)
Barry C .McBride (1989-92)
Derek Jones (1992-94)
Luc Trahan (1994-96)
Edwin Yen (1996-98)
Hardy Limeback (1998-2000)
Richard Ellen (2000-04)
Donald Brunette (2004-06)
S .Jeffrey Dixon (2006-07)
Edward Putnins (2007-08)
Gilles Lavigne (2008-09)
Edward Putnins (2009-10)
Debora Matthews (2010-13)
Michael Glogauer (2013-15)
Joy Richman (2015-17)
Patrick FloVod (2017-19)
Walter L .Siqueira (2019-21)
Belinda Nicolau (2021-2023)
Anil Kishen (2023-2025)

Appendix 19 — 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

R. Moffat, M. Fontana, X. Huang, S. Levy, S. Tomar, Y-H. Yu, E. Bell, K. Rwizi, M.K.S. Charles-Ayinde, and C. Fox.

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) supports community water fluoridation as a safe, effective, and evidence-based intervention for the prevention of dental caries .Fluoride occurs naturally in water, and fluoridation is the controlled addition of fluoride to community water systems to the level recommended for caries prevention .Community water fluoridation has its origins in the 1930s when US Public Health Service dentists Drs .Henry Klein and Carroll Palmer found a substantially lower prevalence of caries among American Indian children in areas with higher levels of fluoride in their drinking water than among those in areas with very low fluoride levels [1]. That negative association between naturally occurring fluoride levels in drinking water and the prevalence and severity of dental caries was subsequently confirmed in a 1940 cross-sectional study of 7,200 white children [2]. The hypothesis that adjusting the fluoride level in drinking water could prevent dental caries was tested in community trials of four test cities and matched control cities that began in 1945 [3–6]. At the end of the studies, which ranged up to 15 years, the mean number of permanent teeth among children aged 12–14 years that were decayed, missing due to caries, or filled was 48–70% lower than before fluoridation commenced .[7,8] or in the non-fluoridated control cities [9,10] What began as a small trial of the controlled addition of fluoride to water in Grand Rapids, Michigan has now reached 73% of the United States population who drink from a community water system and has resulted in a significant decrease in dental caries [11,12]

Dental caries – the destruction of dental hard tissues – can result in pain, infection and tooth loss [13] Caries is caused by acidic byproducts produced from microbial fermentation of sugar[13] Dental caries is the most common chronic disease of childhood14, but affects people throughout the lifespan .The prevalence of dental caries experience among U S .youth aged 2–19 years was 46% for 2015- 2016, with 13% having untreated caries15 .Hispanic children experienced the highest prevalence of dental caries (57%), followed by Non-Hispanic black children (48%), and Non-Hispanic white children (40%) [15] On average, older adults can expect at least 1–2 new caries lesions per year[16] Children with poor oral health are more likely than those with good oral health to miss school and suffer academically[17,18] Children with dental problems are also more likely to exhibit shyness, unhappiness, feeling of worthlessness, and reduced friendliness [18,19] Parents also often report absences from school or work to seek treatment for their children [20]

Many studies point to the effectiveness of community water fluoridation in decreasing the prevalence and severity of 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 [21, 22] Another systematic 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 in a community decreased caries in children ages 4–17 by 30-50% and that stopping water fluoridation increased caries by 18% [23, 24] Furthermore, reducing childhood caries experience and severity may have benefits into adulthood by halting disease progression that can result in adult tooth loss [25, 26]

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 [27] 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 savings [27] Analyses in 2016 and 2018 confirmed this finding [26, 29]

Community water fluoridation also reduces oral health disparities . Children and adults from socioeconomically disadvantaged backgrounds are more likely than more affluent persons to

suffer from dental caries and are less likely to be treated for the disease .[30, 31] 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 .[32] More research is needed to determine the circumstances in which water fluoridation reduces disparities, as not all fluoridated communities show reduced disparities .[21, 33]

Community water fluoridation is a safe method of delivering fluoride on a population level .[34] 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, and osteoporosis .[35–39] A recent meta-analysis, examining the association between water fluoride levels up to 1 5 mg/L (milligrams of fluoride per liter of water, just over twice the recommended optimal level in the U S) and children's intelligence, showed that fluoride exposures relevant to community water fluoridation levels recommended in the U S .are not associated with lower IQ scores in children .[40] Added to this, the National Toxicology Program (NTP) monograph, although not designed to evaluate the health effects of fluoridated drinking water alone, concluded that more studies are needed to fully understand the potential for lower fluoride exposure to affect children's IQ .[41] Dental fluorosis resulting in tooth discoloration is the only known adverse health effect of water fluoridation .[42] Teeth are only at risk of developing fluorosis until about age 8 during enamel formation .In the United States, dental fluorosis is mostly mild and generally does not affect the tooth beyond esthetics .[43] Moderate and severe forms of dental fluorosis are rare[43] The United States Public Health Service recommends a concentration of 0 7 mg/L to achieve substantial caries prevention while balancing the risk of dental fluorosis .[44]

