

# PROCEEDINGS 2022

IADR Council, 100<sup>th</sup> General Session  
Virtual Event • June 20-25, 2022

AADOCR Council, 51<sup>st</sup> Annual Meeting  
Atlanta, GA, USA • March 21-26, 2022



IADR

International Association  
for Dental Research



AADOCR

American Association for Dental,  
Oral, and Craniofacial Research

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# The 100<sup>th</sup> General Session & Exhibition of the IADR

In January 2022, the IADR and APR announced that the 100<sup>th</sup> General Session of the IADR, held in conjunction with the 5<sup>th</sup> Meeting of APR, would be a virtual meeting taking place on June 20-25, 2022. The 100% virtual format provided scientists and researchers, regardless of location, with the opportunity to present, discuss, and critique their investigations, to view high-quality presentations, and to interact with colleagues online.

Using the IADR General Session Virtual Experience platform, attendees received online access to all meeting content where they could watch live or view recorded presentations 24-hours a day. Attendees could choose from thousands of research presentations, including the Distinguished Lecture Series, keynote addresses, symposia, workshops, and oral presentations, all accessible online.

The meeting was virtually attended by 2,132 individuals from 80 countries. Those attending the meeting could choose from among 1,445 Interactive Talk presentations, 38 Focused Learning Sessions, 5 satellite symposia, 54 symposia, 34 Hands-on Workshops, and one Distinguished Lecture Series plenary session. Delegates also had the opportunity to visit the virtual exhibit hall, which housed 14 exhibition booths: 4 were corporate and 10 were institutional/government/nonprofit.

The 2022 Distinguished Lecture Series speaker was Yigong Shi, Westlake University, Hangzhou, Zhejiang, China, speaking on “Basic Research and Healthcare Industry in China and Beyond.”

To support attendance in these challenging times, all IADR members and IADR student members from World Bank defined Low, Lower-Middle or Upper-Middle-Income Countries (LMICs) were eligible for a reduced registration fee. This was a significant expansion of the reduced fee policy to include all members in LMICs, not just those in the region of the General Session. In addition, the IADR Board expanded the use of Adopt-a-Member funds to support meeting registrations for IADR members from LMICs.

Brian O’Connell was installed as IADR’s 99th President at the conclusion of the 2022 IADR/APR General Session. His inaugural address, “IDAR is Prepared to Meet the Global Oral Health Research Challenges,” is published in the *Journal of Dental Research*.

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

- The Borrow Foundation for being a General Session Sponsor and in support of the IADR E.W. Borrow Memorial Award
- CareQuest Institute for Oral Health for being a General Session Sponsor and in support of an IADR Distinguished Scientist Award
- Church & Dwight Co., Inc. for being a General Session Sponsor and in support of an IADR Distinguished Scientist Award

- Colgate-Palmolive Company for being a Gold Level General Session Sponsor and in support of the IADR Colgate Research in Prevention Travel Awards and IADR Distinguished Scientist Awards
- Dentsply Sirona for being a Silver Level General Session Sponsor and in support of an IADR Distinguished Scientist Award
- GC Corporation for being a General Session Sponsor and in support of the IADR GC Centennial Research Awards
- GlaxoSmithKline for being a General Session Sponsor and in support of the IADR Innovation in Oral Care Awards and IADR Distinguished Scientist Awards
- IADR Dental Materials Group in support of an IADR Distinguished Scientist Award
- IADR Newell W. Johnson Travel Award Endowment in support of the IADR Newell W. Johnson Travel Award
- J. Morita for being a General Session Sponsor and in support of the IADR/AADOCR William J. Gies Awards and the IADR Distinguished Service Award
- Johnson & Johnson Consumer, Inc. for being a General Session Sponsor and in support of an IADR Distinguished Scientist Award and the IADR Joseph Lister Award for New Investigators
- KULZER for being a General Session Sponsor and in support of the IADR KULZER Travel Awards
- Lion Corporation for being a General Session Sponsor and in support of the IADR Lion Dental Research Awards
- The Osteology Foundation for being a General Session Sponsor and in support of the IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Level General Session Sponsor and in support of the IADR Young Investigator Award
- The Sarnat Family Foundation in support of an IADR Distinguished Scientist Award
- Shofu for being a General Session Sponsor
- Smile Train for being a General Session Sponsor and in support of the IADR Smile Train Cleft Research Award
- Unilever Oral Care for being a General Session Sponsor and in support of an IADR Distinguished Scientist Award
- Whip Mix for being a General Session Sponsor
- Wiley for being a General Session Sponsor
- Wiley-Blackwell for being a General Session Sponsor

# Proceedings of the IADR Council Meeting

IADR General Session Virtual Meeting Experience • June 15, 2022 • 8 a.m. – 10 a.m. ET

**IADR Board of Directors:** President Eric Reynolds; President-elect, Brian O’Connell, Vice-president, Ophir Klein; Immediate Past President, Pamela Den Besten; Treasurer, David Drake; Regional Board Member, Deema AlShammery; Regional Board Member, Nobuhiro Takahashi; Regional Board Member, S .Aida Borges-Yáñez; Regional Board Member, Maria del Carmen López Jordi; Regional Board Member, Gottfried Schmalz; Young Investigator Representative, Vinicius Rosa; Young Investigator Representative, Kimon Divaris; *JDR* Editor-in-Chief, Nicholas Jakobovics.; *JDR CTR* Editor-in-Chief, Jocelyne Feine; and IADR Chief Executive Officer, Christopher Fox .

**IADR Councilors from Scientific Groups/Networks:** Behavioral, Epidemiological & Health Services Research Group, Joana Cunha-Cruz; Cariology Research Group, Cinthia Tabchoury; Clinical and Translational Science Network, Paul Dechow; Craniofacial Biology Group, Lorri Morford; Dental Anesthesiology Research Group, Michelle Franz-Montan; Dental Materials Group, Saulo Geraldelli; Diagnostic Sciences Group, Veeratrishul Allareddy; Education Research Group, Man Hung.; e-Oral Health Network, Harsh Priya.; Evidence-based Dentistry Network, Fang Hua.; Geriatric Oral Research Group, Linda Slack-Smith; Global Oral Health Inequalities Network, Ankur Singh; Implantology Group, John Mitchell; International Network for Orofacial Pain and Related Disorders Methodology (INFORM), Yoshihiro Tsukiyama; Microbiology/ Immunology, Gill Diamond; Mineralized Tissue, Xianghong Luan; Network for Practice-based Research, Man Hung; Neuroscience, Somsak Mitrirattanakul.; Nutrition Research, Ana Wintergerst; Oral Health Research, Deborah Lyle; Oral Medicine & Pathology, Faizan Alawi; Orthodontics Research, Mani Alikhani; Periodontal Research, Shogo Takashiba; Pharmacology/Therapeutics/Toxicology, Jennifer Gibbs; Prosthodontics, David Bartlett; Pulp Biology and Regeneration, Fionnuala Lundy; Salivary Research, Xinyun Su; Stem Cell Biology, Jacques Nör .

**IADR Councilors from Divisions:** American Division, Jacques Nör.; American Division, Jane Weintraub; American Division, Alexandre Vieira; American Division, Effie Ioannidou; Australian/New Zealand Division, Stuart Dashper; Brazilian Division, Paulo Cesar; Brazilian Division, Ricardo Barao; British Division, Paul Anderson; British Division, Rachel Waddington; Canadian Division, Leigha Rock; Chilean Division, Constanza Martinez Cardozo; Chinese Division, Bian Zhuan; Chinese Division, Miao He;Colombian Division, Edgar Beltran.; Continental European Division, Sebnem Turkun; Continental European Division, Bart Van Meerbeek; East & Southern African Division, Birke Bogale; Indian Division, Mahesh Verma; Indian Division, Subramoniam Balaji; Iraqi Division, Anwar Tappuni; Irish Division, Hal Duncan; Israeli Division, Shlomo Matalon; Japanese Division, Mikako Hayashi; Japanese Division, Seiji Nakamura; Kuwaiti Division, Abrar Al-Anzi; Mexican Division, S .Aida Borges-Yáñez; Peruvian Division, Natalia Henostroza Quintans; Saudi Arabian Division, Arwa Daghreery; Saudi Arabian Division, Deema AlShammery; Scandinavian Division, Ulvi Gursoy;South African Division, Saadika Khan.; Southeast Asian Division, May Wong; IADR Corporate Section, Stephen Mason;IADR Institutional Section, Man Hung, .

**Non-voting Councilors and Observers:** Vice-president elect, Satoshi Imazato; IADR Annual Session Committee, David Bartlett; IADR Joseph Lister Award for New Investigators Committee, Thuy Do; IADR Nominating Committee, Keiji Moriyama; Brazilian Division, Katia Rode; Venezuelan Division, Alejandra Garcia Quintana; Tunisian Section, Latifa Berrezouga; FDI World Dental Federation, Enzo Bondioni.; IADR Membership & Recruitment Committee, Jie-Fei Shen; Behavioral, Epidemiological & Health Services Research Group, Santosh Tadakamadla; Past IADR President, Steve Bayne; IFDEA President, Corrado Paganelli; and Alvaro Della Bona; Andreas Stavropoulos; Chen Xia; Aylin Baysan; and Priyanka Vasantavada .

**Global Headquarters (GHQ) Staff:** Chief Operating Officer, Denise Streszoff; Chief Financial Officer, Pete Quinlivan; Director of Meetings, Leslie Zeck; Director of Strategic Programs, Sheri Herren; Director of Membership and Publications, Kourtney Skinner; Director of Science Policy, Makyba Charles-Ayinde; Director of Government Affairs, Yehuda Sugarman; Assistant Director, Digital Strategy & Operations, Christopher Flow.; Executive Assistant to the CEO and Recording Secretary, Brenda Moreno .

The meeting was called to order at 8:03 a m .

## I. INTERACTIVE COUNCIL SESSION

Prof .O’Connell reviewed the work of the Scientific Group Task Force .He noted that the Task Force was created due to the rapid growth of the number of SGNs .The Task Force recommended a member survey to ascertain the sentiments of the membership .

Key Findings:

- Members’ priority goals are networking with (86%) and learning from others (91%) in their specific scientific area – the interest in broader areas is lower (74% and 76% respectively,) but still strong
- The lever of interest in symposia with collaborative research projects across multiple Scientific Groups is also high (64%)
- The level of understanding of the Scientific Groups and Networks is not high – nearly 50% of all respondents are either “unsure” or unclear as to the rigor and consistency of governance
- The preference for more and fewer Scientific Groups and Networks is split evenly; however, more than 2/3 of respondents would like ways to make them more valuable; searchable member database 74% (it’s clear that the awareness of the available data base is not high)
  - More consistent communication about/within Scientific Groups (63%)
  - Staff to facilitate collaboration and communication between Scientific Groups (63%)

- Overall, there seems to be a lack of clarity on a number of fronts related to Scientific Groups and Networks: Communications about and within them
  - Governance
  - Definition/difference
  - Availability of database to find and contact members
- Implications of Research Results
  - Low perceived communication about and within Scientific Groups and Networks decreases the motivation to engage and the perceived value of IADR
  - If the objectives for becoming a member aren't met, the value will not be strong enough to renew and become an advocate – in this case, networking with and learning from others in the specific Scientific area is 1st priority followed by broader areas
  - The importance of networking with and learning from others makes it critically important to be able to easily identify and contact members of interest – the low awareness of your database (or if it doesn't meet member needs) is a missed opportunity
  - To enhance the collaboration of scientific projects, the Scientific Groups and Networks would like the expertise of a staff person to determine where the best collaborative projects may exist
  - A lack of clarity of the differences between Scientific Groups and Networks can create confusion, which should be minimized – need clarity of member benefits.

Some recommendations that resulted from the member survey are as follows:

- Review pricing structure relative to value – note the comments on fees related to membership (role and economic realities of certain geographies) and General Sessions
- Clearly describe the difference between Scientific Groups and Networks – Groups are clinical area focused and Networks are cross-functional, being relevant to a broader audience
- Considering the significant difference in value proposition of Scientific Groups and Networks, allow members to select one Scientific Group and one Network as part of their membership
- Establish consistency and governance of Scientific Groups and Networks- more than 50% strongly support this
- Develop communications requirements from Scientific Groups and Networks- they report in monthly or quarterly with their activities, research, progress etc .to their membership as well as to the whole organization
- Develop templates to make it easier for Scientific Groups/Networks to provide value and communications

- Report or newsletter to make communication easier
- Microsite
- Webinars
- Review capabilities/structure of member database and improve as needed to allow members to achieve their goals, ensure its easy to find and use, then communicate more proactively .

The IADR Board recommended the following bases on the feedback from the Task Force:

- Appoint a new Steering Group to examine the methods to create collaboration between the SGNs and define larger scientific areas to create cluster SGNs to assist in avoiding overlapping content
- Move forward to Council the three pending applications for SGNs
- Enhance communication to SGNs regarding the member directory, SGN Community and services available
- More clearly define Networks and Scientific Groups.

Prof .Reynolds thanked Prof .O'Connell and the Committee for all their work .He encouraged the Council to support the recommendations brought forward .

Paul Anderson noted that if there are parallel Scientific Groups and Networks, we need to look at how they are working and communicating .

Dr .Vieira noted his support of the recommendations and suggested creating a conceptual map to see where the Scientific Groups and Networks land in terms of subjects and areas that they cover .

## 2. ADMINISTRATIVE

### 2.1. Council Attendees

It was ascertained that a quorum was present .

### 2.2. Approval of Council Agenda

**Motion 1:** That the June 15, 2022 IADR Council meeting agenda be approved .

Motioned: Effie Ioannidou

Seconded: Jacques Nör

The motion passed with 51 yays and with 1 abstentions

### 2.3. Approval of July 2021 Council Minutes

**Motion 2:** That the July 2021 IADR Council meeting minutes be approved as submitted .

Motioned: Veeratrishul Allareddy

Seconded: John Mitchell

The motion passed with 52 yays and 2 abstentions .

### 2.4. Election Results – Tellers Report

Prof .Reynolds noted that Satoshi Imazato, Osaka University, Japan, was elected as the next IADR Vice-President .



## 2.5. Regional Board Member Reports

### 2.5.1. Africa/Middle East Region – Prof. AlShammary

Prof. AlShammary gave a brief review of the Africa/Middle East Region report. She noted that the African and Middle East Region (AMER) is comprised 15 Divisions/Sections. Twelve of them were active in 2021; the Covid-19 pandemic has posed a serious challenge to activities in all Divisions/Sections; however, they have started recovering in 2021.

The African and Middle East Region (AMER) board members held regular quarterly virtual meetings in 2021. The most recent was held on February 25, 2022. The next board meeting will be at the business meeting before the General Session in June. The meetings are supported by the IADR AMER office.

Representatives in attendance at these meetings were from the following Divisions/Sections: East and Southern Africa, Iran, Nigeria, Libya, Egypt, Iraq, Lebanon, Kuwait, U A E, Tunisia, Saudi Arabia, South African.

She also noted that Saudi Arabia will host the next AMER conference in 2022. It will be held as a hybrid meeting in Riyadh from December 8-10, 2022. The scientific schedule will be morning to 4 pm. They are currently working on the site selection with assistance from AMER and GHQ office for collecting abstract.

Prof. AlShammary emphasized that members in some division/sections continue to face challenges in maintaining active membership with regard to membership fees, conference fees, accommodations, travel etc. This is due to the fact that some countries' banks have restricted the export of foreign exchange to personal accounts thus making payments more complex. Assistance to address these challenges is currently being sought from GHQ.

### 2.5.2. Asia/Pacific Region – Prof. Takahashi

Prof. Takahashi gave a brief review of the Asia/Pacific Region. He highlighted the following:

The IADR Asia/Pacific Region (APR) is one of the major regional members of IADR in terms of membership, strategic development and future perspectives.

IADR APR has been a very active region with regular board meetings via online or hybrid of online-onsite throughout the COVID-19 pandemic period 2021-2022. In addition to the regular activities of each Division/Section, the following activities were carried out as the activities of the entire IADR APR.

#### I. Theme-based IADR APR Young Researchers Forum (YRF)

We continued the IADR APR Young Researchers Forum (YRF) incorporating theme-based format. The first theme-based YRF was organized by the Korean Division. The selected theme was "Tissue Engineering and Regenerative/Restorative Dentistry" which was held on 21st January 2021.

### 2. IADR APR-PER Leadership in Dental Research Forum

In the year 2020, IADR-APR Board of Directors under the guidance of President Prof. L.J Jin initiated IADR-APR Young Researchers Forum (YRF). It has been a very successful program and now integrated as a regular event organized by IADR-APR. A forementioned YRF has facilitated young researchers in the IADR-APR to showcase their research work and meanwhile build valuable network with senior researchers and mentors for further development.

### 2.5.3. Latin American Region – Dr. López-Jordi

Dr. López-Jordi gave a brief review of the Latin American Region. She highlighted the LAR Board which includes, President María del Carmen López Jordi (Uruguay), Vice president Gabriel Sanchez (Argentina), Secretary Sylvia Piovesan (Uruguay), Treasurer Inés Salveraglio (Uruguay) and Executive Secretary Paulo Cesar (Brazil).

By December 2021, the Latin American Region (LAR) had 588 IADR members.

In May 2022, the IADR Board approved the proposal of the Bolivian Section creation and passed it to the Council for final approval.

Fabiana Izabel has been the Latin American Region Relations Coordinator since January 2022. Fabiana is fluent in Portuguese, Spanish and English and has extensive experience with events and customer service.

Dr. López-Jordi also noted that the Latin American Region and the Colombian Division are working together in the organization of the 101st IADR/APR General Session & Exhibition 2023, the IX Congress of IADR Latin American Region and the XVII Meeting of Colombian Division in Bogotá, Colombia to be held on June 21-24, 2023.

### 2.5.4. North American Region – Dr. Borges-Yáñez

Dr. Borges- Yáñez gave a brief review of the North American Region report. She highlighted the following:

#### Membership as of 3/31/2022

AADOOCR Members	1073
AADOOCR Retired	289
AADOOCR Students	645
AADOOCR Affiliate	15
AADOOCR Pre Pad members	221
AADOOCR All Member Categories	2243

She also noted that the hybrid 2022 AADOCR/ CADR Annual Meeting & Exhibition was attended by 1,531 total delegates – with 692 individuals from 21 countries joining virtually, and 839 individuals from 18 countries joining in person in Atlanta .

There were 870 Interactive Talk presentations, 10 Focused Learning Sessions, 9 Hands-on Workshops, 4 Satellite Symposia, 29 Symposia and 3 Distinguished Lecture Series plenary sessions .The exhibit hall had 11 in-person exhibition booths and 22 virtual booths .

The 2022 Distinguished Lecture Series speakers were: Christopher Murray .Director, Institute for Health Metrics and Evaluation, University of Washington, Seattle .*Global Burden of Disease 2020* .Rita R .Coldwell, distinguished University Professor, University of Maryland College Park . Johns Hopkins School of Public health, Baltimore Maryland .*Climate, Oceans, and the human microbiome* .Lydia Bourouiba Director of the Fluid Dynamics of Disease Transmission Laboratory, Massachusetts Institute of Technology, Cambridge .*Air and Transmission* .

She emphasized that following the Annual Meeting, the expanded AADOCR name was announced, which better engages and represents the multidisciplinary scientists who advance dental, oral, and craniofacial research .The expanded name is an important component of the Science First initiative and presents the Association as a professional resource, and home, for all scientists championing dental, oral, and craniofacial research .This new, more inclusive approach welcomes every researcher working in a dental or health sciences school, as well as in research institutions, to be a part of our vibrant membership .

The expanded name—which is based on stakeholder research—reflects our commitment to building a vibrant, inclusive community that represents all professionals who work to advance dental, oral, and craniofacial research .

The name expansion also reflects our commitment to connecting our scientific community while elevating the level of science, while allowing us to:

- Include and be more collaborative with “frontier” investigators .
- Better tailor and communicate our programming and member benefits .
- Leverage AADOCR Sections and IADR Scientific Groups/Networks to increase our scientific contributions .
- Be proactive in initiating collaborative responses to NIH/NIDCR Pas and RFPs .

This is a pivotal and exciting time in our organization’s history that offers significant

opportunities for growth and engagement with current and future members .

She concluded by stating that the 52nd Annual Meeting & Exhibition of the AADOCR and the 47th Annual Meeting of the CADR will take place March 15-18, 2023, in Portland, OR .The 2024 IADR/AADOCR/CADR General Session & Exhibition will take place March 13-16, 2024, in New Orleans, LA .

#### 2.5.5. Pan European Region – Prof. Gottfried Schmalz

Prof .Gottfried Schmalz gave a brief review of the Pan European region report .He highlighted the following:

The biennial meeting of PER-IADR 2020 in Marseille, France, was postponed to September 2022 .This was done well in advance, thus safeguarding the PER-IADR and all involved parties against non-recoverable expenses .

The preparation for the 2022 meeting in Marseille (September 15-17, 2022) is well under way . The congress President is the current CED President, Imad About from Marseille .Our objective is to provide a larger platform for presentations, discussions & dissemination of new scientific information and to improve cooperation across country borders .

He also noted that the IADR Board decided after consultation with PER-IADR to propose Barcelona as a meeting site for the joint 2025 IADR General Assembly and PER-IADR biennial meeting .This was unanimously agreed upon by IADR Council last spring .

He also noted that the PER-IADR Board further focused on developing strategies to improve the activities and cooperation of the PER-IADR Divisions with the aim of increasing membership in the PER-IADR Region .Due to COVID-19, planned summer schools could not be carried out .Together with CED a series of webinars were organized .

The PER-IADR Board also discussed the development of strategies to improve activities and cooperation with other regions, in particular the Asia Pacific Region (APR) .Members of the PER and APR boards discussed the possibility of holding a joint research meeting and the first APR-PER Leadership forum took place online on Friday, May 20th .

#### 2.6. President’s Report

Prof .Reynolds thanked the Council and staff for the work they have done throughout the year despite still dealing with the pandemic .He gave a brief update regarding the past year and encouraged Councilors to review his report in the manual .

#### 2.7. CEO’s Report

Dr .Fox noted that the CEO’s report is provided for information and gave a brief overview of his report . He highlighted the following:

In April 2021, the IADR, AADR, and CADR announced that 99th General Session of the IADR, held in conjunction with the 50th Meeting of the AADR and the 45th Meeting of the CADR, would be a virtual meeting taking place on July 21-24, 2021. The 100% virtual format provided scientists and researchers, regardless of location, with the opportunity to present, discuss, and critique their investigations, to view high-quality presentations, and to interact with colleagues online.

The meeting was virtually attended by 3,507 individuals from 85 countries. Those attending the meeting could choose from among 1,847 poster presentations, 350 oral presentations, 27 Focused Learning Sessions, 14 satellite symposia, 71 symposia, and three Distinguished Lecture Series plenary sessions. Delegates also had the opportunity to visit the exhibit hall, which housed 32 total exhibition booths: 7 were corporate and 25 were institutional/government/nonprofit.

The 2021 Distinguished Lecture Series speakers were: Marie A. Bernard, National Institutes of Health (NIH), Chief Officer for Scientific Workforce Diversity, Bethesda, MD, USA, speaking on "NIH's Scientific Approach to Inclusive Excellence," Joseph M. DeSimone, Stanford University, CA, USA, speaking on "Digital Transformation in Manufacturing to Improve Oral Health," and Kate Pickett, University of York, England, speaking on "Inequality Bites: Structural Causes of Inequalities in Wellbeing."

At the conclusion of the meeting, the membership-approved name expansion, American Association for Dental, Oral, and Craniofacial Research (AADOCR), became the legal name for the American Division of IADR.

### 2.8. Division Recognition

Prof. Reynolds congratulated the Asia/Pacific Region's Chinese Division for their increased membership from 625 members in 2021 to 1971 members, a 215% increase, in 2022 and the Africa/Middle East Region's Kuwaiti Division for their increase membership from 74 members in 2021 to 102 members, a 38% increase, in 2022.

## 3. BOARD OPERATIONS COMMITTEE (BOC)

### 3.1. Nominations for IADR Vice President

Prof. Reynolds gave a brief overview of Yijin Ren's, Pamela Yelick's and Bian Zhuan's qualifications.

**Motion 3:** The IADR Board of Directors recommends Yijin Ren (PER), Continental European Division, Pamela Yelick (NAR), AADOCR, and Bian Zhuan (APR), Chinese Division, to Council as candidates to stand for election by the membership in 2022 for the office of IADR Vice-President (2023-2024).

Moved: John Mitchell

Seconded: Paul Dechow

The motion passed with 55 yays and 2 abstentions.

### 3.2. Approval of Committee Appointments

Prof. Reynolds opened the floor for discussion. No discussion ensued.

**Motion 4:** To accept the 2022-2023 IADR and Joint (IADR/AADOCR) Committee Appointments as presented by the IADR Board of Directors.

Motioned: Jane Weintraub

Seconded: Veeratrishul Allareddy

The motion passed unanimously.

### 3.3. IADR Constitutional Changes

**Motion 5:** To recommend the Constitutional changes regarding the name expansion of AADOCR, as presented by the Board, to the IADR membership ballot in the Fall of 2022.

Motioned: Ana Wintergerst

Seconded: Jacques Nör

The motion passed with 50 yays, 2 nays and 2 abstentions.

### 3.4. IADR Bolivian Section Application

**Motion 6:** To accept the formation of the Bolivian Section as presented by the IADR Board Operations Committee.

Motioned: Veeratrishul Allareddy

Seconded: Maria del Carmen López Jordi

The motion passed unanimously.

### 3.5. IADR Qatar Section Application

**Motion 7:** To accept the formation of the Qatar Section as presented by the IADR Board of Directors.

Motioned: Paulo Cesar

Seconded: Harsh Priya

The motion passed with 55 yays and 1 abstention.

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

Prof. Reynolds noted that Prof. O'Connell went over the IADR Scientific Group/Network Task Force Summary during the Interactive Council Session at the beginning of the agenda.

### 3.7. Minimally Invasive Dentistry Network Application

**Motion 8:** To approve the formation of the IADR Minimally Invasive Dentistry Network as recommended by the IADR Board of Directors.

Motioned: John Mitchell



Seconded: Paul Anderson

The motion passed with 53 yays, 2 nays and 2 abstentions .

### 3.8. Laser and Bio-photonics Scientific Group Application

**Motion 9:** To approve the formation of the IADR Laser and Bio-photonics Group as recommended by the IADR Board of Directors .

Motioned: John Mitchell

Seconded: Veeratrishul Allareddy

The motion passed with x yays, x nays and x abstentions .

### 3.9. Digital Dentistry Network Application

**Motion 10:** To approve the formation of the IADR Digital Dentistry Network as recommended by the IADR Board of Directors .

Motioned: Paul Dechow

Seconded: Harsh Priya

The motion passed with 52 yays, 4 nays and 2 abstentions .

## 4 . PERFORMANCE MONITORING/AUDIT COMMITTEE (PMAC)

### 4.1. IADR 2020 Independent Auditors' Report

Dr .Den Besten reviewed the 2020 Independent Auditors Report .She noted that the Independent Auditor provided an unqualified opinion which is the best possible outcome .Dr .Den Besten then reviewed the assets and liabilities for the Association as well as revenue and expenses .Total Net assets were \$15 9 million at the end of 2020 .She noted that the assets are overwhelmingly made up of the investment portfolio and that the liabilities are very small in comparison .

The Association's main sources of revenue are typically membership dues, meeting registrations, publications and contributions and sponsorships .

Net assets have increased by more than \$3 5 million over the last four years primarily due to positive investment returns .

**Motion II:** That the IADR Council approves the IADR 2020 Independent Auditors' Report

Motioned: Jacques Nör

Seconded: Ana Wintergerst

The motion passed with 51 yays and 3 abstentions .

### 4.2. Investment Portfolio Report

Dr .Den Besten reviewed the Investment Portfolio Report included in the materials .She emphasized that after strong returns in 2019 and 2020 where the IADR portfolio realized returns of 18 4% and 12 1%, respectively, the portfolio continued to perform well in 2021, up 15 0% for the year finishing the year with

just under \$17 6M in total investments .Unfortunately, at the end of the first quarter of 2022 the portfolio is down 5 9% for the quarter and total investments are at \$16 5M .

She emphasized that the Board would continue to discuss strategies that will direct a portion of portfolio earnings to support programs while reinvesting an adequate amount to increase the portfolio over time .

She also noted that due to reduced membership and other decreased revenues due to Covid-19 and the resulting loss in cash flow as a result, IADR sold \$370,000 on investments in the third quarter of 2021 to provide liquidity for ongoing IADR operations .

The Association's investment policy includes long-term investment objectives of providing a 5% real return, net of expenses and a spending policy that allows withdrawals from the portfolio of up to 2% of the average fair market value of the portfolio .This spending policy is intended to provide funding for various programs and awards and to cover general operating costs when necessary .

Because of significant cash flows, no portfolio withdrawals were needed from 2010 - 2019 .However, \$1,098,000 was withdrawn in 2020 and as mentioned above \$370,000 was withdrawn in 2021 .

### 4.3. Unaudited 2021 Year-End Estimate

Dr .Den Besten reported on the unaudited 2021 Year-End Estimate and highlighted the following:

Overall operations are estimated to result in a \$151,000 surplus as compared to a budgeted deficit of (\$358,000) or \$509,000 better than budget .

This is achieved by the recognition of \$542,000 of PPP loan forgiveness income, a better than-expected meeting surplus (joint virtual meeting with AADOCR) and lower than expected general operations expenses, partially offset by lower membership dues .

#### • General Operations:

- The number of dues paying Members is expected to be about 190 greater than 2020 actuals, but approximately 1,020 less than the 2021 budget . This decrease translates to dues revenue that is \$237,000 lower than budget .
- Expenses are expected to be \$146,000 less than budget due to no Board meeting and travel costs, staff travel costs and lower than expected member recruitment costs, partially offset by higher than budgeted member retention costs, higher miscellaneous costs due to higher than budgeted comped dues and legal fees, as well as the costs for the new IADR regional support staff beginning September 1st which were not included in the original budget .
- The overall General Operations deficit is expected to be \$125,000 greater than budget .

#### • General Session:

- Meeting revenues are expected to exceed budget by approximately \$131,000 thanks to higher than

budgeted registrations and sponsorships, partially offset by lower-than-expected exhibition fees .

- Expenses are \$81,000 less than budget, primarily due to lower than budgeted costs in the meeting venue category due a possible hotel liability that is unlikely to be charged and lower than expected meeting promotion costs, partially offset by higher than budgeted scientific program, merchant fees and networking opportunity costs .
- IADR's share of the Joint IADR/AADOOCR net income is expected to be \$122,000, which exceeds the budget of \$42,000 by about \$80,000 .
- GHQ: Salary & benefits costs are expected to be about \$45,000 lower than budget primarily due to three open staff positions for parts of the year. GHQ overhead costs are expected to be \$135,000 greater than budget primarily due to higher than budgeted implementation costs for the Nimble (new association management system) & Website redesign projects, as well higher than budgeted recruitment costs to hire the new executive assistant and receptionist and higher audit fees. These increased costs are partially offset by lower than budgeted office supply, staff development, telephone/internet and depreciation costs. Staff was able to reduce telephone/internet costs while increasing our internet connection speed by 5x, by locking in a new 3-year agreement. Insurance costs while slightly more expensive than 2020 include \$100K in cyber security coverage and \$2M in flood coverage. Total GHQ 2021 costs are projected to be about \$90,000 greater than the original budget.
- JDR: The budgeted surplus is currently expected to be about \$29,000 greater than budget .Royalty income is \$17,000 greater than the budgeted amount .Editorial expenses are \$9,000 less than budget due to no in-person editors meeting and lower than budgeted guest editor costs .
- JDR CTR: The budgeted deficit is currently expected to be about \$3,000 less (better) than budget . Royalty income is slightly better than the budget . Editorial expenses are \$2,000 less than budget due to no in-person editors meeting .
- Investment Spending Policy: The IADR investment spending policy allows for up to 2% of the average investment portfolio balance measured over the prior 12 quarters to be used to fund IADR operations .Total estimated expenses to be funded from investment portfolio earnings in 2021 are expected to total \$306,000 .This amount includes no general operations allocation due to an overall budget surplus .It does include IADR only programs such as the regional development program, legal fees associated with the District Experience settlement, strategic development work and support for or unfunded IADR awards . This amount is expected to be approximately \$67,000 less than the amount available under the investment spending policy .

## 5. STRATEGIC AND OPERATIONAL PLANNING COMMITTEE (SOPC)

### 5.1. Approval of 2022 IADR & Joint IADR/AADOOCR Budgets

Dr .Klein led a discussion for the approval of the 2022 Budgets and provided the following highlights:

An overall operating deficit of (\$698,000) is preliminarily budgeted assuming a virtual General Session originally scheduled to be held in-person in Chengdu, China .

#### Gen Ops:

- Memberships have been budgeted at a 5% increase over expected 2021 numbers . Institutional and corporate memberships are expected to remain unchanged .
- Expenses are budgeted to increase in 2022 . Board meeting and travel costs and staff travel costs assume travel will resume in 2022 .In addition, the budget includes \$167,000 in 2022 for the regional support staff positions approved by the Board .

**General Session:** The virtual Chengdu meeting is budgeted to result in a modest surplus .Moving to a virtual-only meeting resulted in the loss of some sponsorships for in-person events and a significant amount of exhibition fees .

**GHQ:** Total GHQ costs are increasing by 5 6% as compared to 2021 budgeted costs and 3 2% when compared to estimated 2021 year-end expenses . Higher than budgeted costs associated with the Nimble (association management system) and Website redesign projects are the primary reason 2021 expenses are expected to exceed the budget . These higher costs are partially offset by lower than budgeted salaries and benefits due to three staff vacancies for part of the year .Information technology costs are expected to decrease in 2022 from 2021 but include \$25,000 for additional configuration work for the Nimble AMS system .A full staff is budgeted in 2022 .Depreciation costs will be elevated over the next few years as we depreciate the remaining costs of the redesign of the GHQ interior along with the new Nimble AMS system, the costs of the website redesign project and the capitalized costs of the Science First (AADR name expansion) .The website redesign and name expansion project costs will be depreciated over the next 3 years and the new Nimble AMS system will be depreciated over 5 years .

**JDR:** The surplus continues to help offset the deficits expected in other budget departments .As has been typically done, to be conservative, a 5% reduction in Royalty income from expected 2021 results is budgeted for 2022 .The Editorial Stipend revenue provide by Sage remains unchanged for 2022 and will remain the same for the duration of the contract term .Editorial expenses are also budgeted to remain unchanged .

**JDR CTR:** Royalty income, similar to JDR has been conservatively budget to decrease by 5% from expected

2021 results .Editorial expenses are unchanged from 2021 .A small deficit is expected, though it should be noted that the expenses include an allocation of staff salaries, benefits and an overhead allocation .

### **Preliminary 2023 & 2024 Budgets**

- Overall operating deficits are budgeted for 2023 & 2024 .
- The Bogota meeting in 2023 is current budgeted at a sizable deficit .High venue, virtual meeting technology and translation costs weigh on the profitability of this meeting .
- The joint IADR/AADOOCR meeting in New Orleans in 2024 is budgeted for a modest profit .
- WCPD is typically held every four years .The last meeting was in 2017 .At the December 2020 Board meeting, there was discussion about adding the WCPD to the 2023 IADR General Session in Bogotá, but this has not been finalized . Therefore, no budget is included for a future meeting .
- Future year budgets are projected conservatively, so improvements could be seen based on actual results over the next few years .However, if these budgets are accurate, IADR will exceed the Board-approved investment spending policy in these years .

**GHQ:** Costs stay at fairly typical increases in 2023 and 2024 with the exception of Information Technology costs which are projected to be lower in 2023 and 2024 due to onetime implementation costs associated with the implementation of the new AMS system that are budgeted in 2021 and 2022 . Depreciation costs are also budgeted to decrease in 2023 and 2024 as some capital improvement projects reach the end of their depreciation cycle .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 .

**Motion 12:** That the IADR Council approves the 2022 IADR Budget, which includes the Joint Budget with AADOOCR and 2023 member dues and meeting registration rates .

Motioned: Jacques Nör

Seconded: Ana Wintergerst

The motion passed 47 yays, 5 nays and 6 abstentions .

### **5.2. 2026 IADR General Session Site Selection**

Dr .Klein advised the Council that SOPC considered various selection criteria, including location and accessibility, meeting room capacity, price flexibility, local membership/university/corporate support

amongst other criteria .SOPC settled on San Diego, CA as the site that best met the criteria mentioned .