Community water fluoridation is supported by many important health and public health organizations, including the American Association of Public Health Dentistry, the American Public Health Association, the American Dental Association, the American Academy of Pediatrics, and the World Health Organization, among others .Additionally, in 1999, the CDC identified community water fluoridation as one of 10 great public health achievements of the 20th century because of its effectiveness and ability to distribute fluoride equitably and cost-effectively45 .Information about the fluoride concentration of U S .communities participating in water fluoridation can be found on the CDC website "My Water's Fluoride ".[46]

AADOCR always welcomes research on water fluoridation safety and effectiveness .Based on the best available evidence at this time, community water fluoridation is safe, effective for caries prevention, and cost-saving .In some communities, community water fluoridation reduces oral health disparities . Therefore, AADOCR 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 .[44]

Author Contributions

R .Moffat contributed to design, data acquisition, analysis, and interpretation, drafted and critically revised the manuscript, all members of the AADOCR Science Information Committee sub-committee, contributed to conception and design, critically revised the manuscript .E .Bell, K .Rwizi, and 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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(Adopted 2025)

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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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TOPICAL FLUORIDES

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The American Association for Dental, Oral, and Craniofacial Research (AADOCR) supports the use of topical fluorides as a safe, effective, and evidence-based intervention for the prevention of dental caries (tooth decay) .Dental caries is among the most prevalent human diseases globally, especially in children in low-socioeconomic groups and minorities [1,2] The significant implications of good oral health on overall health are being increasingly appreciated [3,4] The number of people with oral diseases was estimated at 3 5 billion worldwide, of which 2 3 billion (66%) appeared to have untreated disease [5] The global prevalence of dental caries remained generally unchanged between 1990 and 2017 5 Within the United States, the prevalence of caries experience in adults is estimated to be 90%, with 21 3% of adults having untreated decay,[6] while the prevalence of untreated or restored dental caries in one or more primary or permanent teeth in children ages 2-19 years is 46 0% [7] The Centers for Disease Control and Prevention's (CDC) Division of Oral Health identifies oral health disparities among groups defined by race or ethnicity, socioeconomic status, gender, age, and geographic location . These disparities are due largely to the varied prevalence of water fluoridation, access to dental care, and social and commercial determinants of health .Suboptimal oral health has been shown to negatively impact learning, particularly in early life [8]

The promotion of using various fluoride-containing agents is a major strategy for preventing dental caries [9,10] The major mechanisms by which fluorides protect tooth surfaces are based on ultrastructural changes in (partly) fluoride-substituted tooth mineralized phases that resist decay-causing acids produced by cariogenic bacteria, and antimicrobial effects of high concentration topical fluorides [11-15] The biochemical basis of partial fluoride substitution has been attributed to several key factors, including dose, phase of tooth eruption, and mode of delivery, either topical or systemic delivery, all of which have significant clinical and public health implications .Recent controlled clinical trials and systematic reviews with meta-analysis have found that topical fluoride preparations, such as sodium fluoride and silver diamine fluoride (SDF), are moderately effective at preventing early childhood caries [6,17] The use of these formulations also for dental erosion, hypo-mineralization lesions, and post-restorations has been suggested [18-21]

Fluoride can be delivered topically or systemically .Topical fluoride is a common and effective method for preventing dental caries, strengthening teeth already present in the mouth, and enhancing oral health [22] It is typically administered via direct application of fluoride to the surface of the teeth .There are several forms of topical fluoride including but not limited to:

(i) .toothpaste that contains fluoride in concentrations typically ranging from 1,000 to 1,500 parts per million (ppm) [23] Prescription-strength fluoride toothpastes contain 5,000 ppm fluoride as sodium fluoride [23] Fluoride toothpaste should be used at least twice per day and provides a low level of fluoride exposure that aids in the continuous protection of teeth [23]

(ii) .gels and foams are usually used for more concentrated treatments and are often recommended for individuals at higher risk for dental caries .Products available in the U S .include gels and foams of acidulated phosphate fluoride (12,300 ppm fluoride) and 2% neutral sodium fluoride products (~9,000 ppm fluoride) [23]

(iii) .varnishes are available as sodium fluoride (~22,600 ppm or 11,300 ppm fluoride) or difluorosilane (1,000 ppm fluoride) and provide a concentrated fluoride treatment that bonds to the enamel and slowly releases fluoride over time [23,24] Although the fluoride concentration of most commonly used varnishes (5% NaF) is notably higher than the concentration in other topical fluoride products, the nature of varnish lends itself to controlled, precise application to specific tooth surfaces [25] Varnishes are often used in dental offices or community-based settings for children and adults at a higher risk for dental caries and those who need additional protection .