**Motion 13:** That San Diego, Calif , USA be selected for the 2026 IADR General Session for March 2026 .

Motioned: Brian O'Connell

Seconded: Ana Wintergerst

The motion passed 55 yays and 1 nay .

### **5.3. JDR Editor-in-Chief Report**

Dr .Jakubovics gave a brief review of his report, highlighting the following:

At the time of writing, the *JDR* currently holds its highest ever 2-year Impact Factor at **6.116**. The journal remains #1/91 journals in Dentistry, Oral Surgery & Medicine for the most recent Eigenfactor Score at 0 01683 and in total citations at 26,197 .The *JDR* was #2/91 in a new metric, the 'Journal Citation Indicator', a field-normalized ranking system based on citations over a 4-year period .

There were 760,701 full-text downloads in 2021, which was a small decrease on 2020 (909,867 downloads) but remains very high compared with previous years .For example, this is more than double the full-text downloads in 2018 (347,261 downloads) . Research on COVID-19 continues to generate strong interest among the readership .

Dr .Jakubovics encouraged the Council to review the *JDR* Editor-in-Chief Report for further details .

### **5.4. JDR CTR Editor-in-Chief Report**

Dr .Ioannidou gave a brief review of the *JDR CTR* Editor-in-Chief's report in place of Dr .Feine .She highlighted the following:

- The journal is now 7 years old .
- The average time from submission to acceptance has decreased to 71 days .We are working hard to continue reducing this through increasing our Editorial Advisory Board from 28 to 42 members and engaging new reviewers to increase the number of new, qualified reviewers
- The journal's acceptance rate for 2021 was 34 8% .
- The proceedings of the 2021 Arcora Foundation Distinguished Professor in Dentistry Symposium: The Changing Face of Dentistry will soon be published as a series of articles in the first *JDR CTR* Proceeding Issue .
- We are initiating a series of Invited Commentaries in which the authors will provide guidance to researchers on how to implement DEI in their research .
- We have also invited a Special Commentary from the Oral Health section of the Gerontological Society of America in which they will discuss the implications on research of the findings in the Oral Health in America Report on older adults .

## 5.5. Philanthropy Update

Dr. Klein briefly reviewed the Philanthropy Update . He noted that following the success of the AADOCR fundraising efforts, the IADR Board of Directors approved the implementation of an IADR Fundraising initiative in May 2021 .

With the assistance of consulting firm Trek Advancement and staff, IADR is poised to announce its fundraising campaign in June 2022 with the launch of a giving webpage .

He also noted that Dr. Lois Cohen has generously committed a \$250,000 estate gift to IADR to become the inaugural member of the IADR Legacy Society .The restricted gift will support the IADR BEHSR Lois Cohen International Travel Award . The IADR Legacy Society consists of individuals who have committed future assets, through estate and planned giving, to IADR, thereby ensuring support for future initiatives and growth of the Association .

## 6. MEMBER/STAKEHOLDER RELATIONS COMMITTEE (MSRC)

### 6.1. Community Water Fluoridation Position Statement

Prof. O'Connell Briefly reviewed the position statement and its process, then proceeded to open the floor for discussion .

Dr. Vieira noted that this statement might have to be revisited soon due to new data arising .Prof. O'Connell noted that these statements are revisited continuously as new evidence is found .

**Motion 14:** That the IADR Community Water Fluoridation Statement be approved by the IADR Council as submitted .

Motioned: Harsh Priya

Seconded: Man Hung

The motion passed with 49 yays, 3 nays, 3 abstentions .

### 6.2. Individual and Professional Methods of Fluoride Use Position Statement

Prof. O'Connell Briefly reviewed the position statement and then proceeded to open the floor for discussion .No discussion ensued .

**Motion 15:** That the IADR Individual and Professional Methods of Fluoride Use Position Statement be approved by the IADR Council as submitted .

Motioned: Jane Weintraub

Seconded: Eric Reynolds

The motion passed with 49 yays, 1 nay and 3 abstentions .

### 6.3. Dietary Fluoride Supplementation Position Statement

Prof. O'Connell Briefly reviewed the position statement and then proceeded to open the floor for discussion .

Cynthia Tabchoury noted that she believes this statement goes against the two previously approved statements .She expressed her concern regarding IADR's support of dietary fluoride supplementation .

**Motion 16:** That the IADR Dietary Fluoride Supplementation Position Statement be approved by the IADR Council as submitted .

Motioned: Mahesh Verma

Seconded: Man Hung

The motion did not pass with 24 nays, 22 yays and 10 abstentions .

## 7. IN MEMORIAM

Prof. Reynolds led the Council in a moment of silence to honor those members that have passed in the last year .

## 8. OTHER BUSINESS

There being no further business, the meeting was adjourned at 9:56 a m .

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

**Brian O’Connell**  
Trinity College, Dublin,  
Ireland

**IADR Presidential Address by  
Brian O’Connell at the  
100<sup>th</sup> Virtual General Session  
of IADR/APR**



**D**ear friends, colleagues, and supporters of IADR—*dia dhaoibh agus fáilte*. It is a great honor for me to speak to you as the incoming president of IADR and I hope that in the coming year we will have the opportunity to meet, discuss, and enjoy the research of our fellow members once again. I want to especially thank our President Eric Reynolds for his leadership, wisdom, and kindness over the past year, and his predecessors, Presidents Pam Den Besten and Paula Moynihan, who worked incredibly hard throughout the COVID pandemic to keep IADR’s activities going, maintain contact with members, and lay sound foundations for our future. I also need to express our special thanks for the extraordinary dedication of our CEO, Christopher Fox, and all the IADR HQ team in the way they embraced the challenges of the past few years, providing online and hybrid meetings and a host of improved member services, such as the IADR Community, Webinars, and CE on Demand.

I can assure you that the IADR Board and I are fully committed to keeping our members at the heart of everything we do, in order to promote and encourage research, while facilitating and enriching opportunities to network, establish collaborations, and foster long-term friendships.

Our Scientific Groups and Networks are the backbone of IADR, and I am especially pleased to tell you about the work of our SG&N taskforce, which is exploring ways to support their activities, increase engagement with members, and share innovations. We will have a new forum for SG&Ns to voice their ideas and develop their ability to stay in touch with members throughout the whole year. We will continue to find ways to promote interdisciplinary research, which is one of the enduring strengths of IADR.

IADR has listened to your feedback and added resources to more visibly and easily support the development of our regions across the world. We have adopted a new presentation format in response to the realities of COVID and further adjusted the format this year in response to your needs. As always, your input is essential, and we want to hear from you about anything that will make our organization better.

As IADR recently celebrated its 100th birthday, there has been deserved attention on the achievements of our organization but also renewed focus on the mission, vision, and opportunities for the coming years. I can think of no better way to articulate our challenge than the World Health Assembly resolution, adopted in 2021 that calls on member states to frame oral health

policies, plans and projects for the management of oral health care... in which oral health is considered as an integral part of general health, responding to the needs and demands of the public for good oral health.

Not only has the global burden of oral disease been highlighted again, but the social, personal, and economic cost. It was also noted that the prevalence of major oral diseases has not changed significantly in decades—clearly there is much for researchers and advocates to do.

Last month, a Global Strategy on Oral Health was adopted by the WHO World Health Assembly, which further calls for an Action Plan for public oral health in 2023. Thanks in part to the strong voice of IADR, the WHO global strategy has a strategic objective dedicated to oral health research. Since many countries across the world have signed up to the strategy, I am hopeful that there will be significant new initiatives in oral, dental, and craniofacial research, and IADR members will be uniquely placed to contribute to these challenges. I encourage IADR members to advocate for implementation of the research strategy and to engage with it wherever possible.

I am proud to have been a member of IADR for more than a third of its life, and it has been a cherished part of my professional life. But in truth I have received so much from the association in terms of friendship, mentorship, collaboration, and exchange of ideas. I urge all members, but especially younger ones, to participate and shape IADR. Nominate yourself or a colleague for an award or to serve on one of many committees. Volunteer to build your scientific group by contributing to communications, abstract review, leadership, or organization—I guarantee they will welcome the help and you will find it to be a rewarding experience.

Finally, I want to thank the Chinese division of IADR, and the Asia-Pacific Region, for hosting the 100th General Session. I look forward to seeing many of you at the virtual meeting and learning about all you have accomplished and your ideas for the future.

Thank you and best wishes.

## Author Contributions

B. O’Connell, contributed to conception and design, drafted and critically revised the manuscript. The author gave final approval and agree to be accountable for all aspects of the work.

## Declaration of Conflicting Interests

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

## Funding

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



## JDR Editor's Report for the Journal of Dental Research, December 2022

I am pleased to provide my report as Editor-in-Chief of the *Journal of Dental Research* to the IADR/AADOCR Joint Boards of Directors. In the most recent metrics, published in June 2022, the JDR achieved an outstanding highest ever 2-year Impact Factor of 8 924 (Table 1). The journal remains #1/92 journals in Dentistry, Oral Surgery & Medicine for the most recent Eigenfactor™ Score at 0 01570 and in total citations at 27,593. These metrics demonstrate the strength of the journal in terms of both the average citation rate per paper and the overall influence on the field.



Table 1. Key metrics for the JDR.

	2021 (rank)	2020
Eigenfactor™	0 01683 (#1/92)	0 01683 (#1)
2-year Impact Factor <sup>a</sup>	8 924 (#3/92)	6 116 (#5)
5-year Impact Factor <sup>a</sup>	8 463 (#3/92)	7 199 (#3)
Journal Citation Indicator <sup>b</sup>	2 88 (#3/158)	2 39 (#2)
Total citations <sup>a</sup>	27,593 (#1/92)	26,197 (#1)

<sup>a</sup> This is the second year of a transition in impact factor calculations, which has resulted in a slight increase in IF and total citations for journals that appear both online and in print.

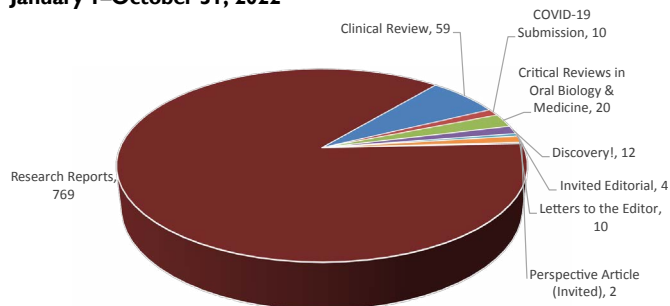
<sup>b</sup> This metric, introduced in 2021, includes journals in the Emerging Sources Citation Index (ESCI).

The following are some highlights from the JDR in 2022:

### I. Manuscript Processing.

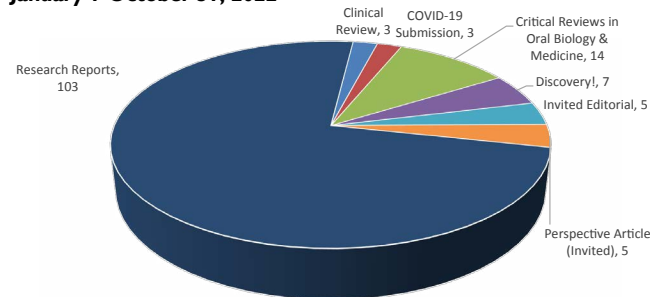
There were 886 original submissions between January-October, 2022, which was a decrease from the equivalent period in 2021 (1,096 submissions). This may reflect the widespread disruption to research activity during the pandemic, which will have impacted the data available for manuscripts. Research Reports constituted approximately 85% of original submissions (Fig. 1). A dedicated 'COVID-19' manuscript type had been introduced in May 2020 to ensure that urgent manuscripts relating to the pandemic were identified for expedited handling. This pipeline was discontinued on February 25th, 2022 although we still encourage relevant manuscript submissions on this topic. We continue to see a steady stream of Critical Reviews in Oral Biology & Medicine (CROBM) and Discovery! papers, along with editorial content. These articles represented approximately 25% of accepted papers in 2022 (Fig. 2).

Figure 1. JDR Original Submissions by Manuscript Type between January 1–October 31, 2022



\*The manuscript type 'COVID-19 Submission' was discontinued on Feb 25<sup>th</sup>, 2022.

Figure 2. JDR Accepted Papers by Manuscript Type between January 1-October 31, 2022



Approximately two thirds of papers were triaged at entry, either through rejection or a recommendation for transfer to the JDR CTR (Fig. 3). This provides submitting authors a quick turnaround time to identify other venues for their research. Around 50% of manuscripts that are sent for peer review are eventually accepted for publication, sometimes after further rounds of peer review (Fig. 4).

Figure 3. Original Manuscripts with Decision Date between January 1-October 31, 2022

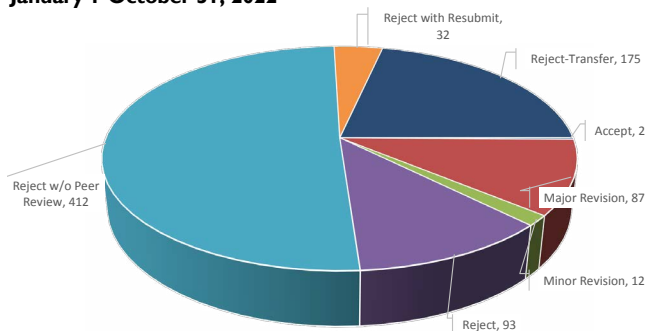
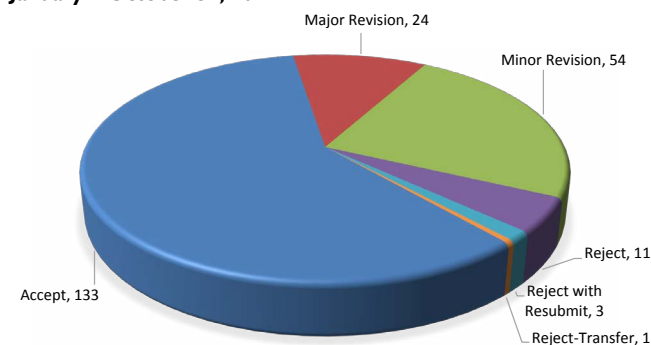


Figure 4. Revised Manuscripts with Decision Date between January 1-October 31, 2022



The time from submission to acceptance was 106 days in 2022, which is slightly higher than previous years (Table 2). The time from acceptance to online publication was 54 days, which again is longer than in previous years. There were issues at our publisher (SAGE) earlier in the year, and timings to online publication appear to be returning to normal. It took 175 days for papers to move from acceptance to print publication in 2022. This was high compared with previous years and was anticipated following exceptionally strong competition for manuscripts during the COVID-19 pandemic. A 10% increase in pages in 2022 has enabled us to continue publishing COVID-19 research while reducing the backlog of accepted papers on the system. Acceptance to print publication times are starting to decrease. The average time from submission to first decision remains very strong for the field at 178 days.

**Table 2. Average JDR Turnaround Times.**

	2018	2019	2020	2021	2022
Submission to Acceptance	94 Days	79 Days	89 Days	79 Days	106 Days
Acceptance to Online Publication	36 Days	42 Days	32 Days	35 Days	54 Days
Acceptance to Print Publication	140 Days	88 Days	100 Days	147 Days	175 Days
JDR average days from submission to first decision (Prior 12 months)*					178 Days

## 2. JDR Global Institutional Reach and Fiscal Stability.

The JDR attracts submissions from all around the world. There has been a steady increase in authors from China over recent years and there were more authors from China on JDR papers than from any other country in the first half of 2022. This may reflect high interest in the IADR and JDR coinciding with the virtual General Session in Chengdu, China. To promote equitable access to the JDR, initiatives such as HINARI make online content available free-of-charge to libraries in low- and middle-income countries via the Research4Life portal. Publications on COVID-19 remain freely available on SAGE's COVID-19 research site (<https://journals.sagepub.com/coronavirus>). Manuscripts directly related to COVID-19 will continue to be made open access without charge to the authors and collated on the SAGE microsite. According to a recent editorial in Nature (October, 2022), SAGE have committed to keeping COVID-19 research free-to-view permanently.

## 3. Highly accessed and cited research

Research relating to COVID-19 continues to generate strong interest among the JDR readership. However, there are signs that other topics are catching up. For example, five of the top-10 most read papers in the last 6 months were not related to COVID-19 (Table 3). Nevertheless, citations to COVID-19 papers remain high (Table 4). The top-5 recent Altmetrics scores (last 3 months) reflect either papers that have been well-publicized upon publication (including through IADR press releases) or older papers that have been picked up in recent news stories (Fig. 5).

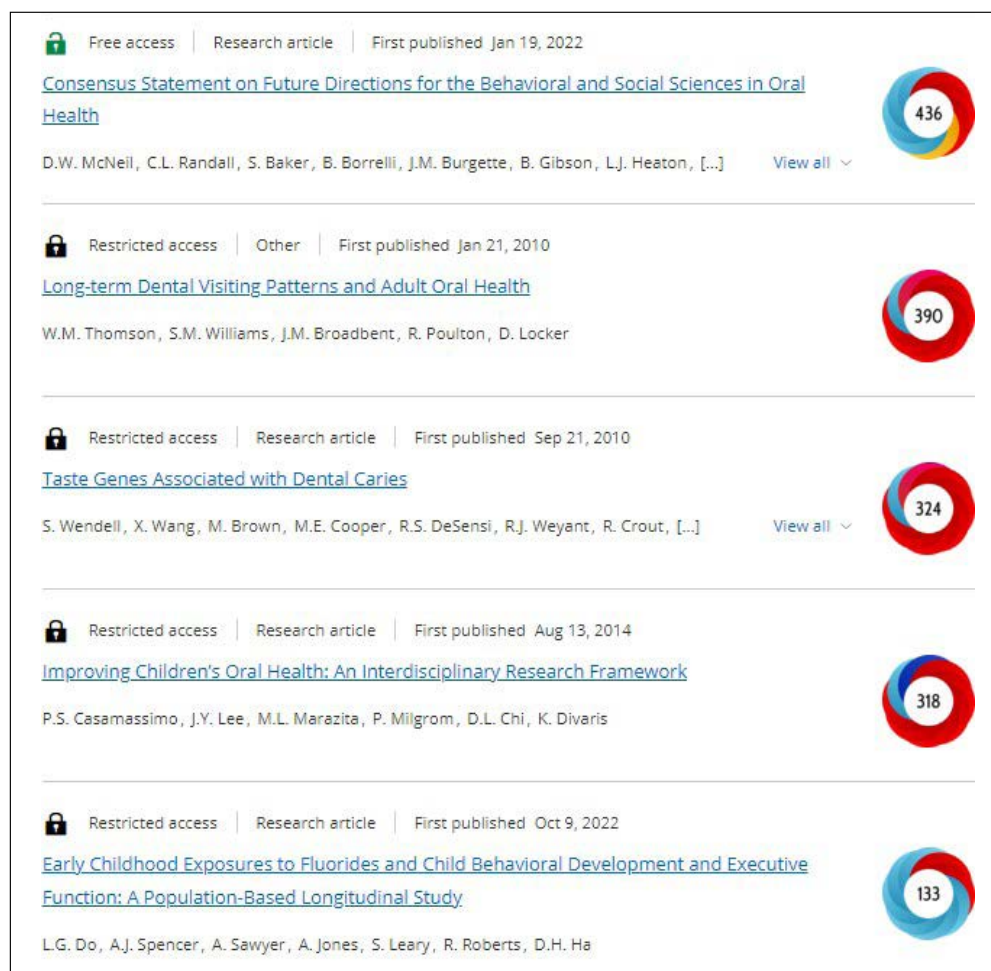
**Table 3. Most read articles in the 6 months to October 31st, 2022**

1	Artificial Intelligence in Dentistry: Chances and Challenges F. Schwendicke, W. Samek, J. Krois	2020-4-21
2	Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine L. Meng, F. Hua, Z. Bian	2020-3-12
3	Mouthwashes with CPC Reduce the Infectivity of SARS-CoV-2 Variants In Vitro J. Muñoz-Basagoiti, D. Perez-Zsolt, R. León, V. Blanc, D. Raich-Regué, M. Cano-Sarabia, B. Trinité, et al.	2021-7-20
4	Global, Regional, and National Levels and Trends in Burden of Oral Conditions from 1990 to 2017: A Systematic Analysis for the Global Burden of Disease 2017 Study GBD 2017 Oral Disorders Collaborators: E. Bernabe, W. Marcenes, C. R. Hernandez, J. Bailey, et al.	2020-3-2
5	Oral Manifestations in Patients with COVID-19: A Living Systematic Review J. Amorim dos Santos, A. G. C. Normando, R. L. Carvalho da Silva, A. C. Acevedo, G. De Luca Canto, et al.	2020-3-2
6	Factors Affecting Wound Healing S. Guo, L. A. DiPietro	2010-2-5
7	Oral Manifestations in Patients with COVID-19: A 6-Month Update J. Amorim dos Santos, A. G. C. Normando, R. L. Carvalho da Silva, A. C. Acevedo, G. De Luca Canto, et al.	2021-7-29
8	Global, Regional, and National Prevalence, Incidence, and Disability-Adjusted Life Years for Oral Conditions for 195 Countries, 1990–2015: A Systematic Analysis for the Global Burden of Diseases, Injuries, and Risk Factors. N. J. Kassebaum, A. G. C. Smith, E. Bernabé, T. D. Fleming, A. E. Reynolds, T. Vos, C. J. L. Murray, et al.	2017-2-1
9	Nonrestorative Treatments for Caries: Systematic Review and Network Meta-analysis O. Urquhart, M. P. Tampi, L. Pilcher, R. L. Slayton, M. W. B. Araujo, M. Fontana, et al.	2018-10-5
10	Frequent and Persistent Salivary Gland Ectasia and Oral Disease After COVID-19 E. F. Gherlone, E. Polizzi, G. Tetè, R. De Lorenzo, C. Magnaghi, P. Rovere Querini, F. Ciceri	2021-3-3

Table 4. Most cited articles in the 3 years to May 2022-

1	Artificial Intelligence in Dentistry: Chances and Challenges F.Schwendicke, W.Samek, J.Krois	2020-4-21
2	Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine L.Meng, F.Hua, Z.Bian	2020-3-12
3	Mouthwashes with CPC Reduce the Infectivity of SARS-CoV-2 Variants In Vitro J.Muñoz-Basagoiti, D.Perez-Zsolt, R.León, V.Blanc, D.Raich-Regué, M.Cano-Sarabia, B.Trinité, et al.	2021-7-20
4	Global, Regional, and National Levels and Trends in Burden of Oral Conditions from 1990 to 2017: A Systematic Analysis for the Global Burden of Disease 2017 Study GBD 2017 Oral Disorders Collaborators: E.Bernabe, W.Marcenes, C R.Hernandez, J.Bailey, et al.	2020-3-2
5	Oral Manifestations in Patients with COVID-19: A Living Systematic Review J.Amorim dos Santos, A G C.Normando, R L.Carvalho da Silva, A C.Acevedo, G.De Luca Canto, et al.	2020-3-2
6	Factors Affecting Wound Healing S.Guo, L A.DiPietro	2010-2-5
7	Oral Manifestations in Patients with COVID-19: A 6-Month Update J.Amorim dos Santos, A G C.Normando, R L.Carvalho da Silva, A C.Acevedo, G.De Luca Canto, et al.	2021-7-29
8	Global, Regional, and National Prevalence, Incidence, and Disability-Adjusted Life Years for Oral Conditions for 195 Countries, 1990–2015: A Systematic Analysis for the Global Burden of Diseases, Injuries, and Risk Factors. N J.Kassebaum, A G C.Smith, E.Bernabé, T D.Fleming, A E.Reynolds, T.Vos, C J L.Murray, et al.	2017-2-1
9	Nonrestorative Treatments for Caries: Systematic Review and Network Meta-analysis O.Urquhart, M P.Tampi, L.Pilcher, R L.Slayton, M W B.Araujo, M.Fontana, et al	2018-10-5
10	Frequent and Persistent Salivary Gland Ectasia and Oral Disease After COVID-19 E F.Gherlone, E.Polizzi, G.Tetè, R.De Lorenzo, C.Magnaghi, P.Rovere Querini, F.Ciceri	2021-3-3

Figure 5. Trending (Articles with the highest Altmetric score from the last 3 months, indicating influence and impact).



### 4. Promotion of JDR Research.



We continue to promote *JDR* research through press releases, which are available at this link: <https://www.iadr.org/about/news-reports/iadr-press-releases> .

Key articles have also been promoted on the IADR Community, enabling reader discussions of the work .The *JDR* Twitter feed (@JDentRes), established in July 2020, has amassed >2,100 followers to date .This feed remains very active, publicizing articles and new issues of the journal .

The *JDR* editors frequently give talks on publishing to promote interest in the journal and to encourage engagement with authorship and reviewing .We have given online seminars to several groups across the Americas, Europe and Asia and we will look at opportunities to promote the journal at in-person meetings in 2023 .

We are very grateful to Elise Bender, Matt Niner and Denise Streszoff at the IADR Global Headquarters office for their assistance with publicity for the journal .These activities reflect the journal's strong commitment to the promotion of dental, oral, and craniofacial science to scientific, clinical and lay audiences worldwide .

### 5. Special Issues in the *JDR*.

A special issue on Data-Driven Analytics for Oral Health Care was published in October 2022 . This included a range of topics including methods and applications of artificial intelligence, large consortia for data-intensive research and epidemiological analyses from extensive insurance databases .We are very grateful to Editors Professors Falk Schwendicke and Mary Marazita for their dedicated efforts to co-ordinate the special issue .



The next special issue is planned for summer of 2023 and will focus on Aging and Oral Health: Biological and Socio-Behavioral Perspectives .The deadline for submissions has just passed and we have received strong interest with approximately 50 submissions .Professor Ana Paula Colombo will edit the issue with Guest Editor Professor Bei Wu (New York University) . The issue will highlight the latest scientific advances and interdisciplinary approaches related to the biological effects of aging on oral and systemic health, and the behavioral and social implications of age-related oral diseases .

### 6. SAGE Journals website update

The look and feel of the *JDR* website (<https://journals.sagepub.com/home/jdr>) has been improved as part of a major update at SAGE Journals .This provides a 'cleaner' appearance for the website .To assist those reading articles on e-readers, all articles are now available in ePUB format as well as traditional pdf .

### 7. Strategic review of the *JDR*, 2023.

In 2023, we are looking to review the processes and content of the *JDR* to ensure that the journal continues to provide maximum benefit for the readership .We propose to focus on the following areas:

- Journal content*. The focus will be on the article types and subject headings/categories .Should we introduce new article types or formats? There are possibilities to prioritize key topics (e g .through invited reviews and special issues) while keeping to the broad scope of the *JDR* .
- Manuscript handling* .There is an increasing focus on 'meta-research' (research into the research process) .The *JDR* needs to stay at the forefront of developments in this area to ensure that processes remain robust, fair and equitable and that improvements are made wherever needed .The training and recruitment of new reviewers is important here and we will look for additional opportunities to develop this .
- User engagement*. This is an opportunity to look at avenues for reaching a broad audience, beyond those traditionally engaged in dental, oral and craniofacial research .

We have already obtained input from the *JDR* Editorial Board earlier in 2022 .Any suggestions or input from the IADR/ AADOCR Boards is welcome .

### 8. Acknowledgements

The journal's success would not be possible without the dedicated efforts of a broad team .I would like to thank Dr . Christopher Fox, Denise Streszoff, Kourtney Skinner, and Lily Knol at the *JDR* Headquarters in Alexandria .We are fortunate to be supported by the capable staff at SAGE Publishing, including Lauren Hunt, Achi Dosanjh, Alisia Lemos, Maureen Garry, Abodunrin Adegboyega and Isaac Hirsch, who work closely with the editors and the team at *JDR* Headquarters to ensure the smooth-running of the journal .Michaila Patterson is the local editorial assistant at Newcastle University where she is supporting the journal by managing the page proofs, working with the authors, the IADR office, and SAGE .I am very grateful for the hard work and diligence of our team of Associate Editors: Professors Ana Paula Colombo, Gustavo Garlet, Dana Graves, Jacques Nör, Joy Richman, Falk Schwendicke and Carmem Pfeifer .Finally, I would like to acknowledge the members of the Editorial Board and the many reviewers, who give up their time and efforts to critique papers .The conscientious efforts of the reviewers and editors are vital for us to select the top papers from the many high-quality submissions that we receive .

I thank the Boards for their continued support of the *JDR* . I look forward to working together to further develop the journal and to build on its strong position as the leading venue for research publication in the dental, oral and craniofacial sciences .

Yours faithfully,

Nicholas S .Jakubovics  
Newcastle University, UK



### Editor’s Report for the *JDR Clinical & Translational Research*, 2022

It’s my pleasure to provide the annual report to summarize our *JDR CTR* activities from January to December 2022 .The journal is now 8 years old, and we have made considerable progress thanks to many people whom I wish to acknowledge here .We greatly appreciate the daily dedication and support of many at GHQ, specifically Lily Knol, Kourtney Skinner, Denise Streszoff and Chris Fox .

Our *JDR CTR* Associate Editor, Effie Ioannidou, has continued to excel in her work for the journal .She is astute, thoughtful and rigorous with her editorial tasks, and I am grateful every day for her support and collaborative spirit .

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 .

#### Highlights of progress by the *JDR CTR* for 2022

##### I. Manuscript Processing:

Average <i>JDR CTR</i> Turnaround Times	2018	2019	2020	2021	2022
Submission to Acceptance	119 Days	118 Days	105 Days	92 Days	101 Days
Acceptance to Online Publication	28 Days	43 Days	26 Days	27 Days	41 Days
Acceptance to Print Publication	107 Days	156 Days	236 Days	269 Days	357 Days

<i>JDR CTR</i> average days from submission to first decision (Prior 12 months)*	30 6 Days
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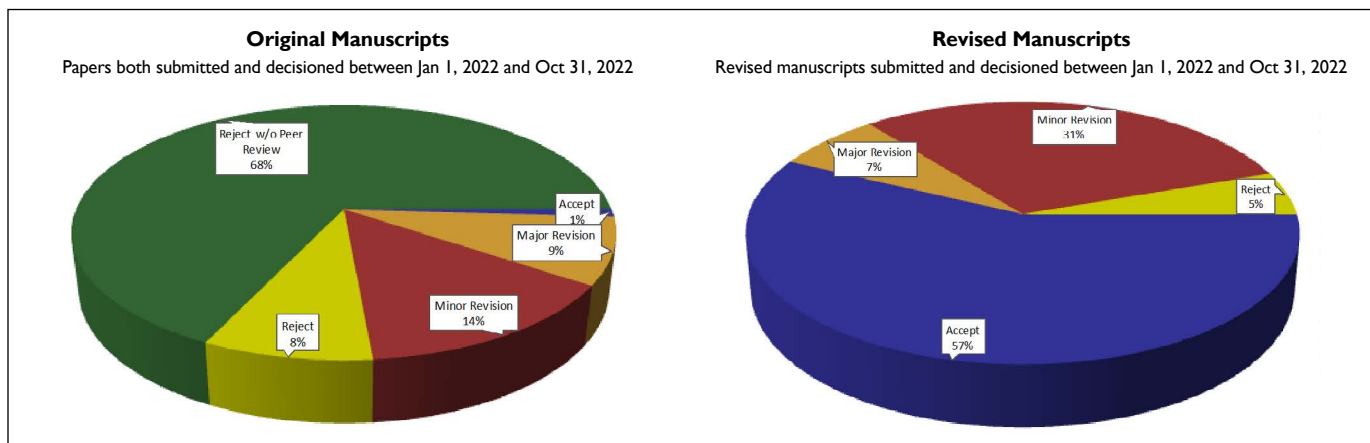
We are working hard to reduce these times through increasing our Editorial Advisory Board from 28 to 42 members and engaging new reviewers to increase the number of new, qualified reviewers .We are also applying even stricter standards regarding what will be sent for review .For example, we are no longer sending instrument validity or methodologic reports for review .

### 2022 *JDR CTR* Manuscripts Submitted, Accepted and Published by Month

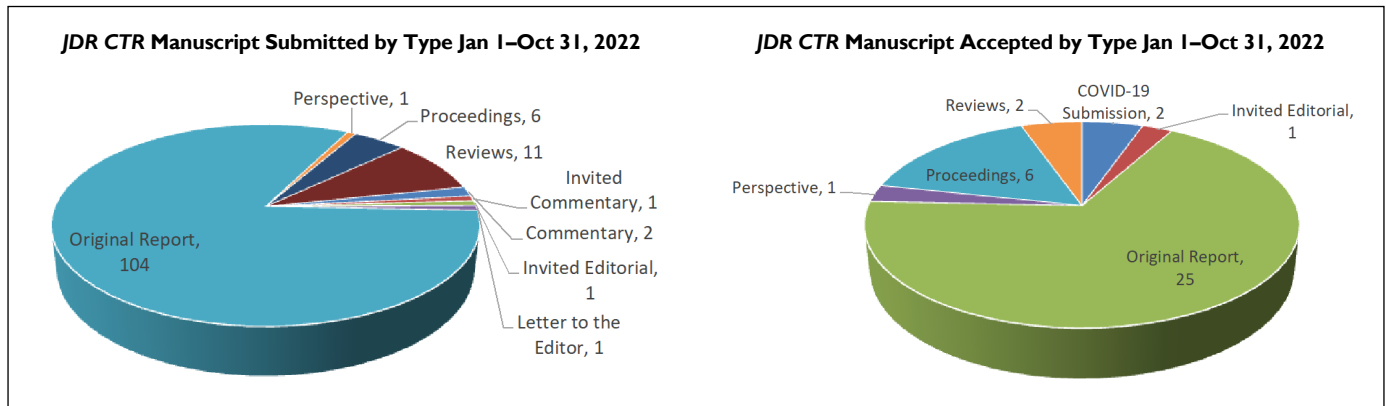
The journal’s acceptance rate for 2021 was 34 8% .  
The journal’s acceptance rate from Jan to Nov 2022 is 29 1%

2021	Submitted Directly	Transferred In	Accepted	Published
January*	20	4	3	11
February	8	4	9	
March	9	1	5	
April*	8	3	5	17
May	12	4	7	
June	12	4	3	
July*	5	6	3	11
August	9	3	4	
September	7	5	5	
October*	10	3	3	11
November	8	4	2	
December	4	5	6	
<b>Summary</b>	<b>112</b>	<b>46</b>	<b>55</b>	<b>50</b>

2022	Submitted Directly	Transferred In	Accepted	Published
January*	7	5	0	10
February	14	6	8	
March	10	3	9	
April*	9	1	1	13
May	7	7	5	
June	5	2	4	
July*	14	4	5	10
August	9	5	5	
September	8	4	0	
October*	5	2	0	12
November				
December				
<b>Summary</b>	<b>88</b>	<b>39</b>	<b>37</b>	<b>45</b>








Top 10 Most Downloaded Articles: Jan - Sept 2022	
Total Downloads	Article
2,116	E. Eliav, L. Rasubala, Y.F. Ren, H. Malmstrom <b>Dental Care and Oral Health under the Clouds of COVID-19</b> Volume 5 Issue 3; 10.1177/2380084420924385
1,627	N. Hiraishi, D. Duangthip, C.H. Chu, E.C.M. Lo, I.S. Zhao, M.L. Mei, S.S. Gao <b>Clinical Trials of Silver Diamine Fluoride in Arresting Caries among Children A Systematic Review</b> Volume 1 Issue 3; 10.1177/2380084416661474
1,563	B.V. Wieland, S.F. Vanterpool, J.V. Been, L. Reyes, B.W. Kramer, K. Tomsin, L.A. Daalderop <b>Periodontal Disease and Pregnancy Outcomes: Overview of Systematic Reviews</b> Volume 3 Issue 1; 10.1177/2380084417731097
1,542	A.W. Dick, G. Gahlon, A.M. Kranz, B.D. Stein <b>Characteristics of US Adults Delaying Dental Care Due to the COVID-19 Pandemic</b> Volume 6 Issue 1; 10.1177/2380084420962778
1,457	M.K. Virdi, S. Deacon, K. Durman <b>The Debate: What Are Aerosol-Generating Procedures in Dentistry? A Rapid Review</b> Volume 6 Issue 2; 10.1177/2380084421989946
1,085	S. Patel, E. Cotti, F. Mannocci, N. Patel, G. Bardini <b>Unconscious Racial Bias May Affect Dentists’ Clinical Decisions on Tooth Restorability: A Randomiz</b> Volume 4 Issue 1; 10.1177/2380084418812886
1,033	A. Tiisanoja, A. Kullaa, P. Ylitalo, A.-M.H. Syrjälä <b>Anticholinergic Burden and Dry Mouth in Middle-Aged People</b> Volume 5 Issue 1; 10.1177/2380084419844511
954	A.A. Agudelo-Suárez, S.P. Plaza-Ruiz, D.M. Barbosa-Liz <b>Impact of COVID-19 on the Knowledge and Attitudes of Dentists toward Teledentistry</b> Volume 6 Issue 3; 10.1177/2380084421998632
952	L. Tavelli, L. Chambrone, S. Barootchi, A. Ravid, W.V. Giannobile <b>Recombinant Human Platelet-Derived Growth Factor: A Systematic Review of Clinical Findings in O Procedures</b> Volume 6 Issue 2; 10.1177/2380084420921353
899	C.S. Smith, T.H. Brickhouse, M. Mosavel, A.A. Akinkugbe, D.T. García <b>COVID-19 and Dental and Dental Hygiene Students’ Career Plans</b> Volume 6 Issue 2; 10.1177/2380084420984772

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

- 1) **Dental Care and Oral Health under the Clouds of COVID-19**  
Y.F. Ren, L. Rasubala, H. Malmstrom, E. Eliav.  
First published Apr 24, 2020
- 2) **Characteristics of US Adults Delaying Dental Care Due to the COVID-19 Pandemic**  
A.M. Kranz, G. Gahlon, A.W. Dick, B.D. Stein.  
First published Sep 27, 2020
- 3) **Recombinant Human Platelet-Derived Growth Factor: A Systematic Review of Clinical Findings in Oral Regenerative Procedures**  
L. Tavelli, A. Ravidà, S. Barootchi, L. Chambrone, W.V. Giannobile.  
First published May 11, 2020
- 4) **COVID-19: Perspective of a Dean of Dentistry**  
E. Emami.  
First published May 13, 2020
- 5) **Patient Perceptions about Professional Dental Services during the COVID-19 Pandemic**  
R.C. Moffat, C.T. Yentes, B.T. Crookston, J.H. West.  
First published Oct 21, 2020
- 6) **COVID-19 Considerations in Pediatric Dentistry**  
H. Bahramian, B. Gharib, A. Baghalian.  
First published Jul 14, 2020
- 7) **SARS-CoV-2 Seropositivity among Dental Staff and the Role of Aspirating Systems**  
M. Sarapultseva, D. Hu, A. Sarapultsev.  
First published Feb 5, 2021
- 8) **COVID-19 and Inequities in Oral Health Care for Older People: An Opportunity for Emerging Paradigms**  
S. León, R.A. Giacaman.  
First published Jun 8, 2020
- 9) **Medical and Dental Electronic Health Record Reporting Discrepancies in Integrated Patient Care**  
S. Adibi, M. Li, N. Salazar, D. Seferovic, K. Kookal, J.N. Holland, M. Walji, M.C. Farach-Carson.  
First published Sep 27, 2019
- 10) **Factors Associated with Dental Root Caries: A Systematic Review**  
J. Zhang, D. Sardana, M.C.M. Wong, K.C.M. Leung, E.C.M. Lo.  
First published May 30, 2019


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

 Free access | Research article | First published Sep 27, 2020

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

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




 Restricted access | Research article | First published Mar 15, 2017

[Bayesian Analysis of the Association between Family-Level Factors and Siblings' Dental Caries](#)

A. Wen, R.J. Weyant, D.W. McNeil, R.J. Crout, K. Neiswanger, M.L. Marazita, B. Foxman




 Free access | Research article | First published Aug 29, 2022

[Is Dichotomization into Regular versus Irregular Dental Attenders Valid? A Qualitative Analysis](#)

M.M. van der Zande, C.E. Exley, R. Freeman, C. Thetford, R.V. Harris



 Restricted access | Research article | First published Oct 7, 2022

[Dentists' Perceptions of Personal Infection Control Measurements in Response to COVID-19](#)

E.O. Belrán, J.T. Newton, V. Avila, N.B. Pitts, J.E. Castellanos, L.M.A. Tenuta, S. Martignon



 Free access | Research article | First published Sep 20, 2022

[Single-Implant Overdentures Retained by a Novel Attachment: A Mixed Methods Crossover Randomized Clinical Trial](#)

R.F. de Souza, A.A. Jabbar, D. Jafarpour, C. Bedos, S. Esfandiari, N.M. Makhoul, [...]

[View all](#) 



Supplements: Proceedings Published September 2022:

JDR CLINICAL & TRANSLATIONAL RESEARCH  
VOLUME 7 • SUPPLEMENT 1 • OCTOBER 2022

Proceedings of the 10th Arcora Distinguished Professor in Dentistry Symposium: The Changing Face of Dentistry

**Introduction to the Supplement: The Changing Face of Dentistry** 38  
L. LeResche  
This article is part of the JDR CTR Special Proceedings Issue: The Changing Face of Dentistry.

**Sociodemographic Changes and Oral Health Inequities: Dental Workforce Considerations** 58  
M.R. Ingber, J. Abino, J.S. Feine, and C. Glusker  
This article describes how socio-demographic changes in the United States will challenge the dental workforce in new ways and points to research and practice needs to address these challenges. Oral health disparities and the changing oral health care needs of patients from diverse and underserved groups are discussed, with a focus on the implications for delivery of care and policies that are needed to improve oral health outcomes for all.

**The Forefront of Dentistry—Promising Tech-Innovations and New Treatments** 108  
A.F. DaSilva, M.A. Robinson, W. Shi, and L.K. McCauley  
This article discusses innovations in technology and treatments that have enormous potential to revolutionize our dental care, including novel concepts in electronic health records, communication between dentists and patients, biologics around diagnosis and treatment, digital dentistry, and the real-time optimization of information technology.

**The Changing Face of Dentistry: Perspectives on Trends in Practice Structure and Organization** 208  
K.A. Atchison, J.L. Fellows, R.E. Inge, and R.W. Vachovich  
In this perspective, the authors intend to stimulate thoughts by clinicians, researchers, and educators about needed trends to the dental profession.

**Trends in Scope of Practice for Oral Health Care: Future Transformative Effects** 318  
S.C. Gordon, C.A. Reedy, C.S. Stohler, and M. Vujicic  
The results of this study can help key stakeholders such as healthcare facilities, educational and research institutions, insurance companies, and governmental bodies to plan future activities and policies on dental practice and education.

**Commentary: The Changing Face of Dentistry** 408  
L. LeResche  
This article reviews trends affecting the future of dentistry. The implications of these trends for dental education, organization of dental care, and clinical and translational research are discussed.

Guest Editor: L. LeResche, ScD

This supplement was supported by the Arcora Foundation and the University of Washington, under the Arcora Distinguished Professor in Dentistry Endowment at the University of Washington.

Planned supplement:

Title: The dental profession and interprofessional primary care: intersection of research, education and communities  
Kourtney is presently working with Drs. Walt Psoter and Yanfang Ren on this Proceedings issue .

Invited Commentaries:

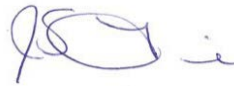
We have published the first in a series of Invited Commentaries in which the authors provide guidance to researchers on how to implement DEI in their research .The first is a commentary by Eleanor Fleming titled “Equity, Diversity, and Inclusion Best Practices for Oral Health Researchers”

Future activities:

I have also invited a Special Commentary from the Oral Health section of the Gerontological Society of America in which they will discuss the implications on research of the findings in the Oral Health in America Report on older adults .

We appreciate the support and guidance of the IADR and AADOCR Boards, 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  
McGill University

**Christopher H. Fox**  
Chief Executive Officer

## OVERVIEW

In January 2022, the IADR and APR announced that the 100<sup>th</sup> General Session of the IADR, held in conjunction with the 5<sup>th</sup> Meeting of APR, would be a virtual meeting taking place on June 20-25, 2022. The 100% virtual format provided scientists and researchers, regardless of location, with the opportunity to present, discuss, and critique their investigations, to view high-quality presentations, and to interact with colleagues online.



Using the IADR General Session Virtual Experience platform, attendees received online access to all meeting content where they could watch live or view recorded presentations 24-hours a day. Attendees could choose from thousands of research presentations, including the Distinguished Lecture Series, keynote addresses, symposia, workshops, and oral presentations, all accessible online.

The meeting was virtually attended by 2,132 individuals from 80 countries. Those attending the meeting could choose from among 1,445 Interactive Talk presentations, 38 Focused Learning Sessions, 5 satellite symposia, 54 symposia, 34 Hands-on Workshops, and one Distinguished Lecture Series plenary session. Delegates also had the opportunity to visit the virtual exhibit hall, which housed 14 exhibition booths: 4 were corporate and 10 were institutional/government/nonprofit.

The 2022 Distinguished Lecture Series speaker was Yigong Shi, Westlake University, Hangzhou, Zhejiang, China, speaking on "Basic Research and Healthcare Industry in China and Beyond."

To support attendance in these challenging times, all IADR members and IADR student members from World Bank defined Low, Lower-Middle or Upper-Middle-Income Countries (LMICs) were eligible for a reduced registration fee. This is a significant expansion of the reduced fee policy to include all members in LMICs, not just those in the Region of the General Session. In addition, the IADR Board expanded the use of Adopt-a-Member funds to support meeting registrations for IADR members from LMICs.

## COVID-19 UPDATES AND RESOURCES WEBPAGE

The impacts of the COVID-19 pandemic continue to be felt across the world. As such IADR has maintained a [COVID-19 Updates and Resources page](#) to keep our members up-to-date with funding opportunities, association news, webinars, COVID-19 articles published in the *Journal of Dental Research (JDR)*, *JDR Clinical and Translational Research (JDR CTR)* as well as other publishers, and other useful resources. The *JDR* and *JDR CTR* continue to actively seek manuscript submissions on COVID-19.

## PUBLICATIONS

### *Journal of Dental Research (JDR)* Achieves Highest Impact Factor

The IADR/AADOCR were thrilled to announce that the *Journal of Dental Research (JDR)* 2-year Journal Impact Factor™ reached an all-time high of 8.924, ranking #3 of 92 journals in the "Dentistry, Oral Surgery, & Medicine" category, and the *JDR* 5-year Journal Impact Factor™ is over 8 for the first time at 8.463, ranking #4 of 92 journals. The *JDR* also ranks #1 of 92 journals in total citations and Eigenfactor, #3 in the new Journal Citation Indicator and #4 in Article Influence Score. This news comes from the 2022 *Journal Citation Reports™* (Clarivate™, 2022).



### IADR President's Inaugural Address



Brian O'Connell was installed as IADR's 99<sup>th</sup> President at the conclusion of the 2022 IADR/APR General Session. View his inaugural address here.

### Distinguished Lecture Series Presentation



View the 2022 Distinguished Lecture Presentation by Yigong Shi, Westlake University, Hangzhou, Zhejiang, China

### Awards Presentations



View the 2022 awards that were announced during the Opening Ceremonies of the 2022 IADR/APR General Session.



Full 2022 Journal Citation Reports™ results for the JDR:

- 2-year Journal Impact Factor™: 8 924, ranking #3 of 92 journals
- 5-year Journal Impact Factor™: 8 463, ranking #4 of 92 journals
- Eigenfactor: 0 015700, ranking #1 of 92 journals
- Total citations: 27,593, ranking #1 of 92 journals
- Journal Citation Indicator: 2 88, ranking #3 of 92 journals
- Article Influence Score: 1.878, ranking #4 of 92 journals

Developed by the Institute for Scientific Information (ISI)™ at Clarivate™ and launched in 2021, the Journal Citation Indicator represents the average category-normalized citation impact for papers published in the prior three-year period, providing a single journal-level metric that can be easily interpreted and compared across disciplines .The Journal Citation Indicator is calculated for all journals in the Web of Science Core Collection – including those that do not have a Journal Impact Factor (JIF)™ .

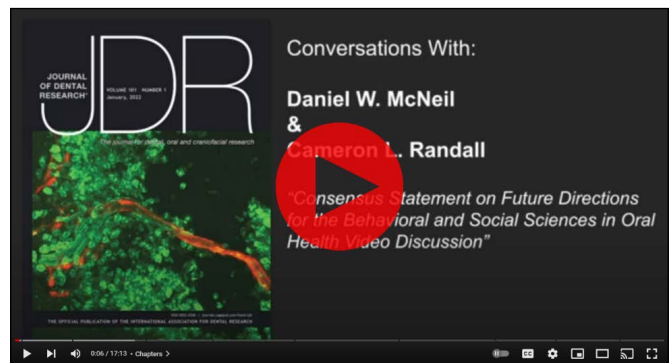
### Call for Papers: JDR Special Issue on Aging and Oral Health: Biological and Socio-behavioral Perspectives

In July, the JDR announced the publication of a [special issue](#) in the summer of 2023 highlighting the latest scientific advances and interdisciplinary approaches related to the biological effects of aging on oral and systemic health, and the behavioral and social implications of age-related oral diseases .This special issue will be of interest to public health, health and biological sciences researchers and practitioners .The guest editors are Ana Paula Colombo, Professor and senior researcher in Oral Biology, Institute of Microbiology, Federal University of Rio de Janeiro, RJ, Brazil, and Bei Wu, Dean's Professor in Global Health, Rory Meyers College of Nursing and College of Dentistry, New York University, USA .There was an excellent response to the Call for Papers and a 2023 Q3 publication date is anticipated .

### JDR Special Issue: Data-Driven Analytics for Dental, Oral, and Craniofacial Health Care

Dental, oral, and craniofacial (DOC) health care and research are generating an increasing amount of data to foster a deeper understanding of patient health and disease, allowing more effective, efficient, and safer care .Some even postulate that data and data analytics may shape “data dentistry”, with data-driven approaches and applications disseminating widely and deeply into DOC research and practice .In October 2022, the JDR published the special issue “[Data-Driven Analytics for Dental, Oral, and Craniofacial Health Care](#),” which focuses on such aspects of DOC Big Data and advanced data analytics, aiming to display not only the breadth of data and analytical strategies currently employed in DOC, but their translational efforts, promised impact, challenges, and current difficulties in the field .This special issue features Falk Schwendicke, Charité-Universitätsmedizin Berlin, Germany and Mary Marazita, University of Pittsburgh, United States as Guest Editors .[View the press release](#) .

### Watch the JDR Video Conversation



[View the conversation](#) between JDR Editor-in-Chief Nick Jakubovics and the authors of “Consensus Statement on Future Directions for the Behavioral and Social Sciences in Oral Health,” D W .McNeil, West Virginia University, Morgantown, USA and C L .Randall, University of Washington, Seattle, USA .

### JDR Clinical & Translational Research

The JDR Clinical & Translational Research (JDR CTR), launched in March 2016, is a peer-reviewed journal dedicated to publishing original dental, oral, and craniofacial research at the interface between discovery science and clinical application .Under the leadership of Editor-in-Chief **Jocelyne Feine**, McGill University Faculty of Dentistry, Montréal, Québec, Canada, this publication emphasizes translation of research into healthcare delivery systems at the individual patient, clinical practice, and community levels .JDR CTR is designed to allow space for the publication of reports that use high-quality but less familiar methodologies, such as health technology assessment reports, participatory methodologies, qualitative research and multi-method approaches .Follow the JDR CTR on Twitter [@JDRClinTransRes!](#)

### JDR CTR Publishes First Special Issue, “The Changing Face of Dentistry”

In September, IADR & AADOCR announced the publication of the first supplement to JDR CTR, entitled, “[The Changing Face of Dentistry](#).” This special issue features Linda LeResche, University of Washington as Guest Editor .The papers in this issue represent the final reports of four panels convened for the [2021 Arcora Distinguished Professorship in Dentistry Symposium](#) at the University of Washington under the theme, “The Changing Face of Dentistry.” The papers provide a range of perspectives on broad social, economic, and technological trends that have implications for the future of dentistry, defined as including not only dental practice, but also dental education, organized dentistry, and dental research .Some common trends were identified in multiple groups, but the perspectives on these trends differed from group to group, and sometimes even among panel members in the same group .

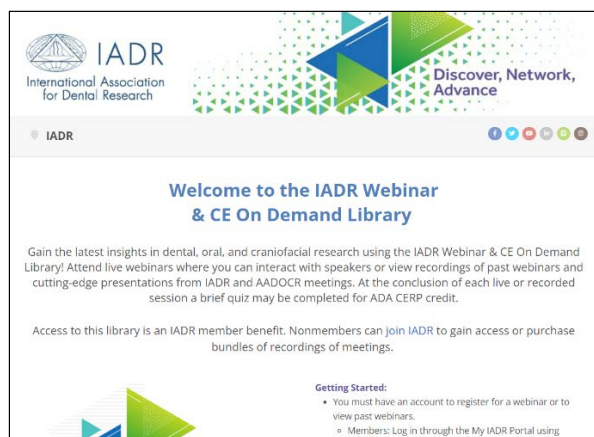
### JDR CTR Listed in ESCI Index

In June, IADR & AADOCR announced that the JDR CTR now appears on the Emerging Sources Citation Index (ESCI) .It is currently ranked 35/158 in the “Dentistry, Oral Surgery & Medicine” category with a *Journal Citation Indicator (JCI)* of 1 10 . The 158 journals in the category are inclusive of the 92 journals that receive Impact Factors .Just looking at those in the ESCI,

JDR CTR is ranked 1/66 in the *Journal Citation Indicator (JCI)* for “Dentistry, Oral Surgery & Medicine – ESCI”. The ESCI was launched in late 2015 by Thomson Reuters as a new database in Web of Science. Around 3,000 journals were selected for coverage at launch, spanning the full range of subject areas. Since 2017 the index has been produced by Clarivate Analytics.

## IADR WEBINARS & CONTINUING EDUCATION

The [IADR Webinar & CE On Demand Library](#) allows users to participate in upcoming live webinars and view the growing list of webinars on demand. To help expand our content, IADR created a [webinar proposal submission](#) webpage where members can submit a webinar proposal for consideration. Webinar proposals are subject to review and approval by the appropriate IADR committee.



## 2022 Webinars & CE Content:

- **AADOCR 2022 Fall Focused Symposium: Accelerating Translation of Tissue Engineering and Regenerative Medicine Technologies in the Dental, Oral, and Craniofacial Space**

In November, AADOCR hosted a focused symposium entitled “[Accelerating Translation of Tissue Engineering and Regenerative Medicine Technologies in the Dental, Oral, and Craniofacial Space](#)”. It was comprised of two 120-minute sessions moderated by IADR past president Jaques Nör. Presenters were Lillian Shum, Francine Berkey, Jeanne Wright, Shawn Bengtson, Mike Jamieson, Sarah Knox, Chelsea Bahney, Pamela Yelick, Kim Martin, Daniel Buser, Tara Aghaloo, Charles Sfeir, and Yang Chai. The event is now available in the IADR Webinar & CE On Demand Library.

- **Insights on the Elusive Oral Microbiome**

The webinar, “[Insights on the Elusive Oral Microbiome](#)” took place on August 11, 2022. It provided a state-of-the-art overview of the oral microbiome in health and disease and how these usually friendly microbial consortia become foe under elusive circumstances, possibly leading to disease and pathology at distant sites thus affecting the overall human morbidity and mortality. The clinical relevance of the new data for the patient and the practitioner was also discussed. The webinar is now available in the IADR Webinar & CE On Demand Library.

- **2022 IADR/APR General Session Recordings (bundle)**

Recordings from the 100<sup>th</sup> General Session & Exhibition of the IADR, which was held in conjunction with the 5<sup>th</sup> Meeting of the Asia Pacific Region on June 20-25, 2022, are now online in the [IADR Webinar & CE On Demand library](#). IADR members can view presentations and slides from the Distinguished Lecture Series speaker and 43 symposia. At the conclusion of many of the recorded sessions, users may take a brief quiz for ADA CERP credit. A total of 47.5 Continuing Education hours are available from the General Session.

- **Research on Oral Health Inequalities: The Editors’ Views**

On May 25, 2022, the International Center for Oral health Inequalities Research and Policy (ICOHIRP) and the Global Oral Health Inequalities Research Network (GOHIRN) of the International Association for Dental Research presented a webinar, **Research on oral health inequalities: The editors’ views**. Panelists were IADR members Prof **Sarah R Baker**, Editor in Chief, Community Dentistry and Oral Epidemiology; **Dr Nicholas Jakubovics**, Editor in Chief, *The Journal of Dental Research*; and Prof **Robert J Weyant**, Editor in Chief, *The Journal of Public Health Dentistry*. The panel was moderated by IADR member Prof **Marco Peres**, Duke-NUS Medical School, Singapore.

- **2022 AADOCR/CADR Annual Meeting Recordings (bundle)**

Recordings from the 51<sup>st</sup> Annual Meeting & Exhibition of the AADOCR, which was held in conjunction with the 46<sup>th</sup> Annual Meeting of the CADR on March 21-26, 2022, are now online in the [IADR Webinar & CE On Demand library](#). IADR members can view presentations and slides from two Distinguished Lecture Series speakers and 13 symposia. At the conclusion of each recorded session a brief quiz may be completed for ADA CERP credit. A maximum of 21.5 Continuing Education hours are available from the Annual Meeting.

- **Pre-COP4.2 Side Event: Accelerating the Phase Down of Dental Amalgam**

On March 21, 2022, the Minamata Convention on Mercury kicked off its second segment of the fourth meeting of the Conference of the Parties (COP 4.2) in Bali. In the lead up to COP 4.2, the Secretariat held several online side events to give stakeholders a voice as Member Parties consider several amendments to the Minamata Convention. In response to amendments specific to dental amalgam, IADR in collaboration with the American Dental Association (ADA) and the FDI World Dental Federation hosted a side event on March 11, 2022, titled “[Accelerating the Phase Down of Dental Amalgam](#)”. During the side event, presenters had a cross-cutting discussion of the mechanisms of accelerating the phase down in the use of dental amalgam, global progress in phasing down the use of dental amalgam, research advancements into mercury-free alternatives to dental amalgam, the importance of action and investment into prevention and research, and the infrastructure needed for proper waste management. IADR had the unique opportunity to speak to stakeholders across the globe about the need to continue the phase down approach and emphasized the requirement for

further research to address the current challenges with dental amalgam alternatives, the need for a critical eye towards proper waste management and provided a call to action for stakeholders across both environment and health to integrate and synergize. The fact that the phase down approach is working to across differing geographies bolsters this phasing down the use of dental amalgam as we tackle oral health inequities .

• **Oral Health in America – Advances and Challenges: Reading the Report through a Research Lens**

The U.S. NIH/NIDCR's *Oral Health in America: Advances and Challenges* report was a culmination of two years of research and writing by over 400 contributors that explores the nation's oral health over the last 20 years . In response to this report, AADOCR hosted a webinar on February 1, 2022 titled: "[Oral Health in America – Advances and Challenges: Reading the Report through a Research Lens](#)" to discuss the implications of the report for dental, oral, and craniofacial research . During this webinar, the Director of NIDCR, Section Editors of the report, and AADOCR leaders had a cross-cutting discussion relative to how the report can be used to inform future research, including current research gaps and needs. The webinar is now available in the IADR Webinar & CE On Demand Library .

• **AADOCR Focused Symposium Webinar Series: Digital Dentistry – The Future**

In early 2022, the AADOCR Science Information Committee hosted a focused symposium titled "[Digital Dentistry – The Future](#)," comprised of two 90-minute sessions on January 12 and January 13, 2022 and moderated by IADR Past President E. Dianne Rekow, King's College London, England . Presenters were Bruce Lieberthal, Jasmin Grischke, Scott Howell, and Dennis Fasbinder . The recordings from the event are now available on the IADR Webinar & CE On Demand Library .

**MARKETING & COMMUNICATIONS**

IADR continues to engage its current and prospective members via its website, marketing automation & email blast platform (Real Magnet), the *Global Research Update* monthly newsletter, targeted digital advertising (Feathr), webinar library, social media channels (Twitter, LinkedIn, Facebook, YouTube, and Instagram), and our online community . IADR emails have shown consistently strong performance throughout 2022 . As of November, the average open rate for all IADR emails sent to groups of more than 100 members was 50.6%, well above the 25-35% [industry average](#) for Nonprofits . The average clickthrough rate for IADR emails was 5.83%, also far above the industry average .

**IADR Online Community**

The [IADR Online Community](#) allows IADR 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 IADR Community is the Ask Me Anything (AMA) events .

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

	<h2 style="margin: 0;">ASK ME ANYTHING (AMA)</h2>
	<p><b>TOPIC:</b> <i>Cleft Lip and Palate Research</i></p> <p><b>DATE:</b> <b>September 27, 2022</b> at 12 p.m. EDT (UTC-4)</p> <p><b>WHERE:</b> IADR Community Discussion Thread</p> <p><b>EXPERT:</b> Peter A. Mossey, BDS, PhD, FDS, MOrth RCSEd, FFD RCSI, FDS RCPS, FHEA, FRSE University of Dundee Dental School Dundee, Scotland</p>
<p>Have questions? Ask them by emailing <a href="mailto:communityadmin@iadr.org">communityadmin@iadr.org</a> by September 26, 2022.</p>	

2022 AMA events included:

- Peter A. Mossey, Professor of Craniofacial Development, University of Dundee Dental School, Dundee, Scotland on Cleft Lip and Palate Research on September 27, 2022
- Iain Morgan, Associate Dean for Research, Virginia Commonwealth University, Richmond, Virginia, USA on HPV Vaccination and Oropharyngeal Cancer Prevalence and Prevention on July 19, 2022
- Kevin Byrd, Research Scholar and Manager of Oral & Craniofacial Research at ADA Science & Research Institute, Gaithersburg, Maryland, USA on Cell Atlases as a Blueprint for Human Oral & Craniofacial Health and Disease Research on February 28, 2022

**Social Media**

IADR continues to grow its social media presence with an increased number of posts, active tagging, and the use of media, such as branded images and videos, within posts . IADR/ AADOCR continues to regularly publish content on the IADR [@IADR](#), [JDR CTR](#) [@JDRClinTransRes](#), and the [JDR @JDentRes](#) Twitter accounts . Additionally, in the second half of 2022 IADR began to more heavily utilize LinkedIn to engage an ever-increasing community of oral health professionals on that platform . The [IADR LinkedIn Group](#) currently has over 17,400 members and is growing every day .

**MEMBERSHIP**

As of October 1, 2022, IADR membership stood at 9,171 members, a 7.8% increase from the December 31, 2021 total of 8,505 . The increase in 2022 membership was driven by extremely strong growth in the APR (+61.6%) Region . Divisions with the strongest 2022 growth were the Tunisian (+309%), Chinese (+226%), Egyptian (+76.2%), and Kuwaiti (+55.4%) Divisions .

The IADR GHQ will continue to work with the officers of Divisions and Sections as well as Scientific Groups and Networks to renew members and support new members of the IADR . The new member onboarding program introduced in fall 2020 continues to drive and increase member engagement . Benefits such as the IADR Community and the IADR Webinar & CE On Demand Library increase greater member networking opportunities and educational knowledge . As of November 2022, IADR had 14 Corporate Section members and 124 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.

## FINANCE

The 2021 Audit was completed, and the Association received an “unmodified/unqualified opinion,” meaning that the auditors found our financial statements to present fairly, in all material respects, the financial position of the International Association for Dental Research as of December 31, 2021, 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, 2021, IADR’s total assets were \$19.6 million (an increase of \$1.9 million from 12/31/20). The increase in total assets was primarily due to an increase in investments thanks to strong investment returns and cash, this increase was partially offset by a decrease in contributions receivable. Total revenues were \$4.5 million up from \$2.6 million in 2020 primarily due to conference registrations from the 2021 General Session, following the canceled General Session in 2021 and loan forgiveness revenues associated with the full forgiveness of the two PPP loans the Associations received. Total operating expenses for 2021 were \$4.3 million, up from \$3.8 million in 2020, primarily due to expenses associated with the 2021 virtual General Session. The 2020 General Session was canceled, resulting in lower expenses compared to a typical meeting year. Net assets at the end of year were \$18.0 million, an increase of \$2.1 million from the end of 2020. \$17.4 million of the net assets were without donor restrictions.

The IADR investment portfolio as of December 21, 2021, was just under \$17.6 million, a net increase of 12.5% from 2020. This increase is the net of strong investment returns partially offset by amounts sold to fund operations. Cambridge Associates continues to provide investment advice to IADR, and the portfolio has met our benchmarks for the last several years despite the market volatility. Although unaudited, the IADR portfolio balance as of Q3 2022 was \$13.1 million, the decrease is primarily due to significant year-to-date market losses. Fortunately, markets have rebounded in the fourth quarter and if these market gains continue the portfolio should finish the year up from the Q3 lows.

Preliminary year-end estimates for 2022 based on YTD Q3 results project IADR ending the year with a \$719,000 deficit versus a budgeted deficit of \$707,000, or \$12,000 unfavorable to budget. The slightly higher-than-expected deficit is due to an expected meeting deficit from the June 2022 virtual General Session as compared to a modest budgeted surplus, this is partially offset by a lower than expected general operations deficit primarily due to lower Board costs.

## SCIENCE POLICY AND INTERNATIONAL ADVOCACY

### Fluoride Policy and Position Statements

The IADR Council approved two position statements during their June 2022 meeting:

1. [Community Water Fluoridation](#) – In the updated Community Water Fluoridation statement, 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. Promotion of this statement will occur through all social media platforms over the next weeks as well as the Global Research Update.
2. [Individual and Professional Methods of Fluoride Use](#) – In this position statement, IADR supports (i) fluoride toothpastes should be used twice per day by all individuals; all efforts should be taken to make toothpaste with an adequate fluoride concentration universally affordable and accessible, (ii) 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, and (iii) additional methods of fluoride use or higher strength products, either at the individual level, or professional level, should be recommended to individuals or populations at higher risk for caries.

### Study Published in JDR Finds No Adverse Effects of Early Fluoride Exposure on Childhood Development

Strengthening IADR’s position on the use of fluoride, the *Journal of Dental Research* published in October an Australian nationwide population-based follow-up study entitled, [“Early Childhood Exposures to Fluorides and Child Behavioral Development and Executive Function: A Population-Based Longitudinal Study.”](#) The study by Professor Loc Do of the University of Queensland Faculty of Health and Behavioural Sciences, School of Dentistry and colleagues concluded that exposure to fluoridated water during the first five years of life was not associated with altered measures of child emotional and behavioral development and executive functioning. Children who had been exposed to fluoridated water for their whole early childhood had their measures of emotional, behavioral development and executive functioning at least equivalent to that of children who had no exposure to fluoridated water. Read the press release [here](#).

### Dental Amalgam

IADR in collaboration with the American Dental Association and the FDI World Dental Federation hosted a webinar titled

**ACCELERATING THE PHASE DOWN OF DENTAL AMALGAM**

Join us on March 11 at 17h 00 CET for a cross-cutting discussion of the mechanisms of accelerating the phase down in the use of dental amalgam. Guided by science, we'll discuss progress in phasing down the use of dental amalgam, research advancements in mercury-free alternatives to dental amalgam, the importance of action and investment into prevention and research, and the infrastructure needed for proper waste management.

**LIST OF SPEAKERS**

- Mr. Enzo Bondioni, Executive Director, FDI World Dental Federation
- Dr. Christopher Fox, Chief Executive Officer, International Association for Dental Research and American Association for Dental, Oral, and Craniofacial Research
- Dr. Gottfried Schmalz, Professor of Operative Dentistry, University Hospital Pagenburg
- Dr. Elizabeth Shapiro, Chief of Governance and Strategy Management, American Dental Association
- Dr. Issane Ben Yahya, President, FDI World Dental Federation
- Dr. Malyska Charles-Ayeh, Director of Science Policy, International Association for Dental Research and American Association for Dental, Oral, and Craniofacial Research

**FRIDAY, 11 MARCH 2022**  
**17H00-18H00 CET**

**COPI-4 (IN-PERSON SEGMENT)**

**SIDE EVENT**

“Accelerating the Phase-Down of Dental Amalgam” .The webinar was held on March 11 in preparation for the in-person meeting of the COP4 in Bali Indonesia on March 21-25, 2022 .

The webinar was promoted by IADR on all electronic platforms in combination with the COP4 Secretariat, FDI, and the ADA and was well attended .Overall, the webinar well received and included both pro- and anti- dental amalgam phase down stakeholders .The recording of the event is available [here](#) .

### IADR Intervenes at the Minamata Convention Conference of the Parties (COP4.2)

During the COP4 2 in-person meeting, Member Parties considered two proposals to amend Annex A: Part II .Botswana, Burkino Faso, and Madagascar submitted an amendment proposing alternate text on behalf of the African region (AR) . The AR proposal called for the phase out of dental amalgam by 2029 with national plan to phase-out dental amalgam published by 2025 and the manufacture and import of dental amalgam to cease in 2027 .The European Union (EU) submitted an amendment proposing additional text that includes the use of mercury in bulk form by dental practitioners, the use of dental amalgam in pre-dosed encapsulated form, the use of amalgam separators with a retention efficiency level of 95%, and no use of dental amalgam for dental treatment in children younger than 15 years and pregnant or breastfeeding women, except where deemed strictly necessary .

IADR, in collaboration with the World Dental Federation, provided a written and verbal intervention that urged Member Parties not to support the African proposal, and to acknowledge that any review of Annex A, Part II beyond reinforcing the current phase-down approach would be premature .The intervention specifically called for consideration that more research on alternative materials is needed as mercury-free alternatives are still less than optimal based on clinical, economic, and practical reasons .After several days of negotiations, the Member States passed a compromise that provided additional text to Annex A: Part II that addresses the use of mercury in bulk form by dental practitioners and the use of dental amalgam for dental treatment in patients under 15 years, pregnant, and breastfeeding women .Read our full statement [here](#) .

### WHO 150<sup>th</sup> Session of the Executive Board



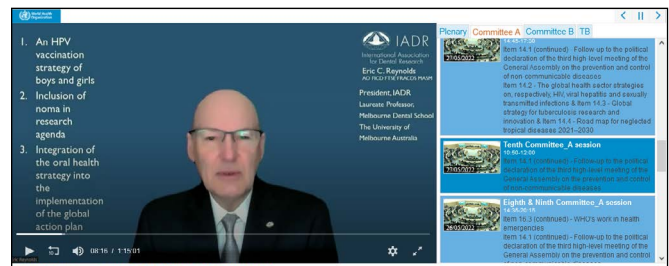
On January 27, 2022, during the World Health Organization’s (WHO) Executive Board’s 150<sup>th</sup> Session, I delivered an intervention on behalf of the IADR relative to the draft global strategy on oral health .I commended the WHO on their strategy and its use of research findings to guide the policies held within .On behalf of IADR, I also advocated for further consideration of the following:

- A vaccination strategy for girls **and** boys to mitigate the risk for oropharyngeal cancers from HPV exposure .

- The expansion of Strategic Objective 6 on research to be inclusive of research into the biologic mechanisms of oral diseases to design more effective preventive interventions and treatments .
- The integration of the global health strategy into the implementation of the global action plan for NCD prevention and control .

IADR continues to advocate on behalf of researchers within the dental, oral, and craniofacial sciences .

### Presented at the WHO 75<sup>th</sup> World Health Assembly



At the 75<sup>th</sup> World Health Assembly (May 22–28, 2022) IADR Past President Eric Reynolds provided a pre-recorded intervention on behalf of IADR that is strongly supportive of the strategy but asks for the following considerations:

- An HPV vaccination strategy of girls *and* boys within the global oral health strategy that will reduce oropharyngeal cancers .
- The inclusion of noma in the global strategy’s oral health research agenda to improve understanding of the disease and define interventions that can integrate noma into the global oral health strategy .
- The integration of the oral health strategy into the implementation of the global action plan for NCD prevention and control and with efforts to advance primary health care and UHC .

During that meeting, Member States agreed to adopt a global strategy on oral health, which will inform the development of a new global action plan, including a framework for tracking progress with targets to be achieved by 2030 .

### Response the World Health Organization Requests for Comments

Requests for Information Comments (RFCs) are unique opportunities for IADR and its members to provide input on issues that have the potential to affect dental research or the research enterprise more broadly .Whether these requests are on niche issues or more far-reaching, IADR relies on its members to inform its responses to ensure that multiple perspectives are represented in the process .