(iv) .mouth rinses provide a lower concentration of fluoride exposure compared with gels and varnishes .Over-the-counter solutions of 0 05% sodium fluoride (~230 ppm fluoride) and 0 02% sodium fluoride (~100 ppm fluoride) for daily rinsing are available for use by persons older than 6 years of age [23, 26] Higher strength mouthrinses for those at high risk of tooth decay may be prescribed by a dentist or physician [23] Solutions of 0 2% sodium fluoride (~920 ppm fluoride) are also used in supervised, school-based weekly rinsing programs [23]

(v) .silver diamine fluoride is commonly available as a 38% solution containing 44,800 ppm fluoride ions [27] It is recommended that clinicians prioritize the use of 38% SDF solution (biannual application) over 5% NaF varnish (application once per week for 3 weeks) to arrest advanced cavitated caries lesions on any coronal surface of teeth [28, 29]

Topical fluorides can be applied within professional settings (varnishes, solutions, gels, or foams) or individually applied (toothpastes and mouth rinses) as part of a regular oral hygiene routine .

Mechanisms of Action and Effectiveness

Topical fluoride benefits oral health through several primary mechanisms .The placement of fluoride directly on the enamel, such as with toothpastes, gels, varnishes, and foams, reduces demineralization and aids in the remineralization of enamel that has been demineralized by acidic attacks from bacteria [23] It also promotes the deposition of calcium and phosphate back into the enamel, enhancing its resistance to future acid attacks [23] Additionally, fluoride reduces the solubility of the enamel when under acidic conditions, thereby reducing the loss of minerals during acid attacks [30]This protective effect helps maintain enamel structure during periods of low pH in the mouth .By integration into the enamel structure, fluoride increases its hardness and resistance to both mechanical and chemical stresses [30] This fortification helps protect enamel from physical and chemical wear, further contributing to oral health . The application of fluoride through products such as SDF also has a significant antibacterial effect, impacting cariogenic bacteria such as Streptococcus mutans, responsible for tooth decay [31,32]

Brushing with fluoride toothpaste increases the fluoride concentration in saliva by 100- to 1,000-fold .After one to two hours following using fluoride toothpaste, the saliva concentration returns to the baseline level .[33] Fluoride toothpaste containing over 1,000 ppm of fluoride prevents dental caries in the permanent and primary dentition .[34] The professional application of fluoride varnish or fluoride gels to children's teeth two or more times per year shows successful results in the prevention of caries in high-risk caries children of all ages, regardless of the fluoride levels in drinking water.[22] Fluoride varnishes have means of 37% effectiveness in preventing caries primary teeth and 47% on permanent teeth .[35]

Safety, Risks, and Toxicit

The use of topical fluoride in appropriate and recommended forms and with appropriate dosages is considered safe .[36,37] Self-care topical fluoride products are formulated with specific concentrations of fluoride that are deemed safe for daily use[35] .Higher fluoride concentrations in gels and varnishes, applied professionally, are also safe and beneficial when used appropriately .[37] Extensive research and many clinical studies have demonstrated the efficacy and assessed the risks and established the safety of topical fluoride .[14-22, 37-42] The Food and Nutrition Board (FNB) of the National Academies of Sciences, Engineering, and Medicine has established recommended upper limits (UL) for fluoride intake from all sources for healthy individuals based on levels associated with dental and skeletal fluorosis .These levels range from 0 7 mg in children ages birth to 6 months and 10 mg in those over 9 years of age .[43] These daily tolerable UL for fluoride exceed expected dosages from professional and individual uses of topical fluoride products .The U S .Preventive Services Task Force recommends the clinical application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption .[44] The recommendation is given a "B" grade, indicating that there is high certainty that the net benefit of the intervention is moderate or there is moderate certainty that the net benefit is moderate to substantial .[44] Health organizations such as the American Dental Association (ADA) and the World Health Organization (WHO) endorse the use of fluoride for caries prevention .[36,45] The guidelines provided by these organizations are based on a robust body of evidence supporting fluoride's role in dental health .