*Draft Updated Appendix 3 of the World Health Organization (WHO) Global Non-Communicable Disease (NCD) Action Plan 2013 – 2030.* In our response, IADR provided mechanisms through which oral health can be better integrated into the NCD Action Plan including (i) .elimination of exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport, and multi-unit housing, (ii) .limiting free sugars to less than 10% of total energy intake, (iii) .oral health care for people with diabetes, (iv) .vaccination against human papillomavirus (1-2 doses) of



9 – 14-year-old girls and boys, (v) .preventive interventions and screening for oral cancer in high-risk groups linked with timely diagnostic work-up and comprehensive cancer treatment, and (vi) .HPV DNA screening, starting at the age of 30 years with regular screening every 5 to 10 years as an intervention for oral cancer and not only for cervical cancer .

*Global Non-Communicable Disease (NCD) Action Plan 2013 – 2030 – second draft*

IADR provided comments relevant to the second draft of the updated Appendix 3 of the World Health Organization (WHO) Global Non-Communicable Disease (NCD) Action Plan 2013 – 2030. In our response, IADR applauded the WHO for the inclusion of Background point 6 “*This updated version of the Appendix 3, will complement existing global strategies and action plans and a number of new technical products that WHO secretariat is developing along with the NCD Implementation Roadmap for the WHO Global NCD Action Plan 5 including the WHO menu of cost-effectiveness intervention for mental health, the recommended interventions to address the health impact of air pollution and the menu of cost-effective interventions for oral health that are being developed.*” IADR continued to support the consideration of the following additions in further iterations of Appendix 3: i) . limiting free sugars to less than 10% of total energy intake, ii) . emphasis of interventions geared towards oral health care for people with diabetes, iii) .gender neutral vaccination campaigns for comprehensive protection against human papillomavirus, and iv) . preventative interventions and screening for oral cancers in high-risk groups .

*Draft Global Oral Health Action Plan (2023 – 2030)*

In our response, IADR thanked the WHO for the incorporation of several of the points put forth by the IADR relative to the earlier oral health resolution and the global strategy on oral health .IADR applauded the WHO for their well-developed and comprehensive draft action plan and put forth the following additional points for consideration:

- I . The direct inclusion of other preventive oral health products, such as toothbrushes, within action 26 that describes provisions to optimize the use of fluorides for oral health through the reduction or elimination of taxes and tariffs on fluoride toothpaste .
- II . The inclusion of composite resin restorations amongst the services listed which included topical silver diamine fluoride, atraumatic restorative treatment, and glass ionomer cement restorations .
- III .The inclusion of indicators for additional policy initiatives to reduce sugar consumption- i) .counter-advertising and education to combat the food and beverage industries’ marketing campaigns and ii) .healthy procurement policies including the use of procurement standards to prioritize or mandate that government agencies purchase healthy foods including for school intervention and nutrition programs .
- IV .A clear call within the oral health research agenda for the *enhancement* of the research agenda with an emphasis on the expansion of the current research interest to include a more public health lens .
- V . The inclusion of a specific statement that points to the training of the workforce and the development of a pipeline to support the needs the aging population .

**WHO Launches Global Oral Health Status Report**



On November 18, 2022, the World Health Organization launched the [Global Oral Health Status Report](#) which reviewed the most recent data on major oral diseases, risk factors, health system challenges and opportunities for reform .The report was accompanied by an online resource of individual [country oral health profiles](#) .As part of the launch, IADR President Brian O’Connell participated in a panel discussion and emphasized the need for research to improve oral health of populations and reduce inequalities .

**IADR Intervenes at the WHO Regional Committee for Africa Meeting**

The 72<sup>nd</sup> session of the WHO Regional Committee for Africa was held in a virtual format from August 22-26, 2022 .IADR provided a written intervention to agenda item 17 J “Progress report on the Regional Oral Health Strategy 2016 – 2025: addressing oral diseases as part of non-communicable diseases” where it championed the following considerations:

- I . Implementation of operational research in the Africa region – research and data should be a cornerstone consideration of all intervention programs and policy implementation .
- II . Allocation of adequate resources to implement national oral health policies including research programs – the failure of well-funded research programs transcends beyond surveillance, the collection of data, and evaluation but also hinders the ability to support decision-making and track progress in oral health activities .
- III .Extension of the Regional strategy to align with the Global strategy by 2030 – the regional oral health strategy should be firmly integrated into the implementation of the global action plan for NCD prevention and control and with efforts to advance primary health care and universal health care .

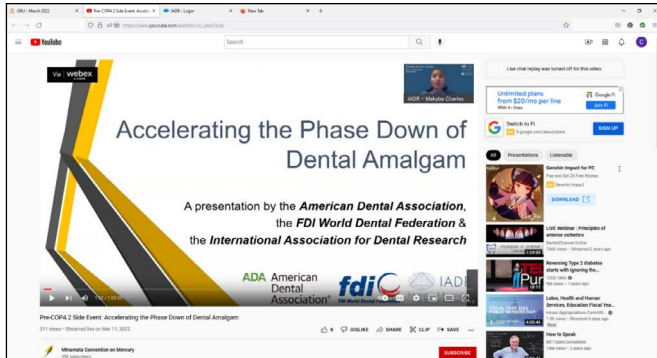
**12<sup>th</sup> World Congress on Preventive Dentistry**

In June 2023, the [IADR/LAR General Session & Exhibition](#) will be joined by the 12th World Congress on Preventive Dentistry (WCPD) .This special international event will take place on the final two days of the meeting and is open to all meeting attendees .The WCPD aims to raise awareness of oral diseases globally, their social and commercial determinants, promote healthy environments, and highlight the impact of oral diseases on poor and disadvantaged populations .Additionally, it encourages policy makers to incorporate oral health into public health intervention programs as part of primary health care and universal health coverage .Integrating multifactorial approaches

towards the prevention of oral cancer, dental caries, periodontal disease, and other oral diseases at the population level will be emphasized during the event .

## UNEP Minamata Convention on Mercury

The in-person Conference of the Parties (COP) 4 2 was held on March 21-25, 2022, in Bali, Indonesia .



On March 11, 2022, the IADR, in collaboration with the American Dental Association (ADA) and the FDI World Dental Federation, hosted a side event titled "[Accelerating the Phase Down of Dental Amalgam](#)" to assist the Minamata delegations in their deliberations .

During the Bali portion of the meeting, Member Parties considered two proposals to amend Annex A: Part II, with Botswana, Burkino Faso, and Madagascar submitting an amendment, and the European Union (EU) submitting another . IADR, in collaboration with the FDI World Dental Federation, provided a written and verbal intervention and, after several days of negotiations, the Member States passed a compromise that provided additional text to Annex A: Part II that addresses the use of mercury in bulk form by dental practitioners and the use of dental amalgam for dental treatment in patients under 15 years, pregnant, and breastfeeding women .

## IADR REGIONAL DEVELOPMENT PROGRAM

Since 1996 through 2022, the Regional Development Program has distributed more than \$1 3 million in funding to enhance research capacity and research infrastructure .Unfortunately, there was not a successful application for the 2022 funding year, but the RDP Committee continues to assist Divisions and Sections with their applications towards programs that align with the RDP intent .

## EXTERNAL RELATIONS

### FDI World Dental Federation

The 2022 FDI World Dental Congress scheduled to take place in Mumbai, India from September 29-October 2, 2022, was cancelled, but the [World Dental Parliament](#) and the World Oral Health Forum took place in Geneva, Switzerland, September 19-24, 2022 .The IADR continues to work closely with the FDI on matters such as the Minamata Convention on Mercury, the WHO World Health Assembly resolutions, and other matters of science and oral health .The IADR is formally represented on the FDI Science Committee by IADR past president Helen Whelton .

### NCD Alliance

2022 marks the fourth 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

2022 marks the second year that IADR is a member of the Global Health Council, a U S -based membership organization supporting and connecting advocates, implementers, and stakeholders around global health priorities worldwide .IADR joins [SmileTrain](#) as a voice for dental, oral, and craniofacial research and health in the Global Health Council .

## FUTURE MEETINGS

- The 101<sup>st</sup> General Session & Exhibition of the IADR and the XII Meeting of the Latin American Region will be held on June 21-24, 2023, in Bogotá, Colombia .
- The 2024 IADR/AADOCR/CADR General Session & Exhibition will take place March 13-16, 2024, in New Orleans, LA, USA .
- The 103<sup>rd</sup> General Session & Exhibition of the IADR will take place on June 25-28, 2025, in Barcelona, Spain .
- The 2026 IADR/AADOCR/CADR General Session & Exhibition will take place March 25-28, 2026, in San Diego, CA, USA .

## IN MEMORIAM

Sadly, E .Dianne Rekow, 88<sup>th</sup> President of IADR (2011-12) and 35<sup>th</sup> President of the AADOCR passed away on August 11, 2022 . View her tribute in [Global Research Update](#) . A *Journal of Dental Research* tribute is forthcoming .

Also, on October 6, 2022, William Dennis McHugh passed away . He was the 65<sup>th</sup> IADR President (1988-89) and 12<sup>th</sup> AADOCR President (1983-94) .A *Journal of Dental Research* tribute will be published in early 2023 .

We are also saddened by the loss of IADR employee Linda T . Hemphill, who passed away on July 31, 2022 .She retired in 2009 after 31 years at IADR as the Director of Publications and editor of the *Journal of Dental Research* .View her tribute in [Global Research Update](#) .

## CLOSING

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

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Chris Fox".

Christopher H .Fox, DMD, DMSc  
Chief Executive Officer  
November 15, 2022

# Appendix 2 — Membership & Attendance Tables

## Active Membership by Division

Division/Section	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	
American	2636	2965	2967	3118	3351	3422	3453	3746	3382	3643	3492	3729	3746	3851	3870	3965	4130	4167	3909	4148	4440	4218	3966	
Argentine	98	97	101	140	155	139	128	137	128	130	184	162	139	144	133	118	126	153	134	138	136	137	114	
Australian/New Zealand	306	261	230	338	360	317	290	334	345	276	277	245	269	208	242	287	307	200	204	222	203	215	251	
Bolivian	0																							
Brazilian	179	209	370	442	463	565	307	1000	587	992	2543	965	920	710	530	423	402	542	312	322	421	334	319	
British	359	391	412	481	733	509	365	536	522	489	503	485	603	530	702	533	634	565	576	741	770	713	733	
Canadian	206	236	232	360	252	241	228	265	258	297	277	249	296	272	378	246	257	258	229	237	233	219	223	
Caribbean	15	20	13	42	30	34	16	11	7															
Chilean	59	87	123	95	96	70	81	121	91	114	134	135	157	121	137	113	71	27	23	29	26	20	24	
Chinese	2020	621	516	613	1055	558	621	490	449	498	230	200	284	146	184	123	167	150	146	125	61	99	53	
Colombian	70	79	85	72	78	81	80	100	63	93	101	72	75	68	56	46	34							
Continental European	753	805	732	986	977	974	816	1032	1078	1056	1094	1098	1488	1004	1044	974	973	1044	1061	1134	1076	1031	948	
Costa Rican	8	10	12	27	23	18	13	20	19	24	22	26	23	25	5	6	1	1	1	1	1	1	1	
East & Southern Africa	14	23	31	35	30	227	102	85	112	81	78	112	105	159	74	72	126	69	88	150	89	99	100	
Ecuadorian	1	15	3	16	19	14	31	18	20	23	23	20	18	18	14									
Egyptian	75	42	56	35	54	41	59	68	47	54	33	47	77										16	
Guatemalan	1	2	2	0	2		2																	
Indian	109	104	100	160	259	193	252	77	83	79	127	150	86	80	72	54	40	48	58	30				
Iranian	5	12	5	33	83	115	114	72	121	77	77	91	107	64	84	90	184	61						
Iraqi	18	20	19	23	24	30	33	32	66	146	90	8	14											
Irish	56	101	43	49	65	39	67	57	62	53	60	67	76	70	105	89	112	107	87	113	120	113	108	
Israeli	118	176	73	106	103	118	182	132	115	125	123	125	122	110	107	140	111	126	117	92	97	108	89	
Japanese	760	887	939	1169	1234	1221	1321	1373	1298	1517	1507	1555	1873	1692	1825	1756	1961	1887	2026	1908	1871	2119	1658	
Jordanian	3	5	4	4	9	3	1	2	3	5	3	7	12	19	31	8	15	33	17	21	19			
Korean	82	84	101	175	177	120	836	302	180	185	173	114	218	146	154	114	227	129	168	180	132	198	176	
Kuwait	115	74	40	41	43	70	68	85	122	97	69	117	122	97	25	28	71	100	84	42	24	14		
Lebanese	7	8	7	12	13	16	16	13	15	16	15													
Libyan	10	0	2	3	5	19	12	11																
Mexican	97	96	112	139	92	99	87	133	81	141	127	104	132	94	201	154	135	64	55	78	76	94	35	
Mongolian	1	0	1	0	2			3		10	2	10	20	15	10	6								
Nigerian	63	77	51	67	63	63	65	129	99	64	48	53	58	56	67	60	44	59	46	63				
Other	23	29	12	9	16	14	20	44	29	36	26	43	133	87	20	76	66	130	151	111	87	26	59	
Pakistan	24	35	49	16	28	35	16	36	14	30	21	41												
Panamaian	0	0	0	2	7	3	1	7	3	8	15	17	14	13	12	10	21							
Paraguayan	2	9	0	1	0	1	2	1	2	7	10	5												
Peruvian	23	33	41	30	56	55	59	50	51	49	85	56	77	110	91	26	31	15	54	38	44	49	8	
Qatari	0																							
Russian	8	9	7	13	15	18	11	25	50	9	8	11	14	8	6	9	13	12	11	15	21	24	30	
Saudi Arabian	135	224	158	128	310	81	115	231	184	83	80	54	58	20	35	20	24	17	18	30	28	26	19	
Scandinavian	190	190	210	293	279	347	250	313	316	299	298	320	328	330	360	373	389	389	431	466	403	457	471	
South African	39	53	35	51	65	56	85	110	138	77	83	75	73	67	99	119	119	138	152	172	126	121	120	
Southeast Asian	364	284	301	626	692	562	628	579	556	563	522	519	535	451	520	447	421	468	363	538	459	430	364	
Sudanese	1	2	9	7	20	4	2	1	5		1		2	13	62	21	30							
Syrian	3	3	8	3	1	2	5	29	11	12	13	23	23	15										
Tunisian	45	10	27	22	18	17	21	54	55	37	17													
United Arab Emirates	26	21	12	22	14	15	16	14	9	10	11	11												
Uruguayan	53	54	43	51	52	52	38	51	52	60	61	71	65	51	22	22								
Venezuelan	11	30	14	13	19	12	14	14	25	92	130	146	100	67	54	64	71	42	31	17				
Total	9192	8493	8308	10068	11442	10590	10929	11943	10853	11657	12793	11338	12462	10931	11331	10604	11323	11013	10569	11194	10980	10882	9884	

# Scientific Group/Network Membership by Division 2022

IADR Scientific Group/Network	Total	AMER																	AMER Total
		ESafrican	Egyptian	Iranian	Iraqi	Jordan	Kuwaiti	Lebanese	Libyan	Nigerian	SAfrican	Saudi	Sudanese	Syrian	Tunisian	UAE			
Behavioral, Epidemiologic and Health Services	580	1	3	0	1	0	1	0	1	0	2	4	0	0	0	2	34		
Cardiology Research Group	613	1	10	1	0	0	3	0	0	2	2	9	0	0	1	31			
Clinical and Translational Science Network	205	0	2	0	0	0	0	0	0	1	0	0	0	0	0	3			
Craniofacial Biology Group	516	0	2	0	1	0	1	3	0	3	3	1	0	0	1	15			
Dental Anesthesiology and Special Care Research	89	0	0	0	0	0	2	0	0	1	0	5	0	0	1	9			
Dental Materials Group	1284	0	18	0	6	0	9	1	0	1	4	20	0	3	1	69			
Diagnostic Sciences Group	112	0	1	0	0	0	4	0	0	0	3	4	0	0	1	13			
Education Research Group	239	0	4	0	3	0	2	0	0	1	1	6	1	0	4	22			
e-Oral Health Network	110	1	5	1	0	0	0	0	0	0	3	0	0	0	10				
Evidence-based Dentistry Network	273	1	10	0	0	0	19	0	0	0	2	16	0	1	2	51			
Geriatric Oral Research Group	185	0	2	0	0	0	0	0	0	2	0	0	0	0	1	5			
Global Oral Health Inequalities Research Network	201	5	1	0	0	0	0	0	0	3	4	1	0	0	1	15			
Implantology Group	652	0	12	1	4	0	3	2	0	1	1	11	0	1	4	41			
Intl Network for Orofacial Pain & Related Disorders Methodology (INORM)	169	0	1	0	0	0	1	0	0	0	3	0	0	0	0	5			
Microbiology/Immunology Group	592	0	3	0	0	0	2	0	0	1	1	1	0	0	6	14			
Mineralized Tissue Group	362	0	1	0	1	0	0	0	0	0	1	0	0	0	0	3			
Network for Practice-based Research	61	0	2	0	0	0	0	0	0	0	2	0	0	0	0	4			
Neuroscience Group	193	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2			
Nutrition Research Group	1097	1	3	1	2	0	5	0	0	3	11	10	20	0	22	4	82		
Oral & Maxillofacial Surgery Group	66	1	2	0	0	0	0	0	0	0	2	0	0	0	0	5			
Oral Health Research Group	497	2	4	1	2	0	13	0	0	9	1	9	0	0	0	41			
Oral Medicine & Pathology Group	423	4	1	0	2	0	0	0	0	9	7	6	0	0	1	30			
Orthodontics Research Group	450	0	2	0	1	1	3	0	0	3	0	8	0	0	2	21			
Pediatric Oral Health Research Group	627	2	7	1	2	0	8	3	0	5	3	22	0	0	4	57			
Periodontal Research Group	485	2	5	0	1	0	9	1	0	9	3	24	0	0	4	59			
Pharmacology/Therapeutics/Toxicology Group	1069	0	8	1	0	0	5	0	0	5	1	15	0	1	1	38			
Prosthodontics Group	100	0	0	0	1	0	0	0	0	0	1	0	0	0	0	2			
Pulp Biology & Regeneration Group	651	0	21	0	3	1	13	0	0	2	3	18	0	1	4	70			
Salivary Research Group	548	0	7	0	3	1	7	0	0	0	1	18	0	1	1	40			
Stem Cell Biology Group	238	1	0	0	0	0	2	0	0	0	3	0	0	1	0	7			
Student Training and Research (STAR) Network	369	0	5	0	0	0	2	0	0	1	1	5	0	1	0	16			
Women in Science Network	198	0	2	0	2	0	1	1	0	2	0	9	0	0	0	17			
No Scientific Group/Network Selected	369	0	1	0	0	0	3	1	0	1	0	2	0	0	1	9			
<b>Grand Total</b>	<b>13623</b>	<b>22</b>	<b>145</b>	<b>7</b>	<b>35</b>	<b>3</b>	<b>118</b>	<b>12</b>	<b>10</b>	<b>86</b>	<b>55</b>	<b>249</b>	<b>1</b>	<b>8</b>	<b>47</b>	<b>42</b>	<b>666</b>		
		APR																	
		Asia /Pacific Region (APR)																	
		Australian	49	33	14	20	3	0	2	27	148								
		Chinese	20	71	20	37	1	0	0	34	183								
		Indian	3	32	3	4	0	0	1	6	49								
		Japanese	11	134	3	26	1	0	1	10	186								
		Korean	2	12	0	16	0	0	0	4	34								
		Mongolian	33	224	9	137	12	0	7	53	475								
		Pakistani	3	14	3	10	0	0	0	1	31								
		Seasian	28	5	4	7	2	0	1	4	51								
		APR Total	9	16	5	0	2	0	0	4	36								
			9	34	6	4	0	0	2	13	68								
			8	12	2	33	3	0	0	15	73								
			30	12	6	9	0	0	0	9	66								
			18	221	6	42	4	1	4	34	330								
			3	17	4	13	2	0	0	6	45								
			18	98	4	48	10	0	0	28	206								
			3	82	2	19	4	0	0	8	118								
			6	2	1	1	0	0	0	2	12								
			2	21	1	34	4	0	0	7	69								
			24	240	7	126	14	0	0	25	436								
			3	1	2	3	0	0	0	2	11								
			12	195	6	16	2	0	0	19	250								
			23	66	4	19	2	0	1	13	128								
			19	88	7	25	3	0	0	19	161								
			11	185	14	23	5	0	3	25	266								
			42	67	17	16	2	0	2	30	176								
			34	218	9	84	8	0	0	45	398								
			5	5	2	9	0	0	0	11	32								
			11	186	7	72	11	1	4	36	328								
			16	144	18	45	9	0	4	28	264								
			3	25	5	20	4	0	0	12	69								
			7	124	2	19	2	0	0	23	177								
			7	15	6	1	2	0	0	5	36								
			12	13	7	2	1	0	0	4	39								





# Journal of Dental Research Subscriptions by Year (2002–2022)

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Member Print	4255	3770	3403	3175	2499	2365	1991	1645	1545	1304	1137	1010	909	751	677	601	526	436	347	278	247
Member Online	302	497	753	996	8612	8572	8922	8672	9418	8523	7535	7495	8206	7581	7028	7495	7757	7173	5911	8505	6901
Student Print	475	283	265	241	166	125	98	123	153	145	187	152	110	151	112	99	120	92	66	75	60
Student Online	94	107	164	128	2357	1975	2465	2244	3015	2719	3916	2973	2650	3471	3128	3085	3289	2895	2397	2111	2289
Institutional Print	723	741	551	509	464	422	395	274	195	195	173										
Institutional Online	9	14																			
Institutional Online Tier 1			18	25	15	18	14														
Institutional Online Tier 2			33	26	33	25	28														
Institutional Online Tier 3			102	153	172	196	211														
Institutional Online Tier 4			6	6	9	11	11														
Institutional Online Tier 5			1	1	2	1	4														
Institutional Online Tier 6			1	2	2	2															
Institutional Print and Online								570	530	565	536	523	495	477	455	418	398	333	288	274	252
# of Institutions via consortia								1121	1926	2872	3333	3938	4046	4244	4364	4487	4819	4812	2883	4850	4732
<b>Total</b>	<b>5858</b>	<b>5412</b>	<b>5297</b>	<b>5262</b>	<b>14331</b>	<b>13712</b>	<b>14139</b>	<b>14649</b>	<b>16782</b>	<b>16323</b>	<b>16817</b>	<b>16091</b>	<b>16416</b>	<b>16675</b>	<b>15764</b>	<b>16185</b>	<b>16909</b>	<b>15741</b>	<b>11892</b>	<b>16093</b>	<b>14481</b>
Additional Print Subscription			105	145	148	159	164														

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 .

## JDR Clinical & Translational Research Subscriptions by Year

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

# Attendance for IADR General Sessions and AADOOCR 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 (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	1229	774	112	194	56		2365	130	103	2598	1668
2012 – Iguazu Falls (IADR)*	1954	1821	102	217	38		4132	141	221	4494	3584
2013 – Seattle	2861	1881	277	252	95		5366	224	304	5894	3795
2014 – Charlotte (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	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 (AADOOCR)	711	594	122	34	40		1501	22	31	1563	870
2022 – Virtual Experience (IADR)^^^	1170	738	124	27	32		2091	17	0	2108	1445

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

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

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

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

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

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

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

## Meeting Registration Fees

YEAR	MEMBER	NON- MEMBER	STUDENT MEMBER	STUDENT NON-MEMBER	ONSITE REG FEE
1990	125	235	20	35	40
1991	140	265	20	60	40
1992 (AADOCR)	145	265	20	60	40
1992 (IADR)	195	325	50	90	40
1993	185	350	40	80	40
1994	185	360	40	80	40
1995 (AADOCR)	185	360	40	80	40
1995 (IADR)	210	400	50	90	40
1996	195	395	40	80	40
1997	195	420	40	80	40
1998 (AADOCR)	195	420	40	80	40
1998 (IADR)	230	455	50	90	40
1999	215	440	40	80	40
2000	225	455	50	90	40
2001 (AADOCR)	230	455	50	90	40
2001 (IADR)	275	510	60	100	40
2002	300	532	60	100	40
2003 (AADOCR)	280	520	60	100	40
2003 (IADR)	300	535	60	100	40
2004	308	543	60	100	40
2005	400	650	80	130	100
2006 (AADOCR w/ADEA)	325	575	80	135	100
2006 (IADR)	400	650	90	140	100
2007	420	680	95	145	100
2008 (AADOCR)	325	575	100	155	100
2008 (IADR)	440	695	150	250	100
2009	460	730	160	265	100
2010 (AADOCR)	400	700	150	225	100
2010 (IADR)	470	765	175	295	100
2011	480	800	195	325	100
2012 (AADOCR)	440	770	165	250	100
2012 (IADR)	490/250 <sup>#</sup> /270 <sup>+</sup>	840	215/165 <sup>#</sup> /180 <sup>+</sup>	360	100
2013	500	875	235	395	100/50
2014 (AADOCR)	470	820	180	275	100/50
2014 (IADR) (rates include 14% VAT)	585/295 <sup>&amp;</sup>	1,015	290/225 <sup>&amp;</sup>	495	100/50
2015	520	895	260	445	100/50
2016 (AADOCR)	495	865	195	295	100/50
2016 (IADR)	530/265 <sup>^</sup>	915	265/200 <sup>^</sup>	455	100/50
2017	540/270 <sup>%</sup>	930	270/205 <sup>%</sup>	465	100/50
2018 (AADOCR)	520/260	895	260	445	100/50
2018 (IADR) (rates include 20% VAT)	660/330	1134	330/246	564	120/60
2019	580/290 <sup>^^</sup>	960	290/220 <sup>^^</sup>	480	120/60
2020	590/295 <sup>^^</sup>	975	295/220 <sup>^^</sup>	485	100/50
2021	600/300 <sup>^^</sup>	990	300/225 <sup>^^</sup>	495	100/50
2022 (AADOCR)	610	1090	290	540	100/50
2022 (IADR)	605/290 <sup>^^^</sup>	1040	290/210 <sup>^^^</sup>	520	100/50

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

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

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

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

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

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

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

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

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



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

YEAR	IADR w/o JDR	AADOCR w/o JDR	Print JDR & JDR CTR	IADR Incl. JDR	AADOCR Total	Students IADR	Students AADOCR
1983	20	25	27	47	72	3	5
1984	20	25	27	47	72	3	5
1985	20	25	27	47	72	3	5
1986	20	25	27	47	72	3	5
1987	20	30	30	50	80	4	6
1988	20	30	30	50	80	5	7
1989	25	35	33	58	93	5	7
1990	25	35	38	63	98	5	7
1991	30	40	38	68	108	5	7
1992	30	47	38	68	115	5	7
1993	35	47	38	73	120	10	7
1994	35	47	38	73	120	10	10
1995	35	47	38	73	120	10	10
1996	40	57	38	78	135	10	10
1997	40	57	48	88	145	10	10
1998	40	57	70	110	167	10	10
1999	40	57	70	110	167	10	10
2000	40	67	70	110	177	10	10
2001	40	67	70	110	177	10	10
2002	45	67	82	127	194	10	10
2003	50	72	82	132	204	10	10
2004	50	72	82	132	204	10	10
2005	50	85	82	132	217	10	10
2006	62 <sup>1</sup>	95	62	124	157 <sup>1</sup>	15	10
2007	40/50/74 <sup>2</sup>	95	66	106/116/140	169	20	10
2008	40/50/80	95	73	113/123/153	175	22	12
2009	40/50/90	95	50 <sup>3</sup>	90/100/140	185	25	15
2010	40/50/90	110	50	90/100/140	200	27	18
2011	42/55/105	115	50	92/105/155	220	30	23
2012	48/60/120	120	50	98/110/170	240	35	25
2013	54/68/135	125	50	104/118/185	260	40	30
2014 <sup>4</sup>	56/70/140/112	130/104	50	106/120/190/162	270/216	42	35
2015 <sup>5</sup>	56/85/155/124	135/108	50	106/135/205/174	290/232	47	40
2016	58/99/165/132	140/112	50/20 <sup>6</sup>	108/149/215/182	305/244	50	40
2017	59/102/170/136	145/116	50/20	109/152/220/186	315/252	51	40
2018	61/105/175/140	150/120	50/20	111/155/225/190	325/260	52	45
2019	63/108/180/144	155/124	50/20	113/158/230/194	335/268	54	45
2020	64/111/185/148	160/128	50/20	114/161/235/198	345/276	55	45
2021	66/114/190/152	165/132	50/20	116/164/240/202	355/284	57	45
2022	68/117/195/156	170/136	50/20	118/167/245/206	365/292	58	45
2023	70/120/200/160	170/140	50/20	120/170/250/210	375/300	60	45

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

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

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

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

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

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

## Appendix 3 — Awards & Fellowships Winners (through 2022)

### IADR Gold Medal

Lawrence Tabak	2018	David Williams	2021
Barry Sessle	2020	Sally Marshall	2022

### IADR/AADOCR William J. Gies Award

(supported by J. Morita Corporation)

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

### 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

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

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

Vinay Pitchika	2016	Tatiana Martini	2019
Victor Matsubara	2016	Kenneth Sims	2019
Nathan Jones	2016	Leticia Capalbo	2020
Tan Nguyen	2016	Farzana Chowdhury	2020
Vanessa Sousa	2016	Mahmoud Elashiry	2020
Min Gyu Kwak	2016	Ting Sang	2020
Preethi Prajod	2017	Jingyang Zhang	2020
Jeong-Hyun Kang	2017	Li Zhou	2020
Cameron Stewart	2017	Christine Shaffer	2021
Vasiliki Koidou	2017	Jennifer Baez-Polan	2021
Mor Shlezinger	2017	Rania Nassar	2021
Roger Junges	2017	Thamyris de Souza	
Ali Alsharif	2018	Carvalho	2021
Soraya León	2018	Nathan Schiffman	2021
Dono Kahharova	2018	Yun Niu	2021
Kassapa Ellepola	2018	Alaa Alkhateeb	2022
Dina Moussa	2018	Yuanyuan Han	2022
Yasir Siddiqui	2018	Samanta Mascarenhas	
Mohammed Nadeem Bijle	2019	Moraes	2022
Shayan Darvish	2019	Tamara Teodoro Araujo	2022
Nicholas Fischer	2019	Caojie Liu	2022
Joshua Jenkins	2019	Egle Petruskiene	2022

**IADR Distinguished Service Award**

(supported in 2022 by J. Morita Corporation)

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

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

(supported in 2022 by The Borrow Foundation)

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

**IADR GC Centennial Research Awards**

(supported by GC Corporation)

Sihong Li, Wuhan University, China	2022
Caojie Liu, Sichuan University, China	2022
Ting Sang, Nanchang University, China	2022
Hongye Lu, Zhejiang University Hong Kong, SAR, China	2022
Yifan Lin, The University of Hong Kong, SAR, China	2022
Sonali Sharma, Army Dental Centre, Delhi, India	2022
Karan Gulati, The University of Queensland, Australia	2022
Sneha Sethi, Adelaide Dental School, Australia	2022

**IADR Innovation in Oral Care Awards**

(supported by Haleon)

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

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

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

**IADR KULZER Travel Awards (supported by KULZER)**

Jonathan An	2010	Pedro Corazza	2013
Yu Furuya	2010	Jean-François Nguyen	2013
Mohammed Hadis	2010	Xi Chen	2013
Philipp Kohorst	2010	Anas Aljabo	2014
Sybele Saska	2010	Jamila Almuhamadi	2014
Carina Castellan	2011	Olivia Osiro	2014
Nathaniel Lawson	2011	Taneka Taylor-Jones	2014
Neshka Manchorova-Veleva	2011	Jiajun Zhu	2014
Giulio Marchesi	2011	Eliseu Munchow	2015
Hiroyuki Miyajima	2011	Kyle Serkies	2015
Yoshio Abe	2012	Alaa Turkistani	2015
Araceli Acevedo-Contreras	2012	Dongyun Wang	2015
Paula Benetti	2012	Ahmed Zaghoul	2015
Juliano Pierri	2012	Basma Ghandourah	2016
Alexander Stepuk	2012	Chen Xuan Wei	2016
Yang Xia	2013	Hao-chieh Chang	2016
Kelly Sayre	2013	Shaza Bishti	2016

Sherif Elsharkawy	2016	Arwa Daghery	2020
Yvette Alania	2017	Valentin Herber	2020
Ken Irari	2017	Kimberly Ngai	2020
Dina Moussa	2017	Mohammed Zahedul Islam	
Michael Wendler	2017	Nizami	2020
Shuping Zhao	2017	Yin Ziaoxue	2020
Maheer Eldafrawy	2018	Lohitha Kalluri	2021
Cameron Stewart	2018	Isadora Garcia	2021
Isabel Olegário	2018	Yehuda Klein	2021
Pimpinee Eamsa-ard	2018	Abdulrahman A. Balhaddad	2021
Maheer Mohamed	2018	Takahiko Sakai	2021
Hao Ding	2019	Hatim Dhaifallah Alqurashi	2022
Nicholas Fischer	2019	Priti Pragati Rath	2022
Joshua Jenkins	2019	Divya Chopra	2022
Kartikeya Jodha	2019	Zidu Zeng	2022
Elizabeth Rocha	2019	Zhihao Zhai	2022

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

Yuichi Kitasaki (Cariology)	2001
Khristine Marie Carino (BSHSR)	2001
Yael Hour-Haddad (Microbiology/Immunology)	2001
Olga Potella (Salivary)	2002
Towako Wakui (Oral Health)	2002
Eben Alsberg (Periodontal)	2002
David Conway (Cariology)	2003
Michael Cronin (BSHSR)	2003
Hiroyuki Tada (Microbiology/Immunology)	2003
Özgür Özdemir (Periodontal)	2004
Ji Li (Salivary)	2004
Loc Giang Do (BSHSR)	2005
Salunya Tancharoen (Microbiology/Immunology)	2005
Andrew Chi Chun Chan (Periodontal)	2006
Mariko Gyo (Oral Health)	2006
Xiaoli Gao (BSHSR)	2007
Daniel Moreinos (Cariology)	2007
Omer Deutsch (Salivary)	2008
Emanuele Cotroneo (Salivary)	2008
Julio Carrion (Periodontal)	2008
Olalekan Ayo-Yusuf (Oral Health)	2008
Sebastian Paris (Cariology)	2009
Ranawaka A.P. Perera (Microbiology/Immunology)	2009
Diep Ha (oral Health)	2010
Thanuja, D.K. Herath (Periodontal)	2010
Raluca Stiubea-Cohen (Salivary)	2010
Otto Lok Tao Lam (BEHSR)	2011
Fu Chen (Cariology)	2011
Yoav Neumann (Salivary)	2012
Daniel Jönsson (Periodontal)	2012
Shantanu Lal (Oral Health)	2012
Stefan Listl (BEHSR)	2013
Melissa Thiemi Kato (Cariology)	2013
Svetislav Zaric (Microbiology/Immunology)	2013
Donwivat Saensom (Oral Health)	2014
Omer Deutsch (Salivary)	2014
Richa Wahi (BEHSR)	2015
Falk Schwendicke (Cariology)	2015
Omer Fleissig (Microbiology/Immunology)	2015
Roger Junges (Oral Health)	2016
Tomomi Kawai (Periodontal)	2016
Helena Schuch (BEHSR)	2017
Reo Uemura (Cariology)	2017
Kassapa Ellepola (Microbiology/Immunology)	2017
Jacob Chew Ren Jie (Periodontal)	2018
Wei Qiao (Salivary)	2018
Yukako Kojima (Oral Health)	2018
Dina Moussa (Cariology)	2019
Emily Chang (Microbiology/Immunology)	2019
Talal Alshihayb (BEHSR)	2019
Mohammed Nadeem Bijle (Oral Health)	2020



Carla Alvarez Rivas (Periodontal)	2020
Hazem Abbas (BEHSR)	2021
Tan Minh Nguyen (Oral Health)	2022
Yue Chen (Periodontal)	2022

### IADR Newell Johnson Travel Award

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

Caojie Liu, Sichuan University, China	2022
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### IADR Regional Development Program

1992 Sri Lanka	2008	Continental European Division
1995 Indonesia		Uruguayan Section
1996 Poland & Hungary		Sudanese Section
2000 CED/NOF		
2000 Irish	2009	Southeast Asian Division
Brazilian		Continental European Division
2000 South African		Peruvian Division/Latin American Federation
Southeast Asian		
2001 Brazilian	2010	Southeast Asian Division
Southeast Asian	2010	East & Southern Africa Division
Irish		
South African	2010	Australia/New Zealand/Chilean Divisions
Argentine		
2002 Chinese	2010	Syrian Section
East & Southern Africa	2011	Israeli Division
Southeast Asian		Peruvian Division
2003 Continental European		Mongolian Section
Southeast Asian	2012	Australia/New Zealand Division
Chinese		Southeast Asian Division
South African		
2004 Continental European	2013	Australia/New Zealand Division
South African		Continental European Division
Southeast Asian		
Nigerian	2014	Africa Middle East Region
2005 Australian/		Mexican Division
New Zealand Division		Latin American Region
Chinese Division		Divisions and Sections
East & Southern Africa Division	2015	Israeli Division
2005 Kuwaiti Division		Latin American Region
Latin American Federation		Southeast Asian Division
Nigerian Section	2016	Latin American Region
Peruvian Section		Indian Division
South African Division	2017	Indian Division
2006 Continental European Division		Chilean Division
Venezuelan Division	2018	Latin American Region
Latin American Federation		Nigerian and East & Southern Africa Divisions
East and Southern African Division	2019	Brazilian Division
Australian & New Zealand Division		Australia & New Zealand Division
Colombian Section		Argentinian and Peruvian Divisions
Southeast Asian Division	2020	Southeast Asian Division
2007 Canadian Association for Dental Research		Colombian Division
Australian & New Zealand Division		Chilean Division
Peruvian Section	2021	Mexican and Chilean Divisions
		Australia & New Zealand Division
		Chilean Division
		Tunisian Section

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

Finbarr Allen	2014
Haiping Tan	2015
(Discontinued)	

### JDR Cover of the Year

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

### Pinborg Prize

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

### Basic Research in Biological Mineralization Award (supported in 2022 by Unilever Oral Care)

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

### Research in Periodontal Disease Award

(supported in 2022 by Colgate-Palmolive Company)

Jens Waerhaug	1965	Norton Taichman	1984
Irving Glickman	1966	Richard Ranney	1985
Helmut Zander	1967	Jan Egelberg	1986
Sigurd Ramfjord	1968	Henning Birkedal-Hansen	1987
Harald Loe	1969	Sture Nyman	1988
Fermin Carranza	1970	Jaro Sodek	1989
Sigmund Stahl	1971	Jorgen Slots	1990
Hubert Schroeder	1972	Thorkild Karring	1991
Max Listgarten	1973	Niklaus Lang	1992
Paul Goldhaber	1974	Paul Caffesse	1993
Jan Lindhe	1975	Martin Addy	1994
Tom Lehner	1976	Anne Haffajee	1995
Roy Page	1977	Kenneth Kornman	1996
Sigmund Socransky	1978	Gregory Seymour	1997
Rolf Attstrom	1979	Hiroshi Okada	1998
Per Brandtzaeg	1980	Steven Offenbacher	1999
Robert Genco	1981	Jeffrey Ebersole	2000
Stephan Mergenhagen	1982	Thomas Van Dyke	2001
Giorgio Cimasoni	1983	Yoji Murayama	2002

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

Harvey Schenkein	2003	Shinya Murakami	2013
Aubrey Soskolne	2004	Dana Graves	2014
Michael Curtis	2005	P. Mark Bartold	2015
Ann Progulsk-Fox	2006	Kazuhisa Yamazaki	2016
Richard Darveau	2007	Panos Papapanou	2017
Koji Nakayama	2008	Iain Chapple	2018
Lior Shapira	2009	Andrea Mombelli	2019
Martin Taubman	2010	Anton Sculean	2020
Eric Reynolds	2011	Bruno Loos	2021
Denis Kinane	2012	William Giannobile	2022

**Behavioral, Epidemiologic and Health Services Research Award***(formerly Behavioral Sciences/Health Services Research Award, supported in 2022 by CareQuest Institute for Oral Health)*

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

**Craniofacial Biology Research Award***(supported in 2022 by Dentsply Sirona)*

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

**Geriatric Oral Research Award***(supported in 2022 by GlaxoSmithKline)*

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

**Global Oral Health Research Award***(supported in 2022 by GlaxoSmithKline)*

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

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

**H. Trendley Dean Memorial Award***(supported in 2022 by Colgate-Palmolive Company)*

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

**Isaac Schour Memorial Award***(supported in 2022 by an endowment provided by Dr Bernard G. Sarnat and Rhoda G. Sarnat through the Sarnat Family Foundation)*

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

**Oral Medicine and Pathology Research Award**

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

**Pharmacology, Therapeutics & Toxicology Research Award**

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

**Pulp Biology & Regeneration Award***(formerly Pulp Biology Award, supported in 2022 by Dentsply Sirona)*

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

**Research in Oral Biology Award***(supported in 2022 by Church & Dwight Co .Jnc .)*

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

**Research in Prosthodontics & Implants Award**

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

**Salivary Research Award***(supported in 2022 by Unilever Oral Care)*

Charlotte Schneyer	1991	Arthur Hand	2007
Michael Levine	1992	James Melvin	2008
Bruce Baum	1993	Alessandro Riva	2009
Irwin D .Mandel	1994	Roland Jonsson	2010
Frank Oppenheim	1995	Massimo Castagnola	2011
Lawrence Tabak	1996	Ammon Peck	2012
Colin Dawes	1997	Masataka Murakami	2013
Donald Hay	1998	Indu Ambudkar	2014
Bernard Tandler	1999	Matthew Hoffman	2015
Robert Troxler	2000	Gary Weisman	2016
Michael Humphreys-Beher	2001	Arjan Vissink	2017
John Garrett	2002	Gordon Proctor	2018
Anders Bennick	2003	Walter Siqueira	2019
Jorgen Ekstrom	2004	Stefan Hans-Klaus Ruhl	2020
David Castle	2005	Sarah Knox	2021
R .James Turner	2006	Isabelle Lombaert	2022

**Smile Train Cleft Research Award***(supported by Smile Train)*

Azeez Alade, University of Iowa, Iowa City, USA	2022
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**William H. Bowen Research in Dental Caries Award**

(supported in 2022 by Johnson &amp; Johnson Consumer, Inc.)

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

**Wilmer Souder Award**

(supported in 2022 by an endowment provided by the IADR Dental Materials Group)

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

**Young Investigator Award**

(formerly Oral Science Research Award, supported in 2022 by P &amp; G Professional Oral Health, Crest+Oral-B)

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

**IADR/Borrow Dental Milk Foundation Fellowship**

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

**IADR David B. Scott Fellowship Recipients**

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

1987	Argentine Division	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. Özcan, 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



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

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

**IADR John J. Clarkson Fellowship**

(supported by the IADR Institutional Section and individual members)

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

**IADR John A. Gray Fellowship**

(supported in 2021 by Members and Sponsors)

Marianela Olivares (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
Nanako Hirose (Japanese Division)	2015
Jonghwa Won (Korean Division)	2017
Claudia Ivonne Rodriguez (Mexican Division)	2019
Navdeep Kaur Brar (Scandinavian Division)	2021

**IADR Joseph Lister Award for New Investigators**

(supported by Johnson &amp; Johnson Consumer Inc )

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

**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 Division)	2016
Josh Twigg (British Division)	2018
Isabelle Luz de Albuquerque (Brazilian Division)	2020
Kevin Ketagoda (Australia/New Zealand Division)	2022

**IADR STAR Network Academy Fellowship**

Zhejun Wang	2017	Kiho Cho	2020
Fabian Cieplik	2018	Viviana Avila	2022
Hui Chen	2019	Akhilanand Chaurasia	2022
Saif Khan	2019	Edgar Beltran	2022
Angela Salcedo	2019	Konstantin Johannes Scholz	2022
Emilio Cafferata	2020		

**IADR Three Minute Thesis® Competition**

Tanner Godfrey	2017	(No 2020 Winner)
Hannah Serrage	2018	(No 2021 Winner)
Yehuda Klein	2019	(Discontinued)

**IADR Toshio Nakao Fellowship**

(supported in 2022 by GC Corporation)

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



**IADR Hatton Competitions & Awards***(Formerly IADR Hatton – Novice Awards)* (supported in 2021 by Unilever Oral Care and IADR)

NAME	CATEGORY	YEAR	NAME	CATEGORY	YEAR
John Salley	Novice Awards	1953	Thomas Bramanti	Post-doctoral	1991
Leo Korchin	Novice Awards	1954	Alison O'Mahony	Pre-doctoral	1991
Daniel Waite	Novice Awards	1955	Venkatarama Rao	Pre-doctoral	1991
C E .Staley	Novice Awards	1955	Brian O'Connell	Post-doctoral	1992
Barry Miller	Novice Awards	1956	Michael Ignelzi	Post-doctoral	1992
Robert Smith		1957	Arabelle Clayden	Pre-doctoral	1992
J C .Beck		1958	Erez Nasatzky	Pre-doctoral	1992
Richard Hoffman		1959	Joseph Best	Post-doctoral	1993
Reginald Andlaw		1960	Jeng Jjiang-Huei	Post-doctoral	1993
Jack Dale		1961	Keijo Luukko	Pre-doctoral	1993
Charles Jerge		1962	Angela Painter	Pre-doctoral	1993
Brigit Johansson		1963	Arthur DeCarlo	Post-doctoral	1994
Robert Williamson	Post-doctoral	1964	Bridget Doubleday	Post-doctoral	1994
Robert Zager	Pre-doctoral	1964	Eric Howard	Pre-doctoral	1994
Louis Ripa	Post-doctoral	1965	Karen Reese	Pre-doctoral	1994
William Malone	Post-doctoral	1965	Amitabha Lala	Post-doctoral	1995
Robert Dolven	Pre-doctoral	1965	Natalia Lioubavina	Post-doctoral	1995
Mildred Romans	Pre-doctoral	1965	Christine Jackson	Pre-doctoral	1995
Arnett Anderson	Post-doctoral	1966	Shawn Macauley	Pre-doctoral	1995
Arthur Johnson	Post-doctoral	1966	Galen Schneider	Post-doctoral	1996
Murray Nickleborough	Pre-doctoral	1966	Nisha D'Silva	Post-doctoral	1996
Basil Richardson	Pre-doctoral	1966	Lina Bueno	Pre-doctoral	1996
David Russell	Post-doctoral	1967	Gayatri Jayaraman	Pre-doctoral	1996
Burton Horowitz	Post-doctoral	1967	Lisa Bueno	Pre-doctoral	1996
Sherman Sweeney	Pre-doctoral	1967	Amr Moursi	Post-doctoral	1997
Stuart White	Pre-doctoral	1967	Laila Huq	Post-doctoral	1997
Dick Lavender	Post-doctoral	1968	David Williams	Pre-doctoral	1997
M Kufitnec	Post-doctoral	1968	Robin Abbey	Pre-doctoral	1997
Marlin Walling	Pre-doctoral	1968	Michael Glogauer	Post-doctoral	1998
Ronald Shuler	Pre-doctoral	1968	Nada Slakeski	Post-doctoral	1998
Yehoshua Shapira	Post-doctoral	1969	Anne-Marie Clancy	Pre-doctoral	1998
Helen Blaine	Post-doctoral	1969	Harold Bobier	Pre-doctoral	1998
Alan Lurie	Pre-doctoral	1969	Jacques Nör	Post-doctoral	1999
Benjamin Ciala	Post-doctoral	1970	Wendy Turner	Post-doctoral	1999
Michael Barkin	Pre-doctoral	1970	Mo Kang	Pre-doctoral	1999
George Kelly	Pre-doctoral	1970	Neil O'Brien-Simpson	Post-doctoral	2000
Mark Piper	Post-doctoral	1979	Monica Goldenberg	Post-doctoral	2000
Huw Thomas	Post-doctoral	1979	Michael Martin	Pre-doctoral	2000
Christopher Kemp	Pre-doctoral	1979	Judith Parkhill	Pre-doctoral	2000
Mark Fitzgerald	Pre-doctoral	1979	Wendy Robinson	Junior	2001
Wayne Colin	Pre-doctoral	1984	Christina Patrianakos	Junior	2001
William Ng	Pre-doctoral	1984	Fernanda Petersen	Senior	2001
Richard Finkelman	Post-doctoral	1985	Johanna Laurikkala	Senior	2001
B .Wells	Post-doctoral	1985	Raj Gopalakrishnan	Post-doctoral	2001
Mark Fontenot	Pre-doctoral	1985	Tracie Payne-Ferreira	Post-doctoral	2001
Leo Kupp	Pre-doctoral	1985	Matthew Abraham	Junior	2002
Pamela Den Besten	Post-doctoral	1986	Owen Addison	Junior	2002
Larry Swain	Post-doctoral	1986	Hiroshi Egusa	Senior	2002
Robert Burne	Pre-doctoral	1986	Eben Alsberg	Senior	2002
Marjorie Cowan	Pre-doctoral	1986	Juan Dong	Post-doctoral	2002
Christopher Overall	Post-doctoral	1987	Mo Kang	Post-doctoral	2002
Costas Maniatopolulos	Post-doctoral	1987	Nader Salib	Junior	2003
Kurt Schilling	Pre-doctoral	1987	Jacob Stern	Junior	2003
Salvatore Ruggiero	Pre-doctoral	1987	Keisuke Handa	Senior	2003
Aaron Weinberg	Post-doctoral	1988	Mark Morgan	Senior	2003
Junichiro Iida	Post-doctoral	1988	John Huang	Post-doctoral	2003
George Nail	Pre-doctoral	1988	Petros Papagerakis	Post-doctoral	2003
Lucy Lamy	Pre-doctoral	1988	Justin Barnes	Junior	2004
Dymphna Daly	Post-doctoral	1989	Adrian DeAngelis	Junior	2004
Laurie McCauley	Post-doctoral	1989	Andrew Fribley	Senior	2004
Alan Hing	Pre-doctoral	1989	Elizabeth Fozo	Senior	2004
Gordon MacFarlane	Pre-doctoral	1989	Ulrike Schulze-Späte	Post-doctoral	2004
Theresa Madden	Post-doctoral	1990	Silvana Papagerakis	Post-doctoral	2004
Christopher Cutler	Post-doctoral	1990	Monique Goris	Junior	2005
Randy Todd	Pre-doctoral	1990	Jeremy Horst	Junior	2005
Mikyung Lee	Pre-doctoral	1990	Manish Arora	Senior	2005
Randy Todd	Post-doctoral	1991	Guive Balooch	Senior	2005

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

NAME	CATEGORY	YEAR	NAME	CATEGORY	YEAR
Xinquan Jiang	Post-doctoral	2005	Gazelle Crasto	Senior Basic Science	2016
Karen Fong	Post-doctoral	2005	Tanutchaporn Thongngam	Junior	2017
Jonathan Collier	Junior	2006	Zachary Pekar	Junior	2017
Vincenzo D'Antò	Junior	2006	Scott Williams	Senior Clinical Science	2017
Samantha Byrne	Senior Clinical Science	2006	Dylan Herzog	Senior Clinical Science	2017
Chrisovalantou Cheretakis	Senior Clinical Science	2006	Sigal Buch	Senior Basic Science	2017
Maria Nystrom	Senior Basic Science	2006	Mohamed Omar	Senior Basic Science	2017
Shashidharan Madhavan	Senior Basic Science	2006	Heather Wallis	Junior	2018
Aisling Daly	Junior	2007	Alexandra Oklejas	Junior	2018
Richard Damerou	Junior	2007	Bolanle Akinwonmi	Senior Clinical Science	2018
Shigeyuki Ozawa	Senior Basic Science	2007	Paul Brady	Senior Clinical Science	2018
Nan Hatch	Senior Basic Science	2007	Kevin Byrd	Senior Basic Science	2018
Danielle DiCara	Senior Basic Science	2007	Sangwoo Lee	Senior Basic Science	2018
Leanne Taylor	Senior Basic Science	2007	Somtochukwu Ozoemena	Junior	2019
Shilpa Raju	Junior	2008	Jessica Zachar	Junior	2019
Erica Scheller	Junior	2008	Benedikt Luka	Senior Clinical Science	2019
Adriana Perez-Soria	Senior Clinical Science	2008	Mabelle Monteiro	Senior Clinical Science	2019
Lauren Turner	Senior Basic Science	2008	Mizuki Nagata	Senior Basic Science	2019
Hugh Kim	Senior Basic Science	2008	Jiayu Shi	Senior Basic Science	2019
Samar Khoury	Senior Clinical Science	2008	Wachirawit Suntawan	Junior Category	2020
Alexander Nee	Junior	2009	Basma Salem	Junior Category	2020
Bo Yu	Junior	2009	Christopher Donnelly	Basic Science Category	2020
Jaime Díaz-Zúñiga	Junior	2009	Risa Masumoto	Basic Science Category	2020
Elham Emami	Senior Clinical Science	2009	Madhurmia Datta	Clinical Research Category	2020
Turki Alhazzazi	Senior Basic Science	2009	Sonali Sharma	Clinical Research Category	2020
Sutipalin Suwannakul	Senior Basic Science	2009	Jordan Blum	Junior Category	2021
Paul Hooi	Junior	2010	Natalie Atyeo	Junior Category	2021
Jia Hao	Junior	2010	Zhi Ren	Basic Science Category	2021
Niroshani Soysa	Senior Basic Science	2010	Shanmukh Peddi	Basic Science Category	2021
Kheng Tan	Senior Basic Science	2010	Waheed Awotoye	Clinical Research Category	2021
David Conway	Senior Clinical Research	2010	Walid Ahmed Al-Soneidar	Clinical Research Category	2021
Maria Athanassiou-			Sara Delgadillo	Junior Category	2022
Papaefthymiou	Senior Clinical Research	2010	Coral Haiqi Yeung	Junior Category	2022
Grace Lee	Junior	2011	Carolina Isabel Rojas Pérez	Basic Science Category	2022
Katherine O'Donnell	Junior	2011	Tsukasa Aoki	Basic Science Category	2022
Nicola Innes	Senior Clinical Science	2011	Athina Georgiou	Clinical Research Category	2022
Maria Villanueva Vilchis	Senior Clinical Science	2011	Jessy Kamila Sihuay Torres	Clinical Research Category	2022
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			
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			

**IADR GC Centennial Research Awards**

(supported in 2022 by GC Corporation)

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

**IADR Centennial Travel Award for New Investigators**

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

**IADR Centennial Emerging Leaders Award****Africa/Middle East Region**

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

**Asia/Pacific Region**

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

**Latin American Region**

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

**North American Region**

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

**Pan European Region**

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



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### Independent Auditors’ Report

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

We have audited the accompanying financial statements of the International Association for Dental Research (the Association), which comprise the statement of financial position as of December 31, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

#### *Management’s Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

#### *Auditors’ Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors’ judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity’s preparation and fair presentation of the financial statements 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 entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### *Opinion*

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, 2020, 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.



## Appendix 4 — Independent Auditor’s Report for 2020 *(Continued)*

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To the Council and Members  
International Association for Dental Research

### *Report on Summarized Comparative Information*

We have previously audited the Association’s statement of financial position as of December 31, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 12, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2019, is consistent, in all material respects, with the audited financial statements from which it has been derived.

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

Washington, D.C.  
September 29, 2021

Certified Public Accountants



## Appendix 4 — Independent Auditor's Report for 2020 *(Continued)*

### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2020

(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2019)

Assets	2020	2019
<b>Current Assets</b>		
Cash and Cash Equivalents	\$ 337,103	\$ 1,439,228
Accounts Receivable	32,518	129,106
Contributions Receivable	305,500	551,205
Due from AADR	338,107	-
Prepaid Expenses and Other Current Assets	210,277	440,202
Total Current Assets	1,223,505	2,559,741
<b>Investments</b>	15,599,174	15,008,042
<b>Fixed Assets, Net</b>	544,929	463,746
<b>Investment in Deferred Compensation</b>	355,508	273,518
<b>Total Assets</b>	<b>\$ 17,723,116</b>	<b>\$ 18,305,047</b>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts Payable and Accrued Expenses	\$ 275,334	\$ 158,816
Due to AADR	-	86,909
Refunds and Pass-Through Amounts	272,402	525,011
Refundable Advances	156,400	145,000
PPP Refundable Advance	405,175	-
Deferred Revenue		
Dues	376,730	600,817
General Session	4,251	847,260
Total Deferred Revenue	380,981	1,448,077
Total Current Liabilities	1,490,292	2,363,813
<b>Deferred Compensation Payable</b>	355,508	273,518
Total Liabilities	1,845,800	2,637,331
<b>Net Assets</b>		
Without Donor Restrictions		
Undesignated	14,590,570	14,290,510
Board Designated	388,013	355,870
Total Without Donor Restrictions	14,978,583	14,646,380
With Donor Restrictions		
Purpose Restricted	679,145	809,163
Endowment Funds	219,588	212,173
Total With Donor Restrictions	898,733	1,021,336
Total Net Assets	15,877,316	15,667,716
<b>Total Liabilities and Net Assets</b>	<b>\$ 17,723,116</b>	<b>\$ 18,305,047</b>

## Appendix 4 — Independent Auditor's Report for 2020 (Continued)

### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2020 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2019)

	Without Donor Restrictions	With Donor Restrictions	2020 Total	2019 Total
<b>Revenues</b>				
Conference Registration	\$ -	\$ -	\$ -	\$ 2,219,614
Membership Dues	1,185,112	-	1,185,112	1,361,572
Exhibitors' Fees	-	-	-	160,088
Advertising	7,223	-	7,223	16,406
Symposia	-	-	-	25,100
Contributions and Sponsorships	-	647,946	647,946	1,188,042
Royalties and Publishing	473,580	-	473,580	503,752
Investment Return Designated for Current Operations	280,219	-	280,219	274,689
Miscellaneous	5,505	-	5,505	49,461
Net Assets Released from Restrictions	796,316	(796,316)	-	-
<b>Total Revenues</b>	<b>2,747,955</b>	<b>(148,370)</b>	<b>2,599,585</b>	<b>5,798,724</b>
<b>Expenses</b>				
Program Expenses				
Journal of Dental Research and Publishing	283,380	-	283,380	302,664
General Session and Meetings	1,060,190	-	1,060,190	2,695,200
Awards, Grants, and Fellowships	871,691	-	871,691	763,291
Member Services and Other Programs	230,916	-	230,916	295,001
<b>Total Program Expenses</b>	<b>2,446,177</b>	<b>-</b>	<b>2,446,177</b>	<b>4,056,156</b>
Supporting Services				
Management and General Expenses	1,193,619	-	1,193,619	1,261,884
Membership Development	165,365	-	165,365	224,074
<b>Total Supporting Services</b>	<b>1,358,984</b>	<b>-</b>	<b>1,358,984</b>	<b>1,485,958</b>
<b>Total Expenses</b>	<b>3,805,161</b>	<b>-</b>	<b>3,805,161</b>	<b>5,542,114</b>
Change in Net Assets before Investment Gain	(1,057,206)	(148,370)	(1,205,576)	256,610
Investment Gain in Excess of Amounts Designated for Current Operations	1,389,409	25,767	1,415,176	1,995,583
Change in Net Assets	332,203	(122,603)	209,600	2,252,193
Net Assets, Beginning of Year	14,646,380	1,021,336	15,667,716	13,415,523
<b>Net Assets, End of Year</b>	<b>\$ 14,978,583</b>	<b>\$ 898,733</b>	<b>\$ 15,877,316</b>	<b>\$ 15,667,716</b>

See accompanying Notes to Financial Statements.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 2020  
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2019)

	Journal of Dental Research and Publishing	General Session and Meetings	Awards, Grants, and Fellowships	Member Services and Other Programs	Total Programs	Management and General Expenses	Membership Development	2020 Total	2019 Total
<b>Expenses</b>									
Salaries, Benefits, and Taxes	\$ 180,788	\$ 709,176	\$ 73,211	\$ 118,475	\$ 1,081,650	\$ 905,547	\$ 53,549	\$ 2,040,746	\$ 1,970,852
Professional Fees	21,782	60,171	50,333	4,501	136,787	64,551	297	201,635	63,930
Advertising and Promotion	1,103	23,303	297	652	25,355	4,524	99,405	129,284	168,532
Office Expenses	3,987	99,897	43,814	6,125	153,823	20,549	2,648	177,020	225,404
Information Technology	5,345	36,065	2,931	6,234	50,575	56,551	2,535	109,661	110,118
Occupancy	3,784	21,013	1,850	4,058	30,705	28,238	1,650	60,593	54,180
Travel	64	392	-	941	1,397	10,296	-	11,693	261,509
Conferences and Meetings	-	-	-	-	-	-	-	-	1,645,691
Depreciation and Amortization	6,316	27,883	2,448	5,386	42,033	38,910	2,187	83,130	64,626
General Insurance	1,630	24,444	880	1,930	28,884	13,396	785	43,065	40,296
Grants and Contributions	-	-	675,943	-	675,943	-	-	675,943	627,818
Other Expenses	58,581	57,846	19,984	82,614	219,025	51,057	2,309	272,391	309,158
<b>Total Expenses</b>	<b>\$ 283,380</b>	<b>\$ 1,060,190</b>	<b>\$ 871,691</b>	<b>\$ 230,916</b>	<b>\$ 2,446,177</b>	<b>\$ 1,193,619</b>	<b>\$ 165,365</b>	<b>\$ 3,805,161</b>	<b>\$ 5,542,114</b>

See accompanying Notes to Financial Statements.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED DECEMBER 31, 2020**  
**(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2019)**

	<u>2020</u>	<u>2019</u>
<b>Cash Flows from Operating Activities</b>		
Change in Net Assets	\$ 209,600	\$ 2,252,193
Adjustments to Reconcile Change in Net Assets to Net Cash (Used in) Provided by Operating Activities		
Depreciation and Amortization	83,130	64,626
Net Realized and Unrealized Gain on Investments	(1,497,343)	(1,989,892)
<u>(Increase) Decrease in Assets</u>		
Accounts Receivable	96,588	(38,597)
Contributions Receivable	245,705	(198,567)
Due from AADR	(338,107)	207,710
Prepaid Expenses and Other Current Assets	229,925	(175,052)
Deposits	-	40,376
Investment in Deferred Compensation	(81,990)	(65,853)
<u>Increase (Decrease) in Liabilities</u>		
Accounts Payable and Accrued Expenses	116,518	66,155
Due to AADR	(86,909)	86,909
Refunds and Pass-Through Amounts	(252,609)	229,435
Refundable Advances	11,400	145,000
PPP Refundable Advance	405,175	-
Deferred Revenue	(1,067,096)	1,001,737
Deferred Compensation Payable	81,990	65,853
Net Cash (Used in) Provided by Operating Activities	<u>(1,844,023)</u>	1,692,033
<b>Cash Flows from Investing Activities</b>		
Purchases of Investments	(433,366)	(11,005,721)
Proceeds from Sales and Maturities of Investments	1,339,577	10,734,023
Purchases of Fixed Assets	<u>(164,313)</u>	<u>(85,719)</u>
Net Cash Provided by (Used in) Investing Activities	<u>741,898</u>	<u>(357,417)</u>
Net (Decrease) Increase in Cash and Cash Equivalents	<u>(1,102,125)</u>	1,334,616
Cash and Cash Equivalents, Beginning of Year	<u>1,439,228</u>	<u>104,612</u>
<b>Cash and Cash Equivalents, End of Year</b>	<u>\$ 337,103</u>	<u>\$ 1,439,228</u>

See accompanying Notes to Financial Statements.

### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020

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

##### *Organization*

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

The Association is affiliated with the American Association for Dental Research (AADR). Consolidation of the Association and AADR 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, 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 AADR. Since 2009, many of the publication costs have been outsourced and net revenues are returned to the Association in the form of royalty income.

*General Session and Meetings:* relates to the activities of the General Session meetings. Joint meetings are generally held every other year with AADR. A joint meeting was held in 2019 and a joint meeting was scheduled for 2020, but was cancelled due to the COVID pandemic. The related registration revenue and expenses are recorded in the Association's financial statements.

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

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

##### *Financial Statement Presentation*

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

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

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



### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020

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

##### *Cash and Cash Equivalents*

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

##### *Accounts Receivable*

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

##### *Contributions Receivable*

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

##### *Investments*

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

##### *Fixed Assets*

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

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

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

##### *Revenue Recognition*

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

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

### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020

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

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

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

##### *Tax Status*

The Association is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and has been determined by the Internal Revenue Service not to be a private foundation within the meaning of Section 509(a) of the Code. Federal and state income taxes are imposed on income unrelated to the Association's exempt purpose. For the year ended December 31, 2020, the Association had net unrelated business income resulting in income tax expense of approximately \$3,900.

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

##### *Estimates*

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

##### *Functional Expense Allocation*

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

##### *Prior Year Summarized Information*

The financial statements include certain prior year summarized comparative totals as of and for the year ended December 31, 2019. 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, 2019, from which the summarized information was derived.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020

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

*Reclassifications*

Certain 2019 amounts have been reclassified for comparative purposes.

**2. ADOPTION OF ACCOUNTING STANDARDS CODIFICATION TOPIC 606**

During the year ended December 31, 2020, the Association adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) *Topic 606, Revenue from Contracts with Customers*. Management believes that the adoption of this standard provides better consistency and comparability across non-profit and for-profit entities. The standard requires an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The updated standard replaces most existing revenue recognition guidance in U.S. GAAP. This change in accounting principle was adopted on a modified retrospective method in 2020. Analysis of the various provisions of this standard resulted in no significant changes in the way the Association recognizes revenue; however, the presentation and disclosure of revenue has been enhanced.

**3. 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, 2020, the following financial assets and liquidity sources were available for general operating expenditures in the year ending December 31, 2021:

*Financial Assets*

Cash and Cash Equivalents	\$ 337,103
Accounts Receivable	32,518
Contributions Receivable	305,500
Due from AADR	338,107
Investments	15,599,174
Less Endowment Funds Held in Perpetuity	(219,588)
Less Board Designated Funds for Future Awards and Fellowships	(388,013)
Less Purpose Restrictions by Donors	(679,145)
Total Financial Assets Available within One Year for General Operations	<u>\$ 15,325,656</u>

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

**4. RELATED PARTY TRANSACTIONS**

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

## INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020

#### 5. FIXED ASSETS

Net fixed assets consisted of the following as of December 31, 2020:

Description	Amount
Buildings and Improvements	\$ 1,126,920
Office Furniture and Equipment	398,327
Total Fixed Assets	1,525,247
Less Accumulated Depreciation	(980,318)
Fixed Assets, Net	\$ 544,929

The Association and AADR 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. INVESTMENT GAIN

Investment gain is as follows for the year ended December 31, 2020:

Description	Amount
Interest Income and Dividends	\$ 274,682
Net Realized and Unrealized Gain	1,497,343
Investment Fees	(76,630)
Total Investment Gain	1,695,395
Investment Return Designated for Current Operations	280,219
Investment Gain in Excess of Amounts Designated for Current Operations	\$ 1,415,176

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

#### 7. 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).



**INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020**

**7. FAIR VALUE MEASUREMENTS (CONTINUED)**

The following presents the Association’s assets and liabilities measured at fair value as of December 31, 2020:

Description	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 71,215	\$ -	\$ -	\$ 71,215
T. Rowe Price New Era Mutual Fund	604,549	-	-	604,549
JOHCM Global Equity Fund Institutional	2,236,725	-	-	2,236,725
Vanguard Inter-Term Treasury Adm	1,730,457	-	-	1,730,457
Vanguard Energy Fund Admiral	302,237	-	-	302,237
Equity Securities	8,782,979	-	-	8,782,979
Fixed Income Securities	-	1,871,012	-	1,871,012
Total Investments at Fair Value	<u>\$ 13,728,162</u>	<u>\$ 1,871,012</u>	<u>\$ -</u>	<u>\$ 15,599,174</u>
Deferred Compensation Investments				
CREF Global Equities R1	\$ 65,713	\$ -	\$ -	\$ 65,713
CREF Growth R1	130,417	-	-	130,417
CREF Stock R1	118,439	-	-	118,439
Other Mutual Funds	14,651	-	-	14,651
Total Deferred Compensation Investments at Fair Value	<u>\$ 329,220</u>	<u>\$ -</u>	<u>\$ -</u>	<u>329,220</u>
TIAA Traditional Annuity at Contract Value				26,287
Total Deferred Compensation Investment				<u>\$ 355,508</u>
Deferred Compensation Liability at Fair Value	<u>\$ 329,220</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 329,220
Deferred Compensation Liability at Contract Value				26,287
Total Deferred Compensation Liability				<u>\$ 355,508</u>

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

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

**8. FINANCIAL RISK**

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

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

### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020

#### 9. ENDOWMENTS

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

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

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

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

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

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

**INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020**

**9. ENDOWMENTS**

Composition and changes in endowment net assets were as follows for the year ended December 31, 2020:

	Without Donor	With Donor Restrictions		Total
	Restrictions	Purpose	Invested in	
	Board	Restricted	Perpetuity	
	Designated			
Endowment Net Assets, Beginning of Year	\$ 355,870	\$ 41,829	\$ 212,173	\$ 609,872
Investment Return				
Interest and Dividends	-	3,032	-	3,032
Net Realized and Unrealized Gains	-	22,734	-	22,734
Total Investment Return	-	25,766	-	25,766
Contributions	-	646	7,415	8,061
Transfer from Unrestricted	32,143	-	-	32,143
Amounts Appropriated for Expenditure	-	(12,714)	-	(12,714)
Endowment Net Assets, End of Year	<u>\$ 388,013</u>	<u>\$ 55,527</u>	<u>\$ 219,588</u>	<u>\$ 663,128</u>

Endowment funds that are invested in perpetuity for the following purposes as of December 31, 2020:

Description	Amount
Schour Award	\$ 71,518
Souder Award	130,000
N. Johnson Award	18,070
Total Endowments Invested in Perpetuity	<u>\$ 219,588</u>

**10. 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, 2020, were approximately \$130,000.

**11. CONCENTRATIONS**

As of December 31, 2020, approximately 80% of contributions receivable are due from two donors. For the year ended December 31, 2020, approximately 25% of contributions and sponsorship revenue was received from one entity.

**12. CONDITIONAL CONTRIBUTIONS AND GRANTS**

The Association has received conditional contributions as of December 31, 2020, of approximately \$156,400. Certain events must occur in order to meet the conditions. Accordingly, revenue has not been recorded for these conditional contributions as of December 31, 2020, and they have been recorded as refundable advances on the statement of financial position.

**INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020**

**13. BOARD DESIGNATED NET ASSETS**

The Association’s board designated net assets consisted of the following as of December 31, 2020:

Description	Amount
John A. Gray Fellowship	\$ 104,400
Norton H. Ross Fellowship	57,592
John A. Clarkson Award	181,670
David B. Scott Recognition Award	44,351
Total Board Designated Net Assets	\$ 388,013

**14. NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSE**

As of December 31, 2020, net assets with donor restrictions for purpose are available for the following purposes:

Description	Amount
General Session and Meetings	\$ 20,000
Hatton Award	27,947
Conference on Oral Biology	72,424
David B. Scott Recognition Award	10,012
William J. Gies Award	63,938
Osteology Award	161,864
Innovation in Oral Care Awards	160,910
Scientific Group and Network	77,747
Toshio Nakao Fellowship	80
Lion Award	321
Schour Award	15,326
Souder Award	30,185
Other Awards	38,391
Total Net Assets With Donor Restrictions for Purpose	\$ 679,145

**INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020**

**14. NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSE (CONTINUED)**

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes specified by the donor as follows for the year ended December 31, 2020:

Description	Amount
General Session and Meetings	\$ 283,016
Innovation in Oral Care Awards	163,090
Hatton Award	27,053
Innovation in Implant Sciences Award	80,449
David B. Scott Recognition Award	2,500
William J. Gies Award	2,355
Osteology Award	81,136
Kulzer Travel Award	13,755
Scientific Group and Network	43,023
Toshio Nakao Fellowship	5,000
Lion Award	6,679
Schour Award	4,187
Souder Award	4,734
Other Awards	<u>79,339</u>
Total Net Assets Released from Restrictions	<u>\$ 796,316</u>

**15. PPP REFUNDABLE ADVANCE**

During 2020, the Association received a Small Business Administration (SBA) loan under the Paycheck Protection Program (PPP) in the amount of \$405,175. The Association accounted for this SBA loan as a conditional contribution, since repayment had not been waived as of December 31, 2020, and as such the loan proceeds are shown as PPP Refundable Advance in the statement of financial position. PPP provides cash-flow assistance through 100% federally guaranteed loans to eligible recipients to maintain payroll during the COVID-19 public health emergency and cover certain other expenses. If the Association maintains its workforce and meets certain requirements, up to 100% of the loan may be forgiven by the SBA. No more than 40% of the forgiven amount may be for non-payroll costs. Loans under PPP have an interest rate of 1% and may negotiate to a five-year maturity date, if not forgiven.