The caries-preventive effects of fluoride have been noted to be additive when fluoridated toothpastes are used alongside fluoridated water .While topical fluoride is safe, excessive fluoride intake during the formative years of dental development can lead to dental fluorosis,[46]
a condition characterized by changes in the appearance of tooth enamel .In the U S ¸ dental fluorosis is mostly mild and cosmetic, does not affect tooth function and is not painful .[47] Moderate and severe forms of dental fluorosis are rare .[48] To mitigate the risk of fluorosis, parents should supervise young children while brushing to ensure they use only a small amount of toothpaste (i e ¸ a grain of rice-sized and pea-sized, respectively, for children younger than 3 years old and aged 3 to 6 years and avoid swallowing it .[49-52] Varnishes and gels are designed for topical application and are not intended for ingestion .

Current AADOCR evidence-based position on topical fluorides

Based on current evidence-based science, the American Association for Dental, Oral, and Craniofacial Research (AADOCR) supports the following recommendations:

1 .Fluoride-containing dentifrices (1,000-1,500 ppm) should be used routinely twice daily to effectively prevent caries .Brushing with fluoride toothpaste twice daily is a crucial part of a comprehensive oral health routine and incorporating this habit is key to maintaining long-term oral health .

2 .Fluoride-containing dentifrices should be used in very small amounts in young preschool-aged children to reduce the risk of dental fluorosis through unintentional ingestion .

3 .Daily or weekly fluoride mouth rinses should be used by adults and school aged children at elevated risk of dental caries . Because of their high fluoride concentration, mouth rinses are not recommended for preschool-aged children .

4 .Fluoride gels and varnishes should be applied professionally at three- to six-monthly intervals as appropriate for patients at increased caries risk .Application frequency should 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 four-month intervals .[5]

5 .38% SDF solution should be applied biannually applied on top of 5% NaF to arrest advanced cavitated carious lesions on any coronal surface of primary or permanent teeth, if access to care is limited, those with special health care needs, or for patients when general anesthetic is not considered safe .

Based on the current literature, AADOCR notes that additional investigation is warranted concerning chronic systemic toxicity of fluorides .

Author Contributions

P .Arany contributed to design, data acquisition, analysis, and interpretation, drafted and critically revised the manuscript, all members of the AADOCR Science Information Committee sub-committee, 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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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:

1 .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.

(adopted 1996, revised 2010, reaffirmed 2015)

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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 [1-4]

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 [5, 6] Dental caries is the most common chronic disease in children and is fives time 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 [7]

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 [8, 9] Children with caries may experience embarrassment, exhibit withdrawal, have difficulty eating and sleeping, and limit facial expressions and behaviors that facilitate social interaction [7, 10, 11] 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 [12] 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 [4]

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/cc); and the Centers for Disease Control and Prevention (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 [3, 4, 9, 13-16]

(adopted 2017)

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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 [1]. 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 1 The act of inhaling and exhaling this aerosol is often called "vaping," although technically, vaping can occur with nicotine-free solutions [2]. ENDS solutions come in a variety of flavors and nicotine concentrations [3]. 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 [4].

Although using ENDS devices have been marketed as a tobacco smoking cessation strategy,[3,5] 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 [6]. However, other research has shown no differences when the cessation rates of ENDS, nicotine replacement therapy (NRT), and non-NRT medication were compared[18], as well as inconclusive results on the effectiveness of ENDS as a tobacco cessation aid[19,20,21] .

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 [1,7,8,9]. To the contrary, research has shown that e-cigarette users had comparable oral health to non-users10 and that the oral health impacts of ENDS, as currently understood, are less than the known, considerably harmful, oral health impacts of tobacco smoking [7]. Overall, studies on e-cigarettes reveal potential health harms[22,23],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[11] . In 2022, about 1 in 10 (2 5 million) U S .middle and high school students reported current e-cigarette use 12 Between 2017 and 2019, nicotine vaping increased by 9 0, 14 9, and 16 5 percentage points in 8th, 10th, and 12th grades, respectively [13] ENDS products have the potential to serve as an entry point for use of other nicotine-containing products [14] 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 [15] Enticing flavors increase the appeal of ENDS product use to children and adolescents 16 Dozens of unique flavors of ENDS products exist, including fruit and candy flavors [17]

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, AADOCR supports the following recommendations:

1 .**The AADOCR 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 .**AADOCR 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 .**AADOCR 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 .**AADOCR supports national, state, and local legislation that eliminates ENDS 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, including vaping, in public places .

The AADOCR 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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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[1,2] .Tobacco products come in many forms .Some are smoked, and others are not, but none is safe for human consumption[3] .Despite this common knowledge, reports show that most people who use cigarettes began smoking as an adolescent[4]; and nearly nine out of 10 smokers started smoking by age 18[4] .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[5] .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[6] .