Subsequent to year end, the SBA waived repayment of the Association’s SBA loan under the PPP in the amount of \$405,175. In addition, the Association received an additional loan under PPP in the amount of \$390,908 in 2021.

**16. LOSS ON CANCELLED MEETINGS**

Due to the coronavirus pandemic the Association and AADR were unable to host their in-person joint centennial general session and gala scheduled for March 2020. While the Association and AADR were not liable for any cancellation fees or damages due to the cancellation, certain costs were incurred. The Association and AADR refunded all registration fees, sponsorships, and exhibit fees, although some individuals and sponsors chose to donate their registration fees and sponsorships to the Association to help offset the costs already incurred. These costs, net of the contributions received resulted in a loss of approximately \$1,254,000.



### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020

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#### 16. LOSS ON CANCELLED MEETINGS (CONTINUED)

Under the memorandum of understanding entered into between the Association and AADR, losses on joint meetings are shared equally. As a result, the Association’s share of this loss is approximately \$627,000. In addition, due to the coronavirus pandemic the Association was unable to host its Centennial Gala and incurred a loss of approximately \$152,000.

#### 17. COMMITMENTS AND CONTINGENCIES

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

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

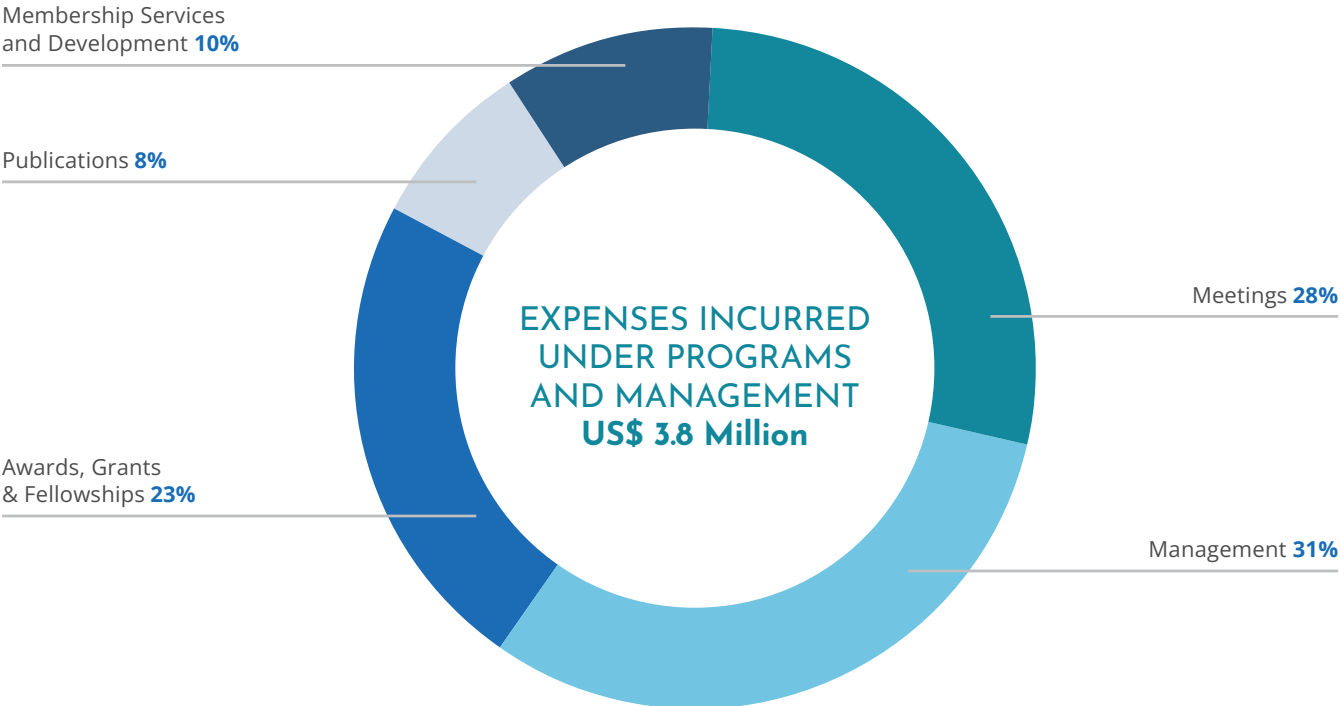
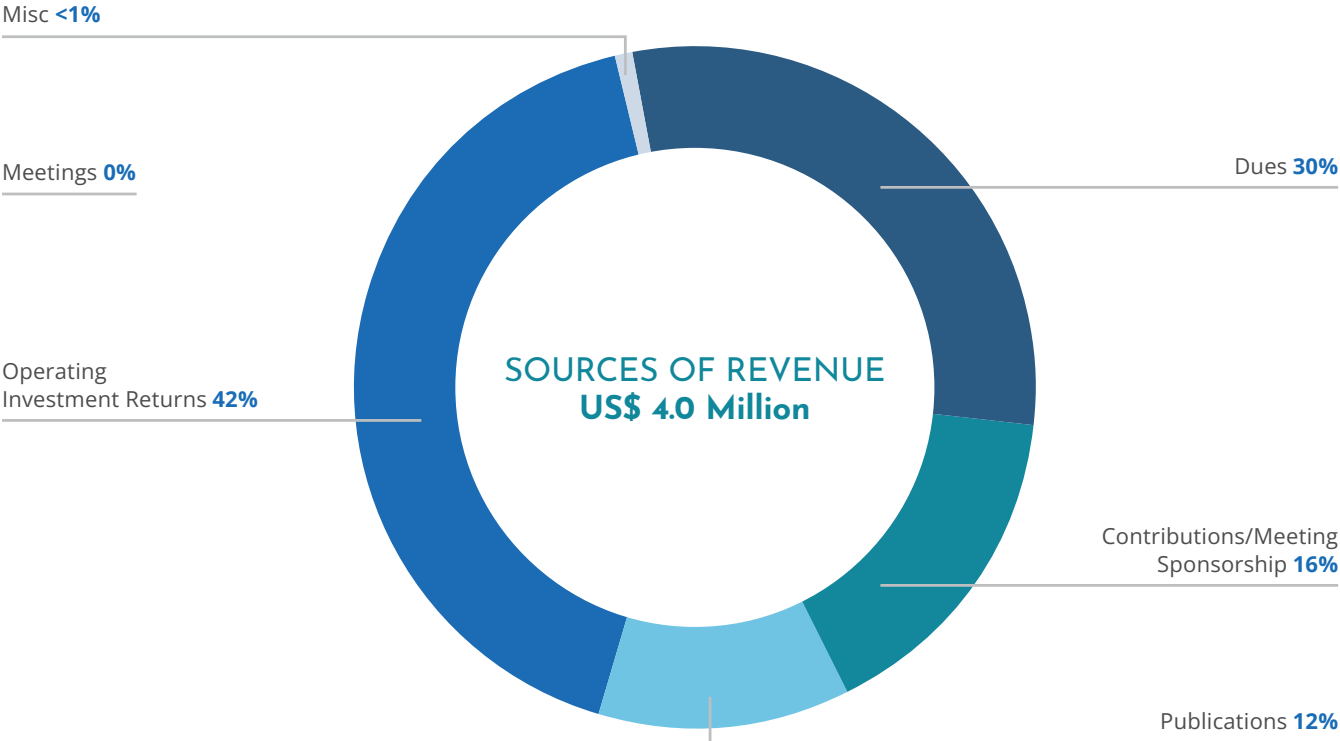
During 2004, the Association established a nonqualified 457(b) deferred compensation plan (the Plan) for its Chief Executive Officer (CEO). The Plan requires that the Association establish and maintain a book entry account on behalf of the CEO for all contributions, deferrals, and investment experience 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 assets of the Association and, as such, are subject to the creditors of the Association. For the year ended December 31, 2020, the Association contributed \$13,000 to the Plan.

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

#### 18. SUBSEQUENT EVENTS

Subsequent events were evaluated through September 29, 2021, which is the date the financial statements were available to be issued.

# 2020 OPERATIONAL HIGHLIGHTS



## Appendix 5 — Chief Executive Officer’s Report on the Budgets, 2021-25

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### Overall Assessment

A summary of the IADR operating budget for the period 2021 through 2025 is illustrated in **Table II** .

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 2022 operating Net Income is expected to be a (\$719,000) deficit as compared to a Budgeted deficit of (\$707,000) .The unfavorable results to budget are primarily due to an expected General Session deficit of (\$68,000) compared to a budgeted surplus of \$17,000, partially offset by a smaller than expected General Operations deficit .

An operating deficit of (\$1,100,000) is projected for 2023 primarily due to an expected large meeting deficit from the Bogota General Session of (\$384,000) .

The 2024 and 2025 budgets include calculated target meeting surpluses needed for the Association’s operating deficit to be equal to the expected investment spending policy allocation for operations in those years .

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 I2. General Operations

	ACTUAL 2021	YTD 09/30/2022	Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET 2023	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>REVENUE</b>							
Institutional & Corporate dues	153,346	166,830	180,000	180,000	180,000	180,000	180,001
Membership Dues	897,004	911,856	911,856	941,843	958,020	1,061,033	1,172,244
Prepaid Membership Dues	0	0	(11,936)	0	(15,000)	(15,750)	(16,538)
Award Admin Fees	24,433	0	24,000	42,914	32,744	31,544	32,744
Miscellaneous	15,397	18,883	20,000	10,000	10,000	10,000	10,000
<b>TOTAL REVENUE</b>	<b>1,090,180</b>	<b>1,097,569</b>	<b>1,123,920</b>	<b>1,174,760</b>	<b>1,165,767</b>	<b>1,266,827</b>	<b>1,378,452</b>
<b>EXPENSES</b>							
Employee salaries	908,099	704,087	941,544	945,818	977,914	1,092,009	1,072,907
Employee benefits	253,262	197,573	258,925	264,829	268,926	300,302	295,049
Overhead Allocation	340,824	254,989	317,260	305,743	286,545	297,879	265,273
Merchant Fees/Bank Charges	44,146	27,297	30,000	42,630	35,279	38,472	41,920
Shipping & Courier	1,337	1,238	2,000	10,000	2,500	2,575	2,652
Board Costs - Travel, Mtg & Admin	115	42,774	135,274	185,000	180,000	185,400	190,962
Regional Board Member Support	0	0	10,000	14,000	14,000	14,420	14,853
Division/Section/Region Services	0	0	5,000	5,305	5,000	5,150	5,305
Travel - Staff	0	15,454	25,000	29,000	34,000	29,000	29,000
Regional Support Staff	49,715	119,061	168,348	166,862	178,129	183,472	188,977
International Advocacy	2,500	605	5,000	6,200	5,000	5,150	5,305
Miscellaneous	68,755	11,606	15,475	21,000	19,250	19,828	20,422
Media & Public Relations	12,934	19,223	24,223	13,085	13,155	13,550	13,956
Member Retention	94,818	22,761	25,000	35,781	27,865	28,700	29,561
Member Recruitment	3,622	1,555	10,000	19,925	7,125	7,339	7,559
<b>TOTAL EXPENSES</b>	<b>1,780,127</b>	<b>1,418,224</b>	<b>1,973,048</b>	<b>2,065,177</b>	<b>2,054,687</b>	<b>2,223,246</b>	<b>2,183,700</b>
<b>Net Income</b>	<b>(689,947)</b>	<b>(320,656)</b>	<b>(849,129)</b>	<b>(890,417)</b>	<b>(888,920)</b>	<b>(956,419)</b>	<b>(805,248)</b>

Budget assumptions	ACTUAL 2021	YTD 9/30/2022	YE Est 12/31/2022	BUDGET 2022	BUDGET 2023	BUDGET 2024	BUDGET 2025
Members - High Income	3,539	3,000	3,000	3,716	3,060	3,213	3,374
Worldbank High Income Rate	\$ 190.00	\$ 195.00	\$ 195.00	\$ 195.00	\$ 200.00	\$ 210.00	\$ 220.00
Members - Middle Income	1,140	2,139	2,139	1,197	2,182	2,291	2,406
Worldbank Mid Income Rate	\$ 114.00	\$ 117.00	\$ 117.00	\$ 117.00	\$ 120.00	\$ 126.00	\$ 132.00
Members - Lower Income	266	322	322	279	328	344	361
Worldbank Lower Income Rate	\$ 66.00	\$ 68.00	\$ 68.00	\$ 68.00	\$ 70.00	\$ 74.00	\$ 78.00
Affiliate Members	36	46	46	38	48	50	53
Members - Retired	\$ 152.00	\$ 156.00	\$ 156.00	\$ 156.00	\$ 160.00	\$ 168.00	\$ 177.00
Members - Retired	236	152	152	248	155	163	171
Members - Retired	\$ 57.00	\$ 58.00	\$ 58.00	\$ 58.00	\$ 60.00	\$ 63.00	\$ 66.00
Student Members	2,111	2,188	2,188	2,217	2,232	2,344	2,461
Student Members	\$ 57.00	\$ 58.00	\$ 58.00	\$ 58.00	\$ 60.00	\$ 63.00	\$ 66.00

### 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 nearly 7% in 2022 when compared to 2021. An increase of 5% was budgeted.

However, the mix of Members was different from what was budgeted primarily due to a high number of middle-income members primarily from China. As a result, membership revenue is expected to fall short of the budgeted amount by about \$30,000.

Memberships are budgeted to increase 2% over 2022 levels in 2023 and memberships increases of 5% are budgeted for 2024 and 2025.

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

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

#### Expenses

The largest expenses relate to salaries, benefits, global headquarters costs (overhead allocation), and Board costs. 2022 expenses are expected to be \$92,000 less than budgeted, due to lower than expected Board and staff travel, member retention costs and bank fees, partially offset by higher than budgeted media & public relations costs.

Future year budgets assume that Board and staff travel will resume and include the expected full year costs for regional support staff.

#### Operations Total

Total operating expenses are below budget, partially offset by lower than budgeted dues revenues resulting in a lower than budgeted General Operations deficit.



## Table I3. General Session

	Chengdu		Chengdu	Bogota	New Orleans	Barcelona	
	ACTUAL 2021	YTD 06/30/2022	Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>REVENUE</b>							
Registration	1,458,269	811,588	811,588	863,989	1,319,968		
Abstract Submission Fees	63,750	45,075	45,075	0			
Exhibition Fees	20,224	2,750	2,750	60,021	199,940		
Sponsorship & Advertising	203,701	118,500	118,500	122,170	262,160		
Miscellaneous	416	40	40	500	1,750		
<b>IADR REVENUE (Before Mtg Div)</b>	<b>1,746,360</b>	<b>977,953</b>	<b>977,953</b>	<b>1,046,680</b>	<b>1,783,818</b>	<b>TBD</b>	<b>TBD</b>
Meeting Dividend Collections	97,860	53,988	53,988	57,200	73,183	75,000	75,000
<b>ADJUSTED TOTAL REVENUE</b>	<b>1,844,220</b>	<b>1,031,940</b>	<b>1,031,940</b>	<b>1,103,880</b>	<b>1,857,000</b>	<b>TBD</b>	<b>TBD</b>
<b>EXPENSES</b>							
Employee Salaries	609,957	299,207	400,116	401,932	450,996	661,961	496,052
Employee Benefits	147,439	83,960	110,032	112,541	124,024	182,039	136,414
Overhead Allocation	205,938	108,360	134,822	128,878	139,992	201,381	127,778
Personnel	79,159	73,474	73,474	76,540			
Merchant Fees/Bank Charges	52,685	33,586	33,586	28,999			
Meeting Venue	0	0		0			
Scientific Program	197,513	242,545	242,545	223,290			
Exhibition	0			0			
Networking Opportunities	58,250	33,641	33,641	27,000			
Meeting Promotion	48,964	17,893	17,893	18,648			
Miscellaneous	23,839			5,000			
Technical Costs					272,724		
Convention Center & Setup Costs					677,265		
Catering Costs					103,389		
Travel & Honorarium Costs					109,400		
Staffing Costs					124,120		
Registration & Abstract Mgmt Costs					97,820		
Promotion & Printing Costs					48,900		
Other Costs					19,450		
<b>TOTAL EXPENSES</b>	<b>1,423,744</b>	<b>892,665</b>	<b>1,046,108</b>	<b>1,022,828</b>	<b>2,168,080</b>	<b>TBD</b>	<b>TBD</b>
<b>Net Income (prior to Div distributions)</b>	<b>420,476</b>	<b>139,275</b>	<b>(14,168)</b>	<b>81,052</b>	<b>(311,080)</b>	<b>694,028</b>	<b>248,513</b>
Meeting Dividend Distributions	97,860		53,988	57,200	73,183	75,000	75,000
Division Share	64,523		-	4,770	-	123,806	34,703
Developing Regions Grant	25,809		-	1,908	-	49,522	13,881
AADOCR Profit Share (per 2005 MOU)	116,142		-	-	-	222,850	-
<b>FINAL IADR NET INCOME</b>	<b>116,142</b>		<b>(68,156)</b>	<b>17,173</b>	<b>(384,263)</b>	<b>222,850</b>	<b>124,929</b>

### General Session (Table I3)

#### Revenue

The income generated in connection with the IADR annual meeting is mainly determined by the registration fees based in 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 was continued in 2022 .In addition, beginning in 2019, reduced registration rates were offered to Members who have retained their membership for at least five consecutive years .These reduced rates being offered put pressure on the margins earned from these meetings .

#### Expenses

There are two main categories of expenses, 1) allocated staff salaries, benefits and overhead costs and 2) direct costs related to the meeting .Staff costs vary according to whether costs are distributed to one combined IADR/AADOCR meeting or to two separate meetings .In 2021 and 2024 these costs were/are expected to be higher than in 2022, 2023 and 2025, because there is only one combined meeting in those years .

The meetings department budgets meetings according to a very detailed list, but the simplified budget presentation in this table groups the direct meeting costs under the following functional headings:

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

IADR's expected meeting deficit for the 2022 virtual General Session is expected to be (\$68,000) .

The 2023 meeting in Colombia will require strong regional attendance to achieve the (\$384,000) deficit that is budgeted due to high meeting costs .For 2024 & 2025 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 budget deficit equal to the expected allocation to operations from the investment portfolio) .

## Table 15. Regional Development Program

	ACTUAL 2021	YTD 09/30/2022	Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET 2023	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>REVENUE</b>							
IAGS Meeting Surplus	25,809	0	0	1,908	0	49,522	13,881
Contributions	0	0	0	0	0	0	0
Board Designated Funds	0	0	0	0	0	0	0
Allocation from Investments	34,191	0	0	58,092	60,000	10,478	46,119
<b>TOTAL REVENUE</b>	<b>60,000</b>	<b>0</b>	<b>0</b>	<b>60,000</b>	<b>60,000</b>	<b>60,000</b>	<b>60,000</b>
<b>EXPENSES</b>							
Grants - RDP Committee	40,083	0	0	60,000	60,000	60,000	60,000
Grants - Board Designated	0	0	0	0	0	0	0
<b>TOTAL EXPENSES</b>	<b>40,083</b>	<b>0</b>	<b>0</b>	<b>60,000</b>	<b>60,000</b>	<b>60,000</b>	<b>60,000</b>
<b>Net Income</b>	<b>19,917</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Surplus from Previous Year	0	19,917	19,917	0	0	0	0
<b>Ending Balance</b>	<b>19,917</b>	<b>19,917</b>	<b>19,917</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Regional Development Program (Table 15)

#### Revenue

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

#### Expenses

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

#### Comments

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

## Table 16. Fellowships and Awards Summary

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021	Proposed BUDGET 2022	Preliminary BUDGET 2023	Preliminary BUDGET 2024
<b>REVENUE</b>							
Contributions	319,293	281,107	400,231	426,775	416,375	416,375	416,375
Board Alloc - Unrestricted	0	0	0	0	0	0	0
IADR Portfolio Allocation	126,692	0	95,594	61,754	108,500	108,500	108,500
Total Return On Investment	74,703	55,606	55,606	52,167	39,233	39,352	38,311
<b>TOTAL REVENUE</b>	<b>520,688</b>	<b>336,713</b>	<b>551,431</b>	<b>540,696</b>	<b>564,108</b>	<b>564,227</b>	<b>563,186</b>
<b>EXPENSES</b>							
Awards/Fellowships	559,943	237,955	441,000	498,561	503,361	518,361	503,361
Plaques	5,276	2,614	3,054	5,286	5,286	5,286	5,286
Miscellaneous	57,407	3,518	3,343	9,912	9,912	9,912	9,912
Admin Fees	37,243	926	33,603	37,162	42,767	37,767	42,767
Investment Fees	3,088	2,812	2,812	2,410	3,122	2,965	3,334
<b>TOTAL EXPENSES</b>	<b>662,957</b>	<b>247,825</b>	<b>483,811</b>	<b>553,331</b>	<b>564,448</b>	<b>574,291</b>	<b>564,659</b>
<b>Net Income</b>	<b>(142,269)</b>	<b>88,888</b>	<b>67,619</b>	<b>(12,634)</b>	<b>(340)</b>	<b>(10,064)</b>	<b>(1,473)</b>
Balance from Previous Year	1,261,451	1,119,182	1,119,182	1,003,685	991,051	990,710	980,646
<b>Balance at Year End</b>	<b>1,119,182</b>	<b>1,208,069</b>	<b>1,186,801</b>	<b>991,051</b>	<b>990,710</b>	<b>980,646</b>	<b>979,173</b>

### Fellowships and Awards (Table 16)

In 2021 and 2022, IADR distributed a smaller amount of awards dues to the complications associated with COVID-19 and the lack of travel to a General Session .

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

In 2002, the Board of Directors designated funds from the association's reserves to be "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 .

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

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

## Table JI. IADR & AADO CR – All Global Headquarters Costs

	ACTUAL 2021	YTD 09/30/2022	Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET 2023	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>Staff costs</b>							
Staff Salaries	2,322,450	1,832,446	2,450,446	2,461,569	2,595,404	2,719,562	2,849,726
Staff Benefits	627,339	514,201	673,873	689,239	713,736	747,879	783,675
Subtotal	2,949,789	2,346,647	3,124,319	3,150,809	3,309,140	3,467,441	3,633,401
% Change from Prior Year	6.4%		5.9%	6.8%	5.9%	4.8%	4.8%
% Diff. From Current Year Budget	-1.5%		-0.8%	5.2%	5.0%		
<b>Overhead costs</b>							
Accounting fees	6,418	4,176	8,852	7,426	7,500	7,725	7,957
Audit	65,027	55,016	60,000	55,697	61,800	63,654	65,564
Bank charges	17,632	13,869	18,000	30,050	22,000	22,660	23,340
Building maintenance	63,336	48,091	70,000	75,500	75,209	77,465	79,789
Data Processing	3,477	0	0	0	0	0	0
Depreciation (50/50 Joint Assets)	186,084	186,398	253,698	251,570	256,568	262,408	152,784
Information Technology	360,213	238,653	262,210	212,079	186,262	191,850	197,606
Insurance	48,359	54,210	54,210	50,000	56,378	58,070	59,812
Leases & equipment	13,948	13,303	15,079	14,547	14,547	14,983	15,433
Legal fees	5,405	1,446	5,000	10,609	10,000	10,300	10,609
Miscellaneous	4,929	20,477	22,277	5,305	5,000	5,150	5,305
Office supplies	3,370	3,277	5,000	10,000	7,500	7,725	7,957
Postage & Shipping	(744)	1,429	3,000	3,000	3,000	3,090	3,183
Recruitment costs	47,694	3,055	5,000	5,000	5,000	5,150	5,305
Staff Development	8,195	9,496	20,000	23,500	23,750	24,000	24,250
Staff Events/Appreciation	4,141	2,575	5,950	5,950	6,250	6,438	6,631
Taxes - Property	34,325	20,323	33,969	35,540	36,000	37,080	38,192
Taxes - Other	0	60	60	0	0	0	0
Telephone/Internet	30,977	18,995	26,833	32,377	24,362	25,093	25,846
Temporary Help	9,235	0	0	4,500	4,500	4,500	4,500
Subtotal	912,021	694,849	869,138	832,651	805,627	827,341	734,060
% Change from Prior Year	19.9%		-4.7%	-8.7%	-7.3%	2.7%	-11.3%
% Diff. From Current Year Budget	17.4%		4.4%	7.2%	-3.2%		
<b>GRAND TOTAL</b>	<b>3,861,810</b>	<b>3,041,496</b>	<b>3,993,457</b>	<b>3,983,460</b>	<b>4,114,767</b>	<b>4,294,782</b>	<b>4,367,461</b>
% Change from Prior Year	9.3%		3.4%	3.2%	3.0%	4.4%	1.7%
% Diff. From Current Year Budget	2.4%		0.3%	5.6%	3.3%		

## Joint Budgets – Executive Summary

### Proposed 2023 Budgets

**GHQ:** Total 2023 GHQ costs are budgeted to increase by 3.3% as compared to 2022 budgeted costs and by 3.0% when compared to projected 2022 year-end expenses .

- Salaries and benefits in 2022 are lower than budget due to three staff vacancies for part of the year .A full staff is budgeted in 2023 .Salary and benefit costs are budgeted to increase in 2023 by 5.0% when compared to 2022 budgeted costs and 5.9% compared to projected 2022 year-end expenses .The 2023 Salary and benefit budget takes into account recent new hires .
- Higher than budgeted capitalized costs associated with the Nimble (association management system) and Website redesign projects are causing 2022 depreciation expenses to be higher than budget and those higher costs will carry into 2023 .
- Information technology costs are higher than budget in 2022 due to higher than budgeted Nimble licensing and configuration costs .While the higher licensing costs will continue into 2023, the configuration costs are expected to be lower and overall IT costs are budgeted to be lower in 2023 .
- These higher costs are partially offset by lower telephone costs due to the transition to a lower cost Teams based phone system and bank fees .

**JDR:** The surplus continues to help offset the deficits expected in other budget departments .As has been typically done, to be conservative, a 5% reduction in Royalty income from expected 2022 results is budgeted for 2023 .2022 expected royalties are projected to be \$34,000 better than budget .The Editorial Stipend provide by Sage remains unchanged from 2022 and will remain the same for the duration of the contract term .Editorial expenses are also budgeted to remain unchanged .

**JDR CTR:** Royalty income, similar to JDR has been conservatively budget to decrease by 5% from expected 2022 results .Like the JDR, JDR-CTR 2022 royalties are expected to be better than budget boosted by a supplement published in September .Editorial expenses are unchanged from 2022 .A small deficit is expected, though it should be noted that the expenses include allocation of staff salaries, benefits as well as an overhead allocation .

### Preliminary 2024 & 2025 Budgets

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

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

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

## Table JP I. Journal of Dental Research

	ACTUAL 2021	YTD 09/30/2022	Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET 2023	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>REVENUE</b>							
Member subs	13,030	9,100	9,250	11,700	8,325	7,493	6,743
Student subs	1,825	1,775	1,875	1,643	1,688	1,519	1,367
<i>Advances in Dental Research</i>	0	0	0	0	0	0	0
Miscellaneous	0	0	0	800	800	800	800
Less: Subscription Rev to SAGE	(14,855)	(10,875)	(11,125)	(13,343)	(10,013)	(9,011)	(8,110)
Advertising Share	12,584	13,688	15,000	10,041	12,500	11,875	11,281
Editorial Stipend	265,000	198,750	265,000	270,000	270,000	270,000	270,000
Royalty Income	588,492	429,938	576,500	543,068	547,675	520,291	494,277
<b>TOTAL REVENUE</b>	<b>866,076</b>	<b>642,375</b>	<b>856,500</b>	<b>823,909</b>	<b>830,975</b>	<b>802,966</b>	<b>776,358</b>
<b>EXPENSES</b>							
Employee salaries	135,676	95,382	127,550	128,129	132,071	160,832	145,159
Employee benefits	36,649	26,765	35,076	35,876	36,320	44,229	39,919
Overhead Allocation	53,279	36,168	45,240	43,341	40,996	48,928	37,391
Merchant Fees	490	191	200	414	310	279	251
Printing	0	0	0	0	0	0	0
Editorial expenses/Ed Board	212,443	151,913	210,550	221,550	221,550	221,550	221,550
Taxes	0	0	1,500	1,500	1,500	1,500	1,500
<i>Advances in Dental Research</i>	0	0	0	0	0	0	0
Legal	22,216	15,120	25,000	31,051	32,000	32,960	33,949
Media/PR/Communication/Ann Rpt	0	0	700	718	750	773	796
Miscellaneous	116	55	1,000	3,090	1,000	1,030	1,061
Editor Search	0	0	0	0	0	0	0
<b>TOTAL EXPENSES</b>	<b>460,869</b>	<b>325,594</b>	<b>446,816</b>	<b>465,669</b>	<b>466,497</b>	<b>512,080</b>	<b>481,576</b>
<b>Net Income</b>	<b>405,207</b>	<b>316,781</b>	<b>409,684</b>	<b>358,240</b>	<b>364,478</b>	<b>290,886</b>	<b>294,782</b>
<b>Budget Assumptions</b>	<b>ACTUAL 2021</b>	<b>YTD 09/30/2022</b>	<b>Year-End Estimate 12/31/2022</b>	<b>Budget 2022</b>	<b>Budget 2023</b>	<b>Budget 2024</b>	<b>Budget 2025</b>
<b>JDR</b>							
Member Print							
Rate	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Number of	260	182	185	234	167	150	135
	13,000	9,100	9,250	11,700	8,325	7,493	6,743
Student Subs Print							
Rate	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Number of	73	71	75	66	68	61	55
	1,825	1,775	1,875	1,643	1,688	1,519	1,367

## Joint Publications Budgets

### Journal of Dental Research (Table JPI)

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

#### Revenue

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

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

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

Royalty revenue is expected to remain flat from 2021 to 2022, which is better than the budgeted 5% decrease that was expected. Editorial stipend revenue is less than budget primarily due to no in-person editors' meeting being held again in 2022 due to COVID.

#### Expenses

IADR/AADOCR is responsible for paying editorial costs and various management and overhead costs. Expected 2022 expenses are projected to be slightly lower than budget. Editorial expenses are budgeted to remain unchanged in 2023 as the same agreements will be in place for the editorial staff as in 2022.



## Table JP2. JDR Clinical & Translational Research

	ACTUAL 2021	YTD 09/30/2022	Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET 2023	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>REVENUE</b>							
Member subs	2,444	2,140	2,240	2,684	2,352	2,470	2,593
Student subs	300	348	372	330	409	450	495
Less: Subscription Rev to SAGE	(2,744)	(2,488)	(2,612)	(3,014)	(2,761)	(2,920)	(3,088)
Miscellaneous	0	0	0	250	250	250	250
Advertising Share	0	0	0	0	0	0	0
Editorial Stipend	40,000	30,000	40,000	42,500	42,500	42,500	42,500
Royalty Income	49,998	21,602	61,000	45,537	57,950	55,053	52,300
<b>TOTAL REVENUE</b>	<b>89,998</b>	<b>51,602</b>	<b>101,000</b>	<b>88,287</b>	<b>100,700</b>	<b>97,803</b>	<b>95,050</b>
<b>EXPENSES</b>							
Employee salaries	43,920	33,497	44,794	44,998	46,349	52,212	50,924
Employee benefits	11,864	9,400	12,318	12,599	12,746	14,358	14,004
Overhead Allocation	17,247	12,702	15,888	15,221	14,387	15,884	13,118
Merchant Fees	164	35	68	93	86	91	96
Marketing	0	0	0	1,500	1,500	1,500	1,500
Editorial expenses/Ed Board	38,960	29,220	38,960	41,460	41,460	41,460	41,460
Legal	0	1,169	1,500	1,000	1,500	1,545	1,591
Miscellaneous	0	0	0	500	500	500	500
<b>TOTAL EXPENSES</b>	<b>112,155</b>	<b>86,023</b>	<b>113,529</b>	<b>117,372</b>	<b>118,528</b>	<b>127,550</b>	<b>123,193</b>
<b>Net Income</b>	<b>(22,157)</b>	<b>(34,421)</b>	<b>(12,529)</b>	<b>(29,085)</b>	<b>(17,828)</b>	<b>(29,748)</b>	<b>(28,144)</b>
<b>Budget Assumptions</b>	<b>ACTUAL 2021</b>	<b>YTD 09/30/2022</b>	<b>Year-End Estimate 12/31/2022</b>	<b>Budget 2022</b>	<b>Budget 2023</b>	<b>Budget 2024</b>	<b>Budget 2025</b>
Member Print							
Rate	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Number of	122	107	112	134	118	123	130
	2,440	2,140	2,240	2,684	2,352	2,470	2,593
Student Subs Print							
Rate	\$12	\$12	\$12	\$12	\$12	\$12	\$12
Number of	25	29	31	28	34	38	41
	300	348	372	330	409	450	495

### 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 2022, with a supplement published in September 2022.

Royalty income has exceeded the budgeted estimate most years. The current year estimate assumes the budgeted royalty revenue will exceed budget as September preliminary results show results better than budget helped by additional revenues from the September supplement. To be conservative, future year royalty income is budgeted to decline by 5% per year.

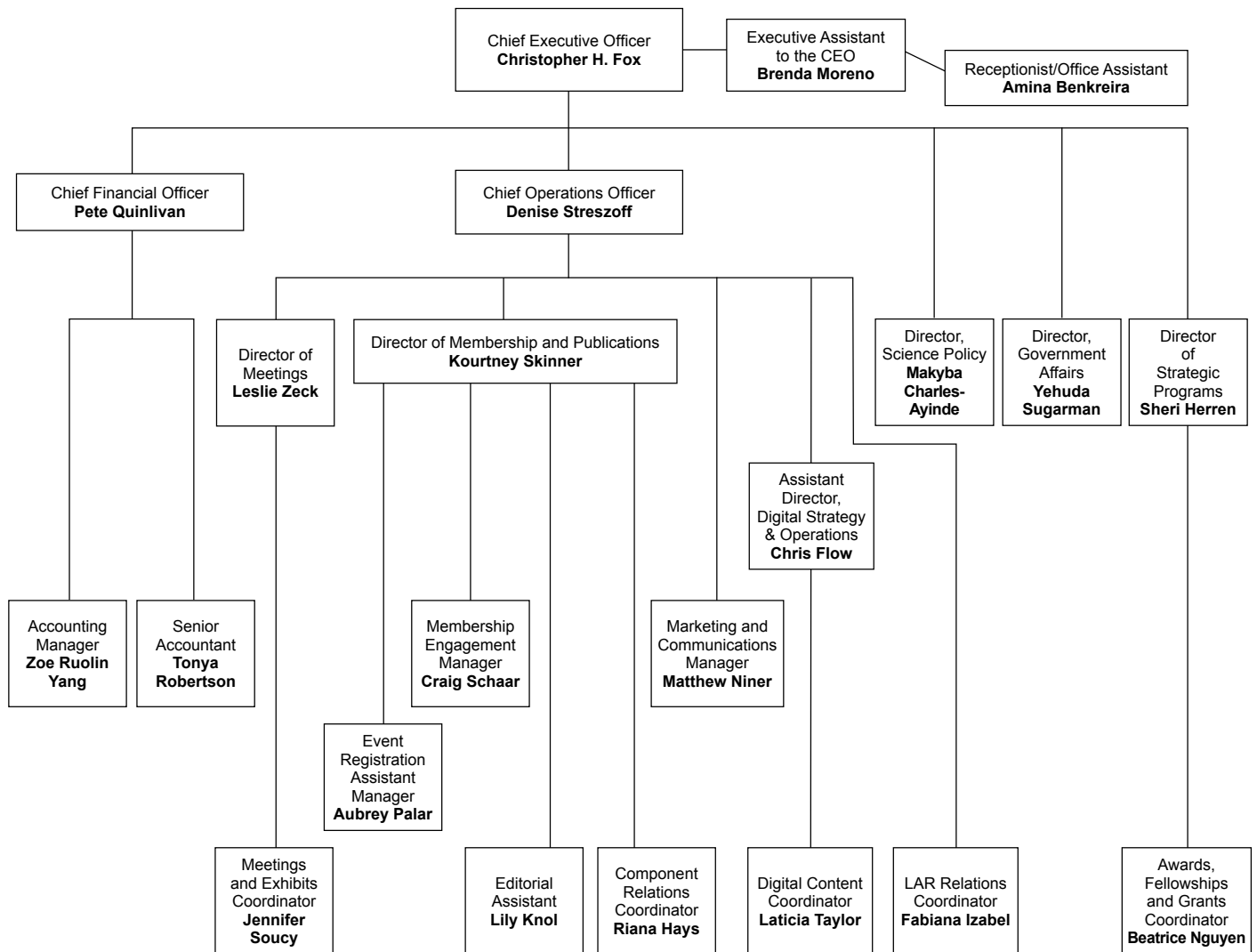
#### Expenses

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

2022 expenses are expected to be lower than budget due to no in person meeting of the editors and lower marketing costs. Future year budgets are planned at similar amounts to the 2022 budget. Editorial expenses are budgeted to remain unchanged in 2023 as the same agreements will be in place for the editorial staff as in 2022.

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/AADOOCR Global Headquarters Organization Chart



As of 1/1/2023

# Appendix 7 — 2021-22 IADR Board of Directors and Committees

## Board of Directors

Brian O'Connell, President  
Ophir Klein, President-elect  
Satoshi Imazato, Vice-president  
Eric Reynolds, Immediate Past President  
David Drake (2024), Treasurer (appointed)  
Vinicius Rosa (2023), Young Investigator Representative  
Richard Miron (2024), Young Investigator Representative  
S .Aida Borges-Yáñez (2023), RBM (North American)  
Maria del Carmen Lopez Jordi (2023), RBM (Latin American)  
Nobuhiro Takahashi (2024), RBM (Asia/Pacific)  
Deema Al Shammery (2024), RBM (Africa/Middle East)  
Marcello Riggio (2025), RBM (Pan European)  
Nicholas Stephen Jakubovics (2025), JDR Editor-in-Chief (2025)  
Jocelyne Feine, JDR CTR Editor-in-Chief (2024)  
Christopher H .Fox, Chief Executive Officer (2025)

## Annual Session Committee

Chaminda Seneviratne (2024), (SEA Division), Chair  
Riva Touger-Decker (2024), (AADOCR)  
Paulo Cesar (2024), (Brazilian Division)  
Fernando Esteban Florez (2025), (AADOCR)  
Georgios Belibasakis (2025), (NOF Division)

## Awards Review Committee

Ling Ye (2023), (Chinese Division), Chair  
Fabian Cieplik (2023), (CED)  
Vijay Prakash Mathur (2023), (Indian Division)  
Cristina Vidal (2023), (AADOCR)  
Michelle Visser (2024), (AADOCR)  
Xin Li (2025), (AADOCR)  
Fawaz Alzoubi (2025), (Saudi Arabian Division)  
Mohd Masood (2025), (ANZ Division)  
Aylin Baysan (2025), (CED)  
Marcia Borba (2025), (Brazilian Division)

## Constitution Committee

Alvaro Della Bona (2023), (Brazilian Division), Chair  
Hai Ming Wong (2023), (SEA Division)  
Satoru Yamada (2023), (Japanese Division)  
Laura Acosta-Torres (2024), (Mexican Division)  
Smriti Aryal AC (2024), (UAE Division)  
Gabriel Sanchez (2024), (Argentine Division)  
Dalia E .Meisha (2025), (Saudi Arabian Division)  
Dandara G .Haag (2025), (ANZ Division)  
Harim Tavares dos Santos (2025), (AADOCR)

## Distinguished Scientist Awards (ERIC)

Marco Peres (Pros .& Implants), (SEA Division), Chair  
Sarah Baker (BEHSR) (British Division), Female  
Donald Brunette (Pros .& Implants) (Canadian Division), Male  
Janet Moradian-Oldak (Bio .Mineralization) (AADOCR), Female  
Brad Amendt (Cranio .Biology) (AADOCR), Male  
Hyun (Michel) Koo (Bowen Award/Caries Res ) (AADOCR), Male  
Ernest Newbrun (H .Trendley Dean) (AADOCR), Male  
Takahiro Ono (Geriatric Oral Res ) (Japanese Division), Male  
Takashi Takata (Oral Med &Pathology) (Japanese Division), Male  
S .Jeffrey Dixon (Research in Oral Bio ) (Canadian Division), Male

Donald Brunette (Res .in Periodontal Research Group Disease)  
(Canadian Division), Male  
John Bartlett (P/T/T Research) (AADOCR), Male  
Imad About (Pulp Biology Research) (CED), Male  
Gordon Proctor (Salivary Research) (British Division), Male  
Huakun Xu (Isaac Schour) (AADOCR), Male  
Mutlu Özcan (Wilmer Souder) (CED), Female  
Deepak Saxena (AADOCR) (Young Investigator), Male

## Ethics in Dental Research Committee

Tazuko K .Goto (2023), (Japanese Division), Chair  
Olaniyi Taiwo (2024), (Nigerian Division)  
Martin Zemel (2024), (Argentine Division)  
Shenuka Singh (2025), (South African Division)  
Regina Messer (2025), (AADOCR)

## Fellowships Committee

Gianrico Spagnuolo (2024), (CED), Chair  
Cynthia Yiu (2024), (SEA Division)  
Chun-Teh Lee (2025), (AADOCR)  
Kiyoshi Ohura (2025), (Japanese Division)  
Mohammad Alrashdan (2025), (Jordanian Section)  
Lidiany Karla Azevedo Rodrigues (2025), (Brazilian Division)

## Honorary Membership Committee

Jukka Meurman (2023), (CED), Chair  
Angus Walls (2024), (British Division)  
Rena D'Souza (2025), (AADOCR)  
Paula Moynihan (2026), (ANZ)  
Pamela DenBesten (2027), (AADOCR)

## Innovation in Oral Care Awards Committee

Paulo Francisco Cesar (2023), (Brazilian Division), Chair  
Akihiro Yoshihara (2023), (Japanese Division)  
Cristiane Machado Mengatto (2023), (Brazilian Division)  
Ikhlas El Karim (2024), (Irish Division)  
Jean-Francois Roulet (2024), (AADOCR)  
Nzube Ilochonwu (2024), (Nigerian Division)  
Anna Maria Kaarina Heikkinen (2025), (Scandinavian Division)  
Rahena Akhter (2025), (ANZ Division)  
Dimitris N .Tatakis (2025), (AADOCR)

## Joseph Lister Award for New Investigators Committee

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

## KULZER Travel Award Committee

Mohannad Nassar (2023), (UAE Division), Chair  
Takuya Matsumoto (2023), (Japanese Division)  
Kunaal Dhingra (2024), (Indian Division)  
Dayane Oliveira, (2025), (AADOCR)  
Ana Paula Fugolin (2025), (AADOCR)  
Roberto Carlos Castrejón-Pérez (2025), (Mexican Division)

### Membership and Recruitment Committee

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Barry Francis Quinn (2023), (British Division), Chair  
Carolina Cucco (2023), (AADOCR)  
Gianrico Spagnuolo (2023), (CED)  
Sheri Brownstein (2024), (AADOCR)  
Adeyinka Dayo (2024), (AADOCR)  
Akhilanand Chaurasia (2025), (Indian Division)  
Rafael Aiello Bomfim (2025), (Brazilian Division)  
Maria del Carmen Villanueva Vilchis (2025), (Mexican Division)  
Edmond H.N. Pow (2025), (SEA Division)  
Luluh Saad Alammar (2025), (Saudi Arabian Division)  
Ravi Teja Chitturi (2025), (ANZ Division)

### Nominating Committee

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Alastair J Sloan (2023), (ANZ Division), Chair  
Pamela DenBesten (2023), (USA)  
Yan-Fang Ren (2023), (AADOCR)  
Olga Baker (2024), (AADOCR)  
Alvaro Della Bona (2024), (Brazilian Division)  
Keiji Moriyama (2024), (Japanese Division)  
Sharanbir K. Sidhu (2025), (British Division)

### Regional Development Committee

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Seiji Nakamura (2023), (Japanese Division), Chair  
S. Aida Borges-Yáñez (2023), NAR RBM (Mexican Division)  
Maria del Carmen Lopez Jordi (2023), LAR RBM (Uruguayan Division)  
Olawunmi Adedoyin Fatusi (2023), (Nigerian Division)  
Nobuhiro Takahashi (2024), APR RBM (Japanese Division)  
Deema Al Shammery (2024), AMER RBM (Saudi Arabian Division)  
Marcello Riggio (2025), PER RBM, (British Division)  
Tamara Peric (2024), (CED)  
Sharon Tan (2024), (SEA Division)  
Sebastian Aguayo (2025), (Chilean Division)  
Raquel Vivian Gallará (2025), (Argentine Division)

### Science Information Committee

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Keiji Moriyama (2023), (Japanese Division), Chair  
Debora Heller (2023), (Brazilian Division)  
Sharukh S. Khajotia (2023), (AADOCR)  
Thuy Do (2024), (British Division)  
Gregg Gilbert (2024), (AADOCR)  
Richard Ohrbach (2024), (AADOCR)  
Bei Wu (2024), (AADOCR)  
Fabian Cieplik (2025), (CED)  
Harsh Priya (2025), (Indian Division)

### Young Investigator Award Committee

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Deepak Saxena (2023), (AADOCR), Chair  
Oleh Andrukhov (2023), (CED)  
Patricia Miguez (2023), (AADOCR)  
Cinthia Tabchoury (2023), (Brazilian Division)  
Miao He (2024), (Chinese Division)  
Jonathan M. Broadbent (2025), (ANZ Division)  
Dong Mei Deng (2025), (CED)  
Omoigberai Bashiru Bramioh (2025), (Nigerian Division)  
Toby Hughes (2025), (ANZ Division)

### IADR/AADOCR Publications Committee

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Mark Herzberg (2023), (AADOCR), Chair  
Pamela DenBesten (2023), (IADR), (AADOCR)  
Jens Kreth, AADOCR Rep (2023), (AADOCR)  
Carmem Pfeifer, AADOCR Rep (2024), (AADOCR)  
Jorge Perdigao, AADOCR Rep, (2026) (AADOCR) (elected)  
Georgios Belibasakis, IADR Rep (2023), (Scandinavian Division)  
Vijay Mathur, IADR Rep (2024) (Indian Division)  
Raj Nair, IADR Rep, (2025), (ANZ Division) (Appointed)  
Effe Ioannidou, Associate Editor, *JDR Clinical & Translational Research* (AADOCR), *ex officio*  
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*  
Christopher H. Fox, IADR/AADOCR Chief Executive Officer (AADOCR), *ex officio*  
Nick Jakubovics (2025), (British Division) Editor-in-Chief, *Journal of Dental Research*, *ex officio*

### IADR/AADOCR Tellers

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Sheri Adamson Brownstein (2023), (AADOCR), Chair  
Liran Levin (2024), (Israeli Division)  
Prabhat Kumar Chaudhari (2025), (Indian Division)

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

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Quan Yuan (2023), (Chinese Division), Chair  
Alastair J Sloan (2023), (Australia/New Zealand Division)  
Hongli Sun (2024), (AADOCR)  
Xin Li (2025), (AADOCR)  
Dalia E Meisha (2025), (Saudi Arabian Division)  
Frederico Barbosa de Sousa (2025), (Brazilian Division)  
Lina Niu (2025), (Chinese Division)  
Jeong-Ho Yu (2025), (Korean Division)  
Ana Pauloa Piovezan Fugolin (2025), (AADOCR)

### FDI Representative

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Christopher H. Fox, Chief Executive Officer

### FDI Science Commission Representative

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Helen Whelton (Irish Division)

## Appendix 8 — 2021-22 IADR Region/Division/Section Officers

Regions	Region President	President-elect	Regional Board Member	Secretary	Treasurer	Past President	Councilor
<b>Africa/Middle East</b>	Deema Ali AlShammery		Deema Ali AlShammery	Latifa Berrezouga	Ahmed Bhayat		
<b>Asia/Pacific</b>	Seiji Nakamura		Nobuhiro Takahashi	Chaminda Jayampath Seneviratne	Sarbin Ranjitkar		
<b>Latin American</b>	Maria del Carmen Lopez Jordi		Maria del Carmen López Jordi	Sylvia Laura Piovesan	Ines Teresa Salveraglio		
<b>North American</b>			S Aida Borges-Yáñez	Christopher Fox	Ana Bedran-Russo		
<b>Pan European</b>	Imad About		Marcello Riggio		Anne Marie Lynge Pedersen	Fionuala Lundy	
<b>Divisions</b>	<b>President</b>	<b>President-elect</b>	<b>Vice President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Past President</b>	<b>Councilor(s)</b>
<b>American</b>	Jane Weintraub	Alexandre Vieira	Effie Ioannidou		Ana Bedran-Russo	Jacques Nör	Jacques Nor, Jane Weintraub, Alexandre Vieira, Effie Ioannidou
<b>Argentine</b>	Pablo Rodriguez			Maria Cabirta	Luciana D'Eramo	Gabriel Sanchez	Aldo Squassi
<b>Australian/New Zealand</b>	Saso Ivanovski	Australian/New Zealand Division		Ryan Lee	Samuel Bennett	Karl Lyons	Richard Cannon
<b>Brazilian</b>	Valentim Barão		Marcelo Bönecker	Aldiéris Alves Pequeira	Cinthia Pereira Machado Tabchoury	Paulo Francisco Cesar	Carlos Soares, Heitor Honório, Lucianne Maia, Ana Granville-Garcia
<b>British</b>	Rachel Waddington			Paul Anderson	Anousheh Alavi	Marcello Riggio	Paul Ryan
<b>Canadian</b>	Belinda Nicolau		Anil Kishen				Leigha Rock, Mario Brondani
<b>Chilean</b>	Jaime Diaz-Zúñiga		Samanta Melgar-Rodríguez	Alfredo Jose Sierra-Cristancho	Jearitza Rios Muñoz	Sebastián Aguayo	Constanza Martínez
<b>Chinese</b>	Bian Zhuan	Ling Ye		Miao He	Cui Huang	Jihua Chen	Yue-Hua Liu, Yihuai Pan, Lei Sui, Lili Chen, Shaohua Ge, Jiang Li, Dongru Yang, Hongchen Sun, Qing Hui Zhi, Zuolin Wang, Jin Zhao, Ousheng Liu, Jiacci He, Guowu Ma, Biao Xu, Yan Xu, Xudong Yang, Lan Liao, Yan Wang, Wen Xia Chen
<b>Colombian</b>	Paula Baldiön	Claudia García		Edgar Beltrán	Gretel González	Farith González	Brenda Herrera
<b>Continental European</b>	William Papaioannou	Ling Ye		Marcio Vivan Cardoso	William Papaioannou	Imad About	L Sebnem Turkun
<b>East &amp; Southern Africa</b>				Birke Bogale			Yasser Ahmed
<b>Indian</b>	Maresh Verma	Girish Parmar	Deepak Chandrasekharan, Vijay Mathur	Subramoniam Balaji	S Kishore Kumar	Hari Parkash	Namita Shanbhag, Puneet Gupta, Sekar Mahalaxmi, Samikannu Bhuminathan, Shantanu Choudhari, Preety Rajesh, Sanjay Lagdive
<b>Iranian</b>	Massoud Seifi		Mohammad Behnaz	Sadra Mohaghegh	Mohammad Hossein Khoshnevisan		Mohammad Behnaz
<b>Iraqi</b>	Faaz Alhamdani		Maha Jamal	Bahn Agha	Ahmed Sleibi	Anwar Tappuni	Maryam Alisy, Elham Abdulkareem, Saja Ali
<b>Irish</b>	Martina Hayes			Lewis Winning	Cristiane da Mata	Hal Duncan	Ikhlas El Karim, Elaine Kehily
<b>Israeli</b>	Nir Sterer		Yaron Haviv	Samer Srouji	David Polak	Nurit Beyth	
<b>Japanese</b>	Seiji Nakamura		Keiji Moriyama		Mikako Hayashi	Satoshi Imazato	
<b>Korean</b>	Yong-Ouk You		Hyung-Ryong Kim, Jeong-Ho Yun	Jae-Kook Cha, Sooyoun An, Il-Ho Jang	Su-Jin Ahn, Kyung A Kim, Wan Lee	Kung-Rock Kwon	
<b>Kuwaiti</b>	Fawaz Alzoubi	Hanadi Alenezi	Aqdar Akbar	Abrar Al-Anzi	Saleh Ashkanani	Rashed Al-Azemi	Asma Aldousari, Reem Alfadhli
<b>Mexican</b>	Laura Acosta-Torres				Maria Villanueva Vilchis	S Aida Borges-Yáñez	
<b>Nigerian</b>	Omolara Uti	Omoigberai Bramioh	Oyinkansola Sofola	Olawale Adamson	Basil Ojukwu	Olaniyi Taiwo	Omolara Uti
<b>Peruvian</b>	Natalia Henostroza Quintans			Eraldo Pesaresi - Torres, Maria Alvarez-Paucar	Lily Zelada Lopez	Hina Raja	Rita Villena-Sarmiento
<b>Saudi Arabian</b>	Mohammad Al-Harthi		Nada Tashkandi	Faraj Alotaiby	Arwa Dagherery	Deema Alshammery	Maria Ibrahim
<b>Scandinavian</b>	Vilma Brukiene			Ulvi Gursøy	Nina Sabel	Gunhild Strand	Ulvi Gursøy, Vilma Brukiene
<b>South African</b>	Manogari Chetty	Shenuka Singh		Suvarna Indermun	Razia Adam	Ahmed Bhayat	
<b>Southeast Asian</b>	May Wong	Hung Hoang		Waruna Dissanayaka	Armelia Widyanman	Risa Chaisuparat	Anand Marya, Siti Mariam Ab Ghani, Li-Deh Lin, Pearly Lim, Christina Sim, Nareudee Limpuangthip
<b>Uruguayan</b>	Ronell Bologna	Ignacio Fernández	Alejandro Francia	Sylvia Piovesan	Guillermo Grazioli	Sylvia Piovesan	Vanesa Pereira
<b>Venezuelan</b>	Jose Adolfo Cedeno		Maria Gabriela Acosta	Annabella Frattaroli	Sonia Feldman	Maglyner Montero	
<b>Sections</b>	<b>President</b>	<b>President-elect</b>	<b>Vice President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Past President</b>	<b>Councilor(s)</b>
<b>Bolivian</b>	Willy Bustillos Torrez		Rodrigo Flores Abuna		Ivan Rojas		Lidia Flores Zamorano, Shirley Mirtha Flores Villegas
<b>Caribbean</b>	Arvind Babu Rajendra Santosh			Anna Garcia	Kenia Veras	James Collins	
<b>Costa Rican</b>	Gina Murillo		Sylvia Gudino	Gisella Rojas	Mauricio Montero-Aguilar	Daniel Chavarria	
<b>Ecuadorian</b>							
<b>Egyptian</b>	Mohamed Abdelmageed Awad			Hamdi Hosni Hamama	Mohamed Mamoon Elsheikh		
<b>Guatemalan</b>							
<b>Jordanian</b>							
<b>Lebanese</b>	Joseph G. Ghafari			Anthony Macari	Ramzi Haddad		Maha Daou
<b>Libyan</b>	Arheiam Arheiam		Mohamed Hasan	Salema Triana		Ala Omar Ali	
<b>Mongolian</b>							
<b>Pakistani</b>	Khalid Siddiqi	Khalid Mahmood Siddiqi		Hafiz Muhammad Owais Nasim	Muhammad Saad Ullah	Hina Zafar Raja	Muhammad Kaleem
<b>Panamanian</b>							
<b>Paraguayan</b>	Heriberto Mendieta		Caballero	Eva Montiel Fernández	Diana Acevedo Gimenez		
<b>Qatar</b>	Faleh Tamimi		Nebu Philip		Hani Nazzal		Mandeep Duggal
<b>Russian</b>							
<b>Sudanese</b>							
<b>Tunisian</b>	Latifa Berrezouga			Amira Besbes	Latifa Berrezouga		Fethi Maatouk
<b>United Arab Emirates</b>	Ahmad Oueis	Mohamed Jamal	Mohannad Nassar	Abdul Naser Tamim		Khalid Al Ameri	Ramesh Bulbule, Lina Anka, Kamal Nasser, Anas Al Salami



## Appendix 8 (continued) — 2021-22 IADR Group/Network Officers

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

## Appendix 9 — Past Presidents of the IADR

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

## Past Treasurers of the IADR

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

## Appendix 10 — Candidates for Vice-president of the IADR

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

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

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

## Appendix 11 — Honorary Members of the IADR

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

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

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

\*No honorary IADR member in 2022

## Appendix 12 — 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)	2004-05	Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific), José Luis Lage-Marques (South America), Richard Ellen (North America)
1960-61	Genevieve Roth (North American), Lucien A .Bavetta (North American)	2005-06	Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific), José Luis Lage-Marques (South America), Richard Ellen (North America)
1961-62	Clifton O .Dummett (North American), Ralph L .Ireland (North American)	2006-07	Ahmed E O .Ogwell (Africa/Middle East), Mariano Sanz (Pan-European), José Luiz Lage-Marques (Latin America), Richard Ellen (North America), Yoshimitsu Abiko (Pan-Asian-Pacific)
1962-63	Josse de Wever, Clifton O .Dummett (North American)	2007-08	Ahmed E O .Ogwell (Africa/Middle East), Jukka Meurman (Pan European), José Luiz Lage-Marques (Latin America), Richard Ellen (North America), Yoshimitsu Abiko (Pan-Asian Pacific)
1963-64	C R .Castaldi, C D .Mohammed	2008-09	Ahmed E O .Ogwell (Africa/Middle East), Jukka Meurman (European), Ana Maria Acevedo (Latin America), Javier de la Fuente-Hernandez (North America), Yoshimitsu Abiko (Pan-Asian Pacific)
1964-65	Clifton O .Dummett (North American), John B .Macdonald (North American)	2009-10	Paul Brandt (Africa/Middle East), Jukka Meurman (European), Ana Maria Acevedo (Latin America), Brian Clarkson (North America), Wendell Evans (Asia Pacific)
1965-66	Otto Backer-Dirks (CED), Louis Baume (CED)	2010-11	Harold Sgan-Cohen (Pan European), Ana Maria Acevedo (Latin America), Brian Clarkson (North America), Paul Brandt (Africa/Middle East) and Wendell Evans (Asia/Pacific)
1966-67	Wayne Wantland, Doran Zinner (North American)	2011-12	Paul D .Brandt (Africa/Middle East), Wendell Evans (Asia/Pacific), Rita Villena-Sarmiento (Latin America), Edwin Yen (North America) and Harold D .Sgan-Cohen (Pan European)
1967-68	S .Wah Leung, Clifton O .Dummett (North American)	2012-13	M .Jawad Behbehani (Africa/Middle East), Byung-Moo Min (Asia/Pacific), Rita Villena-Sarmiento (Latin America), Edwin Yen (North America) and Harold D .Sgan-Cohen (Pan European)
1968-69	Wayne Wantland, Doran Zinner (North American)	2013-14	M .Jawad M .Q .Behbehani (Africa/Middle East), Byung-Moo Min (Asia Pacific), Rita Villena-Sarmiento (Latin America), Edwin Yen (North America) and Timothy Watson (Pan European)
1969-70	Wayne Wantland, Doran Zinner (North American)	2014-15	M .Jawad M .Q .Behbehani (Africa/Middle East), Byung-Moo Min (Asia Pacific), Erik Dreyer (Latin America) Peter J .Polverini (North America) and Timothy Watson (Pan European)
1970-71	Wayne Wantland, Doran Zinner (North American)	2015-16	Eyitope O .Ogunbodede (Africa/Middle East), Bian Zhuan (Asia/Pacific), Erik Dreyer (Latin America), Timothy Watson (Pan European) and Peter J .Polverini (North America)
1971-72	K J .Paynter, T E .Bolden (North American)	2016-17	Eyitope O .Ogunbodede (Africa/Middle East), Bian Zhuan (Asia/Pacific), Erik Dreyer (Latin America), Brian O’Connell (Pan European), Peter J .Polverini (North America) and Owen Addison (Young Investigator Representative)
1972-73	K J .Paynter, T E .Bolden (AADOCR)	2017-18	Eyitope O .Ogunbodede (Africa/Middle East), Zhuan Bian (Asia/Pacific), Brian O’Connell (Pan European), Jaime Castellanos (Latin America), Joy Richman (North America), Owen Addison (Young Investigator Representative), Donald Chi (Young Investigator Representative)
1973-74	Israel T .Kleinberg (AADOCR), Doran D .Zinner (AADOCR)	2018-19	Jaime Castellanos (Latin America), Brian O’Connell (Pan European), Lijian Jin (Asia/Pacific), Joy Richman (North America), Margaret Wandera (Africa/Middle East), Donald Chi (Young Investigator Representative), Alireza Moshaverinia (Young Investigator Representative)
1974-75	Hans R .Mühlemann (CED), S B .Finn	2019-20	Jaime Castellanos (Latin America), Gottfried Schmalz (Pan European), Lijian Jin (Asia/Pacific), Joy Richman (North America), Margaret Wandera (Africa/Middle East), Dagmar Else Slot (Young Investigator Representative), Alireza Moshaverinia (Young Investigator Representative)
1975-76	Ivor R H .Kramer (British), Howard M .Myers (AADOCR)	2020-21	Lijian Jin (Asia/Pacific), Margaret Wandera (Africa/Middle East), Gottfried Schmalz (Pan European), S .Aida Borges-Yáñez (North American), María del Carmen López Jordi (Latin American), Dagmar Else Slot (Young Investigator Representative), Kimon Divaris (Young Investigator Representative)
1976-77	Howard M .Myers (AADOCR), Mogens R .Skougaard (ScADR)	2021-22	Nobuhiro Takahashi (Asia/Pacific), Deema Ali AlShammery (Africa/Middle East), Gottfried Schmalz (Pan European), S Aida Borges-Yáñez (North American), María del Carmen López Jordi (Latin American), Vinicius Rosa (Young Investigator Representative), Kimon Divaris (Young Investigator Representative)
1977-78	Lois K .Cohen (AADOCR), Ole Fejerskov (ScADR)	2022-23	Nobuhiro Takahashi (Asia/Pacific), Deema Ali AlShammery (Africa/Middle East), Marcello Riggio (Pan European), S Aida Borges-Yáñez (North American), María del Carmen López Jordi (Latin American), Vinicius Rosa (Young Investigator Representative), Richard Miron (Young Investigator Representative)
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)		



### COMMUNITY WATER FLUORIDATION

#### Position statement

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

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

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

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

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

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

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

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



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

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

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

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

### Author contributions

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

### Acknowledgements

The members of the 2021 IADR Science Information Subcommittee were J A .Cury, L G .Do, P .James, P A .Mossey, and F V .Zohoori. The IADR Science Information Committee thanks all members of the Subcommittee for providing subject matter expertise during the drafting of the policy statement.

The authors received no financial support and declare no potential conflicts of interest with respect to the authorship and/or publication of this article.

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(Adopted 1979, Updated 1999 and 2022)

## INDIVIDUAL AND PROFESSIONAL METHODS OF FLUORIDE USE

### Position statement

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

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

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

### Fluoride used at the individual level

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

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

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

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

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

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

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

#### *Safety*

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

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

### Professionally applied fluoride

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

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



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

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

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

#### Safety

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

#### Summary

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

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

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

#### Author contributions

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

#### Acknowledgements

The members of the 2022 IADR Science Information Subcommittee were J A. Cury, N. Dame-Teixeira, D. Heller, G. McKenna, and B H. Oliveira. The IADR Science Information Committee thanks all members of the Subcommittee for providing subject matter expertise during the drafting of the policy statement.

The authors received no financial support and declare no potential conflicts of interest with respect to the authorship and/or publication of this article.

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(Adopted June 2022)

## SUGAR-SWEETENED BEVERAGES

### Policy statement

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

### Position statement

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



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

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

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

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

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

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

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

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

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

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

(adopted March 2020)

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## SAFETY OF DENTAL AMALGAM

### Policy Statement

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

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

### Position Statement

#### Introduction

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

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

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

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

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

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

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

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



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

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

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

#### *Amalgam removal*

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

#### *Vulnerable populations*

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

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

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

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

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

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

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

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

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

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

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

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

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

#### *Conclusions*

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

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

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

(adopted June 2019)

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## FLUORIDATION OF WATER SUPPLIES

The International Association for Dental Research (IADR), considering that dental caries (tooth decay) ranks among the most prevalent chronic diseases worldwide; and

recognizing that the consequences of tooth decay include pain, suffering, infection, tooth loss, and the subsequent need for costly restorative treatment; and

taking into account that over 50 years of research have clearly demonstrated its efficacy and safety; and

noting that numerous national and international health-related organizations endorse fluoridation of water supplies;

fully endorses and strongly recommends the practice of water fluoridation for improving the oral health of nations .

*(adopted 1979, updated 1999)*

## THE USE OF TOBACCO

The International Association for Dental Research (IADR) takes the following position regarding the use of tobacco by humans: Tobacco products come in many forms. Some are smoked and others are not, but none is safe for human consumption. In addition to their serious systemic effects, all have adverse oral health consequences, and risks usually are in proportion to the intensity and duration of tobacco use. The use of tobacco products is a major risk factor for oral and pharyngeal cancers. It also increases the risk of periodontal disease and decreases the ability of oral tissues to heal. Other oral effects include halitosis (bad breath), decreased ability to taste, and increased staining of teeth, gingival pigmentation, and a variety of mucosal lesions. In addition, tobacco smoking during pregnancy increases the risk of developing fetal anomalies such as cleft lip and cleft palate. The IADR encourages continued research to further elucidate the health effects of tobacco use, identify the biological mechanisms and behavioral patterns and relative risks involved in producing these effects, and to develop and evaluate effective methods for prevention and cessation. The IADR further encourages the development of collaborations with other organizations and institutions to help inform members and the public of research findings about the conditions and risks associated with tobacco use .

*(adopted June 27, 2000)*

## IADR SMOKING POLICY

The IADR meeting is a non-smoking meeting. Ashtrays may be available outside the Convention Center and in the public areas of the hotels. No smoking is permitted in the meeting rooms at the Convention Center or the hotels .

*(adopted 2001)*

## DIETARY FLUORIDE SUPPLEMENTS

The International Association for Dental Research (IADR), realizing that dental caries (tooth decay) ranks among the most prevalent chronic diseases world-wide; and

Recognizing that the consequences of tooth decay include pain, infection, tooth loss, the subsequent need for costly restorative treatment, and absence from work and school; and

Recognizing that, while fluoridation of water supplies is the most effective and least expensive measure to prevent tooth decay, large numbers of people do not currently have access to the benefits of community fluoridation; and

Taking into account that over 20 years of research have clearly demonstrated the safety and efficacy of dietary fluoride supplements; now, therefore,

- 1 . Strongly recommends use of dietary fluoride supplements in areas where optimal fluoridation of water supplies is not available, and
- 2 . Urges researchers and health authorities of countries within each IADR Division to develop and promote dosage schedules for dietary fluoride supplements that are suitable for their particular area .

## References

- Accepted Dental Therapeutics*, American Dental Association, 38<sup>th</sup> ed., 1979, 385 pp.
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- Report of ORCA on Caries-preventive Fluoride Tablet Programs, *Caries Res*, Vol. 12, Supplement 1, 1978, 112 pp.
- IADR, Policy Statement, *J Dent Res*, Nov. 1979.
- AADOOCR, Policy Statement accepted July 10, 1980.  
(adopted 1983)

## THE LIVERPOOL DECLARATION: PROMOTING ORAL HEALTH IN THE 21<sup>ST</sup> CENTURY

### A Call for Action

The 8<sup>th</sup> World Congress on Preventive Dentistry (WCPD) took place from 7-10 September, 2005 in Liverpool, United Kingdom. The WCPD was organized jointly by the International Association for Dental Research (IADR), the World Health Organization (WHO), the European Association of Dental Public Health (EADPH) and the British Association for the Study of Community Dentistry (BASCD). Participants from 43 countries addressed the prevention of oral diseases which are significant burdens on children and adults worldwide. The good news is that oral diseases are preventable and considerable improvements can be made if appropriate public health programmes are established.

The participants emphasized that oral health is an integral part of general health and wellbeing and a basic human right. Participants took note of the World Health Organization's Bangkok Charter for Health Promotion in a Globalized World (Bangkok, Thailand, 2005) and affirmed their commitment to support the work carried out by national and international health authorities, research institutions, non-governmental organizations and civil society for the promotion of health and prevention of oral diseases.

In this Call for Action, the following areas of work for oral health should be strengthened in countries by the year 2020:

1. Countries should ensure that the population has access to clean water, proper sanitation facilities, a healthy diet and good nutrition.
2. Countries should ensure appropriate and affordable fluoride programmes for the prevention of tooth decay.
3. Countries should provide evidence-based programmes for the promotion of healthy lifestyles and the reduction of modifiable risk factors common to oral and general chronic diseases.
4. The school should be used as a platform for promotion of health, quality of life and disease prevention in children and young people, involving families and communities.
5. Countries should ensure access to primary oral health care with emphasis on prevention and health promotion.
6. Countries should strengthen promotion of oral health for the growing numbers of older people, aiming at improving their quality of life.
7. Countries should formulate policies for oral health as an integral part of national health programmes.

8. Countries should support public health research and specifically consider the recommendations of WHO which recommends 10% of a total health promotion programme budget be devoted to programme evaluation.
9. Countries should establish health information systems that evaluate oral health and programme implementation, support the development of the evidence base in health promotion and disease prevention through research and support the international dissemination of research findings.
10. The participants and Associations support the efforts of the WHO Oral Health Programme which aims at coordinating and supporting inter country sharing of experiences in health promotion and oral disease prevention.

(adopted September 2005)

## GLOBAL GOALS FOR ORAL HEALTH

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

#### Rationale

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

#### Evidence

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

#### Future Research

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

## Public Health Significance

- When planning and evaluating oral health programmes and services global, national and local goals can be invaluable in the shaping and enactment of health policies at all levels .
- If achieved they provide a measure of oral health improvement and of the value of the oral health profession .

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

### Goals

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

### Objectives

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

### Targets

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

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

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

Submitted by: FDI Science Commission

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

(adopted 2003)

## IADR PROFESSIONAL CONDUCT AT MEETINGS POLICY

### 1. Purpose

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

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

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

### 2. Expected Behavior

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

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

### 3. Unacceptable Behavior

Unacceptable behaviors include:

- intimidating, harassing, abusive, discriminatory, derogatory or demeaning speech or actions by any participant at the IADR General Session & Exhibition or other IADR meeting, at all related events and in one-on-one communications carried out in the context

of the IADR meeting .The IADR General Session & Exhibition event venues may be shared with members of the public; please be respectful to all patrons of these locations .

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

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

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

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

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

#### 4. Consequences of Unacceptable Behavior

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

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

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

If you are being harassed, notice that someone else is being harassed, or have any other concerns, please tell a member of the IADR staff immediately .Staff can be

identified by white staff ribbons or may be contacted from the registration counters .All complaints will be treated seriously and responded to promptly .If your safety is threatened, please contact venue security .

All reports are confidential .

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

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

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

## 6. Addressing Grievances

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

*(revised March 2021)*

## HEALTHY MEETINGS POLICY

### 1. Purpose

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

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

### 2. IADR Healthy Meeting Policy Overview

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

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



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

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

#### a . SUGAR-SWEETENED BEVERAGE POLICY

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

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

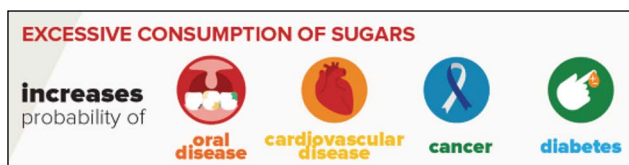


Image Source: [FDI World Dental Federation](https://www.fdiworld.com/en/press-releases/2018/05/2018-05-10-01)

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

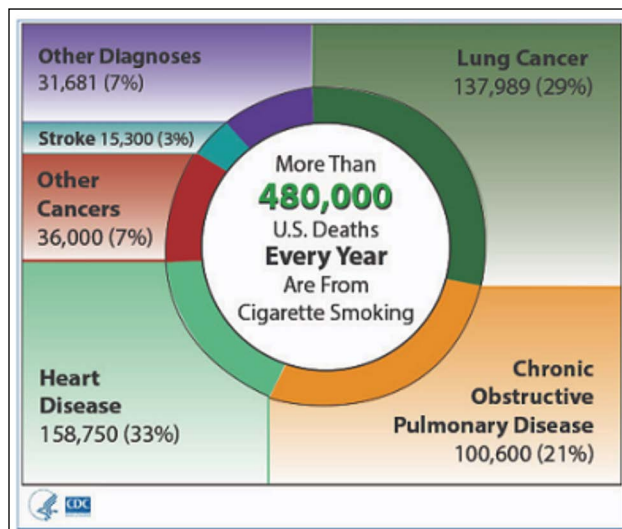
Foods served at meetings and conferences are too often high in fat, added sugars and sodium .Coupled with the limited amount of time allotted to physical activity at meetings and conferences, those foods are not conducive to a healthy work environment .Therefore, AADOCR will work to offer healthier food 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 .