Tobacco use can result in acute and chronic oral diseases . Head and neck cancers[1,2,7] and periodontitis[2,8,9], compromised wound healing[10,11,] a reduction in the ability to smell and taste[12], melanoses (dark pigmentation of the oral tissues)[13], smoker's palate (harder white thickened mucosal tissues)[13], staining of teeth[14] and restorations[14,15,] and peri-implant diseases[16] 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[17] .Caries risk in the primary dentition is increased due to secondhand smoke exposure[18] .Poorly developed enamel in the primary and permanent dentition may be related to secondhand cigarette smoke exposure during childhood[19] . 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[7,20] .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[7] .

Furthermore, each day in the United States, about 1600 youth smoke their first cigarette, and nearly 200 become daily cigarette

smokers[4] .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[21] . 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[2] .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[5] . Between 2011 and 2019, the proportion of high school students who were current e-cigarette users increased from 1 5% to 27 5%[22] .Ninety-nine percent of e-cigarettes contain nicotine[23] . 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[24], increased risk for future addiction to other drugs[24], increased mental health impacts[25], respiratory function impairment, and structural changes in lung tissue[26] as well as increased risk of coronary heart disease and heart attack[27] .Furthermore, health claims that e-cigarettes are effective smoking cessation aids are inconclusive based on current scientific evidence[28] .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,[28,29,30,31] 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[32] . Secondhand exposure results in the death of 41,000 nonsmoking adults and 400 infants each year[32] .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[33] .Infants and children who are exposed to smoke are at risk for sudden infant death syndrome (SIDS)[1,7,34,35], acute respiratory infection, bronchitis, pneumonia, middle ear infections, and asthma during infancy[35] . 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[36] .These volatile compounds become airborne particulate matter easily dispersed throughout the home over time[37] .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[37] .Studies have shown that children exposed to thirdhand smoke have increased cognitive deficits in addition to the other associated risks of secondhand smoke exposure[36,37] .

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[38].*

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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IADR PROFESSIONAL CONDUCT AT MEETINGS POLICY

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HEALTHY MEETINGS POLICY

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SUGAR-SWEETENED BEVERAGES

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TOBACCO FUNDED RESEARCH

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Appendix 20 — AADOCR Corporate Support

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

- CareQuest Institute for Oral Health for being a Bronze Scientific Session Partner and in support of the AADOCR Mind the Future Program
- Colgate-Palmolive Company for being a Gold Scientific Session Partner and in support of the AADOCR/CADR Past Executives' Business Meeting, AADOCR Student Research Fellowships, the AADOCR Diversity Matters Symposium, and an Industry-Sponsored Symposium
- Delta Dental in support of the AADOCR Delta Dental Institute Oral Health Equity Award
- Dentsply Sirona for being a Bronze Scientific Session Partner and in support of the Student Competition for Advancing Dental Research and its Application (SCADA) and AADOCR Student Research Fellowships
- Haleon in support of an Industry-Sponsored Symposium, the AADOCR Distinguished Scientist Award, and AADOCR Student Research Fellowships, and the Science Lounge
- J .Morita in support of the IADR/AADOCR William J .Gies Award
- Kenvue in support of an Industry Sponsored Symposium and the AADOCR Joseph Lister Award for New Investigators
- Kuraray Noritake in support of an Industry-Sponsored Symposium
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of the AADOCR/CADR President's Reception, the AADOCR P&G New Faculty Research Fellowship, AADOCR Student Research Fellowships, and the AADOCR William B .Clark Fellowship
- Shofu in support of an Industry-Sponsored Symposium
- Solventum for being a Gold Scientific Session Partner and in support of an Industry-Sponsored Symposium

Appendix 21 — AADOCR Institutional Support

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

- The American Academy of Periodontology in support of AADOCR Student Research Fellowships
- The National Institute of Dental and Craniofacial Research (NIDCR) in support of the AADOCR Bloc Travel Grant

Appendix 22 — *In Memoriam* *(IADR Members who passed between October 2024 – December 2025)*

Michael Alfano
Loveladies, NJ

Melvin Lund
Indianapolis, IN

James Mellberg
Columbus, NC

Richard Ranney
Mineral, VA

Jeanne Sinkford
Silver Spring, MD

Donald Giddon
Sarasota, FL

Markus Mosley
Garner, NC

Isha Mutreja
Woodbury, MN

Richard Rozier
Chapel Hill, NC

Norton Taichman
Narberth, PA