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



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\*. AADOOCR recognizes the importance of these practices to protect its meeting delegates, global headquarters staff and the meeting venue’s staff. AADOOCR 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. AADOOCR will ensure alcohol-based hand sanitizer containing at least 60% alcohol is available at AADOOCR meetings and events.
- ii. AADOOCR will confirm all meeting and event venues have clean handwashing facilities.
- iii. AADOOCR will provide tissue at meetings and events that participants can take, as needed.
- iv. AADOOCR 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 AADOOCR’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 AADOOCR/CADR Annual Meeting Proof of Vaccination Requirement policy.

Attendees should be aware that, while AADOOCR 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 AADOOCR is requiring attendees to be fully vaccinated for their own safety, as well as the safety of others.

All AADOOCR staff working at the meeting will be fully vaccinated; however, AADOOCR is not legally able to require local convention center or hotel staff to be vaccinated. AADOOCR 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, AADOOCR 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.

AADOOCR 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 AADOOCR Annual Meeting program book in hard copy.

Implementation:

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

*(revised April 2020)*

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

# Appendix I4 — IADR Code of Ethics

## PREAMBLE

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

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

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

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

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

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

### People

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

### Professionalism

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

### Public

- acknowledge professional and scientific responsibility to society
- strive to advance science and share knowledge in order to contribute to the public good

- value the public's trust in science and act at all times in such a way as to uphold their trust and confidence.
- use all resources prudently, taking into account appropriate laws and regulations.

## HUMAN RIGHTS

IADR affirms its commitment to the practice of dental research consistent with promoting the human rights of all people, including members of the association. IADR will strive to use the knowledge and skills embedded in our discipline to advance the cause of human rights, health equity and social justice worldwide, according to the highest ethical standards – remaining respectful of the right of people to benefit from the work our discipline has to offer.

## BEST PRACTICE IN RESEARCH AND SCHOLARSHIP

Paramount to the public trust in science is the maintenance of good research and scholarship practices that are based on the highest standard of ethics and governance! To achieve excellence in research ethics, academic institutions and research organizations rely on their members' professionalism and integrity. Although it is critical for institutions to create means of reporting possible scientific misconduct, the entire research community is responsible for preventing scientific misconduct.

The participation of all researchers in appropriate educational programs of good research practice and mentoring of colleagues and students is critical to maintaining best practices in research and scholarship, and should be facilitated by research organizations.<sup>2</sup>

## HUMAN SUBJECTS RESEARCH

Research must adhere to the fundamental principles that respect the needs for autonomy, beneficence, and justice as well as veracity, fidelity, anonymity, and nonmaleficence.<sup>3</sup> Human subjects research is comprised of, but not limited to, investigative clinical research, clinical trials, studies using tissue samples and records, biogenetics, stem cell research, and investigations utilizing tissue banks. As such, human subjects research requires complete transparency in all aspects of consent and confidentiality.

The World Medical Association (WMA)'s Declaration of Helsinki<sup>4</sup> and the Council for International Organizations of Medical Sciences (CIOMS), the World Health Organization (WHO)'s *International Ethical Guidelines for Health-related Research Involving Humans*,<sup>5</sup> and the International Council for Harmonisation<sup>6</sup> provide international standards on the conduct of human subjects research. Such standards include principles such as informed consent; collection, storage and use of data; and privacy and confidentiality.

A Research Ethics Committee, Institutional Review Board, Data and Safety Monitoring Board, or equivalent, must oversee all human subjects research. This includes engaging such committees in consideration, comment, guidance and approval before the study begins and throughout the study as appropriate.

It is imperative that investigators be in compliance with national regulations and reporting requirements such as the National Institutes of Health's Office of Human Subjects Research Protections<sup>7</sup> and remain up to date on current legislative changes.

## ANIMAL RESEARCH

The use of animals in research, teaching and testing is a privilege and must fulfill the principle of advancing science and/or contributing to improving human or animal health and welfare.<sup>8</sup> Researchers involved with the use of laboratory animals should engage in ethical and humane care. All those involved with the use of animals should be responsible for the well-being of these animals.

Local and international laws and regulations notwithstanding, an animal's overall protection depends upon the scientist's appropriate stewardship. Groups such as "The Association for Assessment and Accreditation of Laboratory Animal Care" (AAALAC) provide guidelines and voluntary accreditation to institutions and programs.<sup>9</sup>

Similar to Human Research, an Animal welfare committee or equivalent must oversee any animal-related research. Institutions are responsible for training the proper care and use of animals and compliance with ethical guidelines and policies.

As a general principle, animals should be used only if an alternative method has failed. Adherence to the Russell-Burch principle of "3R" are requisites:

1. To Replace the use of live animals with non-animal alternatives
2. To Reduce the number of animals used in research to the minimum required for meaningful results
3. To Refine the procedures so that the degree of suffering is kept to a minimum.<sup>10</sup>

## INTERNATIONAL COLLABORATIVE RESEARCH

International Collaborative Research and, by extension, the exchange of scientific information helps improve global oral health, a core value of IADR.<sup>11</sup> A successful international collaborative initiative must follow the highest standards of ethical practice, adhering to any local and international legislation and regulations. A memorandum of understanding or agreement should be in place to prevent an imbalance of these collaborations. Ethical committee approval in all sites and, when appropriate, written informed consent by study participants in the language of each participant site should be implemented. It is paramount to have additional safeguards to avoid exploitation of the vulnerable, to respect their human rights, and to ensure the relevance of these research partnerships.<sup>12</sup>

IADR encourages the use of best practices where transparency, trust and mutual respect among research partners are in place. Relevant to international collaborations, core principles of integrity, trust, purpose and goals should be agreed upon and shared by all participants.<sup>13</sup>

Those principles should take place in all phases of the research partnership process, from preparation until dissemination of information, which will lead to scientific equity.<sup>14,15</sup>

## CONFLICTS OF INTEREST

A potential conflict of interest may arise when an individual's private interests can influence professional responsibilities. Scientists engage in numerous activities that may have the potential for conflicts of interests, for example participating in the peer review process as a reviewer or member of an editorial board, reviewing grant proposals, and serving on committees and panels.

Conflicts of interest can be financial (when financial circumstances may directly and significantly affect objective judgment), personal (when personal or professional relationships may directly and significantly affect objective judgment), or intellectual (when strong personal or professional views may directly and significantly affect objective judgment).<sup>16</sup> Such conflicts of interests can be real or apparent—such that a reasonable person with knowledge of the circumstances would question impartiality in the matter.

Each individual is expected to behave in an ethical way to avoid both real conflict of interests and the appearance of conflict of interests, or disclose such conflicts of interests when they cannot be avoided. This includes full disclosure of any potential conflict of interest to the investigator's institution, to the Associations as applicable, and to other agencies as requested. Individuals should abide by any management terms requested by such agencies when requested in order to address conflicts of interests.

## INTELLECTUAL PROPERTY

The intellectual property rights of all participating researchers should be protected by giving proper credit for the origin of the new ideas. Intellectual property rights apply to any potential commercial gain and must be agreed upon at the outset of the project by the investigators, their institutions and/or any other external body, such as a sponsoring agency or company.

## DISSEMINATION OF INFORMATION

### Publishing

*Ethical Considerations for Journal Editors, Editorial Boards, and Managing Editors*

Editors, editorial boards and managing editors should:

- develop policies to minimize the publication of articles containing evidence of scientific misconduct, maximize transparency and minimize redundancy, and make such policies available on their website. Many aspects to be included in such policies are addressed by the [Council of Scientific Editors \(CSE\) White Paper on Publication Ethics](#),<sup>17</sup> the Committee on Publications Ethics (COPE) [guidelines](#),<sup>18</sup> and [core practices](#),<sup>19</sup> the [World Association of Medical Editors \(WAME\)](#),<sup>20</sup> and the [Center for OpenScience](#).<sup>21</sup>
- follow the [COPE Guidelines for Managing the Relationships Between Society Owned Journals, their Society and Publishers](#)<sup>22</sup> and the [WAME Recommendations on Publication Ethics Policies: Relation of the Journal to the Sponsoring Society](#)<sup>23</sup> in instances where journals are published by professional societies, so as to address editorial independence, journal management, commercial issues, and other matters
- have policies and processes in place for or disclosure and management of conflicts of interest, in alignment with guidance provided by the [International Committee of Medical Journal Editors](#).<sup>24</sup>
- consider applying current transparency and standardization trends for study reporting guidelines, such as are available through the [EQUATOR Network](#).<sup>25</sup>
- make acceptance decisions based only on a manuscript's innovation, importance, originality, clarity, and relevance

to the journal's scope and content. Studies with negative results or challenging previously published work should receive equal consideration

- provide guidance as to whether posting a manuscript on a non-commercial preprint server is allowable and not considered previously published<sup>26</sup>

#### *Ethical Considerations for Authors*

It is expected that authors, in any communication, such as manuscripts or abstracts, whether in paper or electronic format, representing a body of research should:

- credit sources of funding
- adhere to guidelines regarding qualification and order of authorship such as the [International Committee of Medical Journal Editors \(ICJME\) Defining the Role of Authors and Contributors](#)<sup>27</sup>
- read the final manuscript and agree to its submission for review and publication
- ensure the integrity of their research
- present appropriate written permission to publish any type of clinical image, which should not identify the participant
- submit original work that has not been previously published. Previous publication of an abstract during the proceedings of meetings (in print or electronically) does not preclude subsequent submission for publication, but full disclosure should be made at the time of submission
- understand and abide by the selected journal's policies

Likewise, authors should not:

- inappropriately fragment data into several different publications
- inappropriately or fraudulently manipulate images and/or data<sup>28</sup>
- engage in plagiarism or self-plagiarism<sup>29–32</sup>
- engage in ghostwriting<sup>33</sup>

Submissions to IADR's *Journal of Dental Research* and *JDR Clinical and Translational Research* or other Association publications should adhere to [Sage Publishing's Statement on Publishing Ethics and Responsibility](#).<sup>34</sup>

#### *Ethical Considerations for Peer Review*

Both editorial bodies and peer reviewers should:

- abide by the [COPE Ethical Guidelines for Peer Reviewers](#),<sup>35</sup> the [CSE Statement on Reviewer Roles and Responsibilities](#),<sup>36</sup> and the [WAME Recommendations on Publication Ethics Policies for Peer Review](#).<sup>37</sup>
- treat all submitted manuscripts as confidential, and not discuss, share, retain, or copy content, and not use such content for personal or professional purposes prior to publication
- report suspicion of misconduct to the editor in confidence
- disclose any potential conflicts of interest preventing an objective review to the editor for adjudication or decline the review invitation

## Conferences

Investigators submitting content to conferences should follow the conference policy for submissions. Commonly, scientific programs place requirements that abstracts submitted not be previously published & presented in another scientific conference, as this is a form of self-plagiarism.<sup>32</sup> Likewise, there may be regulations that research presented in such abstracts may not be part of a manuscript published in electronic or print form prior to the conference presentation. Many consider posting on a non-commercial preprint server as not being previously published; thus, in this situation, the investigator must investigate the conference policies to determine if this is allowable.

## DISCRIMINATION, DIVERSITY, EQUITY AND INCLUSION

IADR strongly condemns discrimination, including actions—made either directly or indirectly—based on distinctions or prejudices which have the purpose or effect of treating individuals or groups unfairly or unjustly. The Association is committed to:

- upholding the principles of diversity, equity and inclusion
- being inclusive to the largest number of contributors, with the most varied and diverse backgrounds possible
- providing a friendly, safe and welcoming environment for all, regardless of age, gender, sexual orientation, gender identity & expression, ability, ethnicity, socioeconomic status, health conditions, or religion
- valuing equally different behaviors, aspirations and needs of all diverse groups, and treating individuals equally with respect to rights, responsibilities and opportunities.

Members should:

- uphold the principles of diversity, equity and inclusion as stated in the [AADOCR American Association for Dental Research Statement on Equity and Inclusion](#)<sup>38</sup>
- strive to eliminate bias from professional activities and research
- not tolerate any forms of discrimination
- be sensitive to cultural, individual, and role differences
- acknowledge the rights of others to hold values, attitudes and opinions that differ from their own
- foster a workplace that embraces the dignity and diversity of individuals

## HARASSMENT AND SEXUAL HARASSMENT

Harassment consists of a single intense and severe act or multiple persistent acts, any of which are demeaning, abusive, offensive, or create a hostile professional or workplace environment. Acts of harassment can be based on age, race, socioeconomic status and socioeconomic origins, ethnicity, national origin, religion, sexual orientation, gender identity, gender expression, disability, health conditions, political affiliation, marital status, domestic status, parental status, or any other applicable basis proscribed by law.

Sexual harassment can be either “quid pro quo” (submission or refusal to submit to unwelcome sexual attention, requests

for sexual favors, and/or other verbal or physical conduct of a sexual nature affects professional decisions) or “hostile work environment” (sexually oriented conduct that interferes with an individual’s job performance or has the purpose or effect of creating an intimidating, hostile, or offensive work environment) .

IADR seeks to promote an environment free from harassment, in which staff and members avoid behaviors that may create an atmosphere of hostility or intimidation .As such, members should not engage in any type of harassment whatsoever .Additionally, all participants at any IADR meeting, or any division meeting, should abide by the [AADO CR Professional Conduct at Meetings Policy](#)<sup>39</sup> in all venues, including ancillary events and official and unofficial social gatherings .

## Bullying

Workplace bullying is defined as behavior and mistreatment that demeans, intimidates, or humiliates, and can cause physical or emotional harm .Such behavior can be a single incident or a repeated pattern .

Examples of bullying behaviors include verbal bullying (threatening, slandering, ridiculing, making abusive or offensive remarks), physical bullying (actual or threatened assault or damaging a person’s work area or property), gesture bullying (nonverbal threatening gestures), psychological (intentional and purposeful mental abuse) or sabotaging an individual’s work <sup>40</sup>

Any instance of workplace bullying directed toward colleagues or study subjects is not acceptable .

Exercising appropriate authority, directing the work of others pursuant to their job responsibilities, and respectful scientific debate are not considered bullying behavior .

## Training on Ethical Conduct of Research

Many funding agencies and research institutions require periodic training on ethical conduct of research to ensure compliance with current research standards, especially pertaining to human subjects and animal research .Such training should include standards of intellectual honesty in conduct and reporting of scientific research and should frame ethics as the foundation for doing good science .

## REPORTING MISCONDUCT

IADR reserves the right to sanction members for scientific misconduct, including violation of this Code of Ethics .IADR membership may be suspended or terminated “for proven scientific misconduct” ([IADR Constitution, Article VI, Section 3\(B\), 2019](#)) <sup>41</sup>Any allegations of misconduct will be kept confidential by the staff, leadership and governing bodies involved in the adjudication process .

All reports of alleged violations of the IADR Code of Ethics by a current member, or any attendee of an IADR-sponsored meeting or activity, should be made confidentially to the IADR Board through the Association’s Chief Executive Officer (CEO) .The IADR Board may refer the report to the IADR Ethics Committee to review the circumstances, investigate the allegations, and make a recommendation to the IADR Board of Directors on potential sanctions .Sanctions will not be implemented without prior approval of the IADR Board of Directors .

All reports of alleged publication misconduct pertaining to one of the IADR journals (*JDR*, *JDR-CTR*, or others) should be made to the corresponding journal’s Editor-in-Chief (EIC) .The EIC, in consultation with the Journal’s Editorial Board, has the jurisdiction to investigate the allegation in accordance with the [Committee on Publication Ethics \(COPE\) Flowcharts](#),<sup>42</sup> and will decide the appropriate course of action .Any confirmed cases of publication misconduct will be communicated to the IADR Board so that the Board can assess if the allegations also justify referral to the Ethics Committee for consideration of IADR sanctions .

In the event that a complaint alleges conduct that is, or may be, the subject of other legal or institutional proceedings, the IADR Board or the *JDR/JDR-CTR* Editor-in-Chief may, in consultation with the IADR President and CEO, further defer its proceedings with respect to the complaint until the conclusion of the other legal or institutional proceedings .The findings of those proceedings may be used as a basis for considering IADR actions .

## Whistleblowing and Retaliation

“Whistleblowing” is the disclosure by an individual of confidential information, which relates to some fraud, danger or other illegal or unethical conduct connected with scientific research . Whistleblowing may be seen as a means to deter wrongdoing, promote transparency and good governance, underpin regulation and maintain professional and public confidence .A “whistleblower” is a person who alleges misconduct .

Members have an obligation to report wrongdoing to the proper authority, be it their home institution and/or IADR . A whistleblower should not suffer retaliatory consequences when such actions are done in good faith based on suspected wrongdoing .Organizations have the responsibility to protect whistleblowers against retaliation and investigate and address wrongdoing .

## Expectations of IADR Officers, Administrators, and Staff

All officers\*, administrators, and staff of the IADR shall:

- 1 . **respect** the rights and reputation of the IADR, and the privacy of the membership;
- 2 . hold Association information in **confidence**;
- 3 . communicate in an **honest** and **responsible** manner regarding sponsorship or certification by the IADR;
- 4 . not solicit or use recommendations or testimonials from agents nor use their relationships with agents to promote commercial expertise of any kind;
- 5 . seek approval of the appropriate authority of IADR to communicate advertisement to the public by written or audio-visual means;and
- 6 . state **accurately, objectively**, and without misrepresentation their professional qualifications, affiliations, and functions as well as those of the IADR with which they or their statements are associated .They shall correct the misrepresentations of others with respect to those matters .

\* Officers of IADR include individuals with responsibility from headquarters, federations, divisions, sections and groups

(revised July 19, 2021)



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## Appendix 15 — IADR Corporate Support

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- Church & Dwight Co , Inc .for being a General Session Sponsor and in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Gold Level General Session Sponsor and in support of the IADR Colgate Research in Prevention Travel Awards and IADR Distinguished Scientist Awards
- Dentsply Sirona for being a Silver Level General Session Sponsor and in support of an IADR Distinguished Scientist Award
- GC Corporation for being a General Session Sponsor and in support of the IADR GC Centennial Research Awards
- GlaxoSmithKline for being a General Session Sponsor and in support of the IADR Innovation in Oral Care Awards and IADR Distinguished Scientist Awards
- J .Morita for being a General Session Sponsor and in support of the IADR/AADOCR William J .Gies Awards and the IADR Distinguished Service Award
- Johnson & Johnson Consumer, Inc .for being a General Session Sponsor and in support of an IADR Distinguished Scientist Award and the IADR Joseph Lister Award for New Investigators
- KULZER for being a General Session Sponsor and in support of the IADR KULZER Travel Awards
- Lion Corporation for being a General Session Sponsor and in support of the IADR Lion Dental Research Awards
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Level General Session Sponsor and in support of the IADR Young Investigator Award
- Shofu for being a General Session Sponsor
- Unilever Oral Care for being a General Session Sponsor and in support of an IADR Distinguished Scientist Award
- Whip Mix for being a General Session Sponsor
- Wiley for being a General Session Sponsor
- Wiley-Blackwell for being a General Session Sponsor

## Appendix 16 — IADR Institutional Support

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- The Borrow Foundation for being a General Session Sponsor and in support of the IADR E W .Borrow Memorial Award
- CareQuest Institute for Oral Health for being a General Session Sponsor and in support of an IADR Distinguished Scientist Award
- IADR Dental Materials Group in support of an IADR Distinguished Scientist Award
- IADR Newell W .Johnson Travel Award Endowment in support of the IADR Newell W .Johnson Travel Award
- The Osteology Foundation for being a General Session Sponsor and in support of the IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration
- The Sarnat Family Foundation in support of an IADR Distinguished Scientist Award
- Smile Train for being a General Session Sponsor and in support of the IADR Smile Train Cleft Research Award

## Appendix 17 — In Memoriam *(IADR Members who passed January – December 2022)*

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E .Dianne Rekow  
William Dennis McHugh  
Linda T .Hemphill

Andrea Pizarro  
Allen Firestone  
Benjamin Hammond

Klaus Konig  
George Stookey  
Paul Robertson

# IADR Constitution and Bylaws

## CONSTITUTION

*Adopted March 24, 1957; Revised through July 24, 2021*

### ARTICLE I. NAME

This organization is named: International Association for Dental Research herein referred to as the IADR or the Association .

### ARTICLE II. OBJECTIVES

The Association has been established to promote research in all aspects of craniofacial, oral and dental research, to encourage development of improved methods for the prevention and treatment of oral and dental diseases, to improve the oral health of the public through research, and to facilitate cooperation among investigators and the communication of research findings and their implications throughout the world .

### ARTICLE III. CORPORATE STATUS

This Association is a non-profit corporation organized under the laws of the Commonwealth of Virginia, United States of America .If the corporation shall be dissolved at any time, no part of its funds or property shall be distributed to its members; but, after payment of all indebtedness of the corporation, its surplus funds shall be used for craniofacial, oral dental research in such manner as the then-governing body of the Association shall determine .

### ARTICLE IV. REGIONS, DIVISIONS AND SECTIONS

#### Section I. ORGANIZATION

- (A) **REGIONS.** The IADR Board, with the approval of Council, shall organize the Divisions and non-Divisional Sections into Regions for purposes of more effective and efficient delivery of IADR member services .Each Region will have a Regional Board of Directors as defined in the Bylaws .
- (B) **DIVISIONS.** Members of the Association in any nation or group of geographically related nations, with the approval of the Council, may organize a Division after maintaining Section status for one year and having demonstrated the ability to conduct scientific and business sessions during this period .A Division will be comprised of a minimum number of members as specified in the Bylaws .
- (C) **SECTIONS.** Ten or more members within a Divisional area may, with the approval of the Division, organize a Section (except the Institutional and Corporate Sections) for the advancement of the objectives of the Division and the Association .In the event the locality or localities are not within the limits of a Division, a non-Divisional Section may be organized with ten or more members of the Association upon approval by the Council .
- (D) **INSTITUTIONAL SECTION.** Each Institutional Section Member will designate one representative from its institution to represent it in the Institutional Section .Institutional members will have representation in the Council through one Councilor elected by the Institutional Section .The representatives of Institutional Section Members must be members of the Association, in accordance with the Bylaws .

- (E) **CORPORATE SECTION.** Each Corporate Section Member will designate one representative from its corporation to represent it in the Corporate Section .Corporate members will have representation in the Council through one Councilor elected by the Corporate Section .The representatives of Corporate Section Members must be members of the Association, in accordance with the Bylaws .

**Section 2. MANAGEMENT.** The affairs of the Divisions and Sections shall be managed in conformity with the Constitution and Bylaws of the Association and of the related Division .

#### Section 3. SUSPENSION OR REVOCATION.

Approval of a Division or Section may be revoked or suspended for non-maintenance of the minimum number of members required for formation, failing to hold a meeting for two consecutive years, failing to report its activities and its membership, non-compliance with the Association's Constitution, or for other good cause shown .Suspension or revocation will be determined at an Annual Meeting of Council, by a two-thirds vote of the Council members present and voting .The Division or Section threatened with suspension or revocation shall be so notified by the Chief Executive Officer at least 120 days before the Annual Meeting, and shall be entitled to appear before Council in the form of a delegation of members or Officers, by representation, or by submission of a written statement to defend its right to exist .

### ARTICLE V. GROUPS, GROUP CHAPTERS AND NETWORKS

**Section 1. GROUPS.** Members of the Association interested in any scientific branch or professional field related to craniofacial, oral and dental science, with the approval of the Council, may organize a Group to further the objectives of the Association .A Group will be comprised of a minimum number of members as specified by the Bylaws .

**Section 2. GROUP CHAPTERS.** Ten or more members of a Group within a Division or a non-Divisional Section, with the approval of the related Division or Section, may organize a Group Chapter for the advancement of the objectives of the Association and the Division or Section .

**Section 3. NETWORKS.** Members of the Association, with the approval of the Council, may organize a Network for the advancement of the objectives of the Association .A Network will be comprised of a minimum number as specified by the Bylaws .

**Section 4. MANAGEMENT.** The affairs of Groups, Group Chapters and Networks shall be managed in conformity with the Constitution and Bylaws of the Association and of the related Division .

#### Section 5. SUSPENSION AND REVOCATION.

Approval of a Group, Group Chapter or Network may be suspended or revoked for non-maintenance of the minimum number of members required for formation, failing to hold a meeting for two consecutive years, failing to report its activities and its membership, non-compliance with the Association's Constitution, or for other good cause shown .Suspension or revocation will be determined at the Annual Meeting of the Council, by a two-thirds vote of the Council members present and voting .The Group, Chapter or Network threatened with

suspension or revocation shall be so notified by the Chief Executive Officer at least 120 days before the annual General Session, and shall be entitled to appear before Council in the form of a delegation of members or Officers, by representation, or by submission of a written statement to defend its right to exist .

## ARTICLE VI. MEMBERSHIP

### Section I. ELIGIBILITY

- (A) **INDIVIDUAL MEMBERSHIP.** Any individual, without any considerations of color, caste, race, religion, age, gender, national or ethnic origin, or disability, who is interested in Dental Science and Dental Research shall be eligible for membership in this Association, as set forth in the Bylaws .
- (B) **INSTITUTIONAL MEMBERSHIP.** Any educational institution, research institution or center, government agency, interested in craniofacial, oral or dental related research shall be eligible for membership in a Division and/or in an at-large Institutional Section, subject to the eligibility requirements and approval of the Division or the Association and the limitations of Article IV C .The formation of an Institutional Section within a Division shall be optional with the Division .
- (C) **CORPORATE MEMBERSHIP.** Any corporation interested in craniofacial, oral or dental related research shall be eligible for membership in a Division and/or in an at-large Corporate Section, subject to the eligibility requirements and approval of the Division or the Association and the limitations of Article IV .The formation of a Corporate Section within a Division shall be optional with the Division .

**Section 2. ACTIVATION OF MEMBERSHIP.** Any individual eligible for membership under the Constitution and Bylaws and whose membership credentials have been found acceptable to the respective Division or Section shall become a member of the Association .Applications may be approved by the Membership and Recruitment Committee on a periodic basis .New members may immediately receive a probationary membership upon submission of application and payment, and will become official members upon review of their application .

### Section 3. SUSPENSION OR TERMINATION.

- (A) Membership may be terminated automatically by a member upon delivery of a formal notice to the Chief Executive Officer of that member's resignation .
- (B) The membership of any member may be terminated or suspended for reasons of non-payment of dues, proven scientific misconduct, non-compliance with the Association's Constitution, or for other good cause shown .Termination of membership other than for non-payment of dues will be determined at an Annual Meeting of Council, by a two-thirds vote of the Council members present and voting .The person whose membership is threatened with termination shall be so notified by the Chief Executive Officer at least 120 days before the annual General Session, and shall be entitled to appear before Council in person, by representation, or by submission of a written statement to defend his/her right to membership .

## ARTICLE VII. OFFICIALS

**Section I. OFFICERS.** The Officers of the Association shall be a President, President-elect, Vice-president, Immediate Past President, Treasurer, Chief Executive Officer, and Editor-in-Chief of the Journal of Dental Research .The Chief Executive Officer will also serve as Secretary of the Association .The Vice-president shall be elected from among the active members by ballot of the membership .The incumbent President-elect and Vice-president shall be advanced automatically to the next higher office at the end of their then-current terms of office . The Chief Executive Officer, the Treasurer, and the Editors-in-Chief shall be appointed by the Council .

- (A) **TERM OF OFFICE.** The terms of the President, President-elect, and Vice-president shall be one Association year; for the Treasurer it shall be three Association years .The terms of the Chief Executive Officer and Editor-in-Chief shall be five years, except that under special circumstances either may be appointed for a shorter period .
- (B) **TENURE OF OFFICE.** Each Officer shall serve until the installation of his duly-elected successor .
- (C) **VACANCIES.** An *ad interim* vacancy in any office shall be filled according to the rules outlined in the Bylaws .

**Section 2. HONORARY OFFICERS.** Honorary Officers may be elected by the Council from nominations made by its own members or by Divisions, Sections, or Groups, for a period of time to be determined by Council .

**Section 3. BOARD OF DIRECTORS.** The Board of Directors of the Association shall consist of the President, Immediate Past President, President-elect, Vice-president, Treasurer, Editors-in-Chief of the *Journal of Dental Research* and *JDR Clinical & Translational Research*, Chief Executive Officer, and an additional Regional Board Member to be selected by each Region to serve a three-year term, and two investigators to be selected as described in the Bylaws .The Chief Executive Officer and Editors-in-Chief shall have no vote .

**Section 4. QUALIFICATIONS.** All Officers and officials of the Association, the Divisions, the Sections, and the Groups shall be Members of the Association .An elected officer of the IADR shall have had service as a Division, Section, or Group Officer, or as a Councilor, or as a Committee Chair or Committee Member .

## ARTICLE VIII. NOMINATIONS AND ELECTIONS

### Section I. NOMINATIONS BY THE COUNCIL.

One or more nominations for Vice-president shall be made by the Council, and announcement of the nomination(s) shall be mailed to each member of the Association not fewer than four months before the date of the next annual General Session, and in a form to indicate that other nominations may be made by petition .

**Section 2. NOMINATIONS BY PETITION.** Additional nominations may be made by petition signed by 25 members of the Association and received by the Chief Executive Officer not more than 45 days after the mailing of the announcement of the Council nominations .

**Section 3. NOTICE OF NOMINATIONS.** Before the next annual General Session, the nominations for Vice-



president shall be sent by the Chief Executive Officer to all members of the Association on an official ballot for a vote by mail to be reported at that meeting. The nominations shall be sent no fewer than eight weeks before the due date for the return of the ballots to the Chief Executive Officer.

**Section 4. ELECTION.** A plurality of votes cast shall elect to each office, in accordance with the Bylaws.

## ARTICLE IX. COUNCIL

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**Section 1. PERSONNEL.** The Council of the Association shall consist of the President, the Immediate Past President, the President-elect, the Vice-president, the Chief Executive Officer, the Treasurer, the Editors-in-Chief, one or more Councilors from each Division, one Councilor from each Group, Network, Institutional Section and Corporate Section and a Councilor representing the FDI, World Dental Federation. The Chief Executive Officer, Editors-in-Chief, and FDI representative shall have no vote.

**Section 2. DIVISION REPRESENTATION.** For the purpose of representation on the Council, each Division shall designate or elect Councilors and be represented as follows:

- (A) A Division of 99 or fewer Association members shall have one Councilor.
- (B) A Division of 100 to 999 Association members shall have two Councilors.
- (C) A Division of 1,000 to 1,999 Association members shall have three Councilors.
- (D) A Division of 2,000 or more Association members shall have four Councilors.

**Section 3. NON-DIVISIONAL SECTION REPRESENTATION.** Each non-Divisional Section may be represented by a non-voting observer.

**Section 4. FÉDÉRATION DENTAIRE INTERNATIONALE REPRESENTATION.** For the purpose of representation on the Council, the Fédération Dentaire Internationale shall designate or elect one Councilor to serve for a period of at least one year. This Councilor must also be a member of the Association. The FDI Councilor will have no vote on Council.

**Section 5. DUTIES OF THE COUNCIL.** The Council shall be the governing body of the Association.

**Section 6. INTERIM ACTION.** During periods between meetings of the Council, the executive management of Council affairs shall be by the Board of Directors.

**Section 7. REGIONAL REPRESENTATION.** Each Region, as defined in Article IV, Section 1(A), shall be represented by a voting member in Council.

## ARTICLE X. FINANCES

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**Section 1. DUES.** At each annual General Session, the Council shall determine and announce the amount of the annual Association dues and the assessment for official publication(s). If no annual General Session is held, this function shall be exercised by the Board of Directors.

**Section 2. EXPENDITURES.** Funds of the Association may be expended only on general or specific authorization of the Council, except that if the Annual Meeting of the Council is not held, the Board of Directors also may authorize

expenditure of funds. The Board of Directors also may authorize expenditure of funds to defray expenses of the Association not foreseen at the time of the annual General Session.

**Section 3. ACCOUNTS.** All accounts of assets of the Association shall be audited annually by a Certified Public Accountant.

**Section 4. REPORTS.** All Officers collecting, disbursing, or holding in trust assets of the Association shall report annually to the Council and the Association in written form.

## ARTICLE XI. MEETINGS

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**Section 1. ASSOCIATION.** The Association shall meet for the exchange of scientific information at least once each year unless prevented by circumstances not under the control of the members.

**Section 2. COUNCIL.** The Council shall meet annually in conjunction with the annual meeting, which shall be known as the General Session of the Association.

### Section 3. SPECIAL.

- (A) Special meetings of the Council or of the Association may be convened by the Board of Directors or the Council.
- (B) Upon petition from at least 50 members of the Association at least two weeks prior to the annual General Session, the Chief Executive Officer shall arrange for the Association to meet in general assembly during the General Session.

**Section 4. DIVISIONS AND GROUPS.** Each Division and Group shall meet at least once each year unless prevented by circumstances not under the control of the members.

## ARTICLE XII. QUORUM

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

## ARTICLE XIII. JOURNAL

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- (A) **NAME.** The official publication of the Association is the Journal of Dental Research. The journal is a joint publication of the IADR and AADR.
- (B) **MANAGEMENT.** An IADR/AADR Publications Committee (whose membership is described in the Bylaws) shall oversee the affairs of the *Journal of Dental Research* and other journals owned jointly by the IADR and/or AADR.

## ARTICLE XIV. AMENDMENTS TO THE CONSTITUTION

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**Section 1. PROPOSAL.** A proposed amendment to the Constitution, formally endorsed by at least 50 members and accompanied by a statement of reasons for adoption, may be presented at any Annual Meeting of the Council, and thereupon becomes a special order of business for a vote of the membership by mail prior to the succeeding annual General Session. Proposed amendments to the Constitution shall normally be reviewed by the Constitution Committee before presentation to Council.

**Section 2. VOTING PROCEDURE.** The Chief Executive Officer shall mail to each member of the Association not less than two months before the next annual General



Session of the Association: (a) a copy of the amendment, (b) the stated reasons for its adoption, (c) a ballot for a vote on the amendment, and (d) a copy of this Article XIV of this Constitution .The results shall be reported at the annual General Session .

**Section 3. ADOPTION.** A proposed amendment shall be adopted by a vote of not less than two-thirds of the members voting on the question, and shall become a part of the Constitution at the close of the annual General Session at which it is adopted .

## ARTICLE XV. BY-LAWS

Bylaws and amendments to Bylaws may be proposed at any Annual Meeting of the Council and may be adopted at the same meeting by a vote of two-thirds of the members present and voting, the Bylaws and amendments taking effect at the close of the meeting .Proposed Bylaws and amendments to Bylaws shall normally be reviewed by the Constitution Committee before presentation to Council .

### BY-LAWS

*Adopted March 24, 1957; Revised through July 24, 2021*

#### SECTION A. MEMBERSHIP

**1. APPLICATION** .Applications for individual membership shall be approved by the Membership and Recruitment Committee on a periodic basis .New members may immediately receive a probationary membership upon submission of application and payment, and will become official members upon review of their application .

A member residing within the geographical area of a Division or non-Divisional Section must be a member of a Division or non-Divisional Section, must comply with the Constitution of that Division or non-Divisional Section, and must pay dues to that Division or non-Divisional Section, if applicable .

**2. MEMBERSHIP CATEGORIES.** Article VI, Section I(A), of the Constitution shall be interpreted as follows:

**(A) MEMBER:** A person who is conducting, has conducted, or who is interested in the furtherance of research in any branch of science or in fields related to craniofacial, oral and dental science .Members shall have the full rights and privileges of membership and are eligible to vote and to hold office in the Association .

**(B) AFFILIATE MEMBER:** A person who is not primarily involved in craniofacial, oral or dental related research but has an interest in keeping up with the latest research, e g , a practicing healthcare professional, a dental professional involved in PBRNs or evidence-based dentistry, patient advocates, or healthcare educators with primary teaching responsibility .Affiliate members receive limited benefits and are not eligible to vote or hold office in the Association .

**(C) STUDENT MEMBER:** A person who is a student currently enrolled in a recognized academic institution who does not hold an academic appointment and who is interested in craniofacial, oral or dental research . Student members must become Members when

eligible or be dropped from membership .Individuals may be classified at the Student level for no more than 8 years .The Student Member shall have all the rights and privileges of membership but shall have no vote or be eligible to hold office in the Association .

**(D) RETIRED:** A person who has been a member of the Association in good standing for at least 25 years, and no longer works on a full-time basis for remuneration . The Retired Member shall have all the rights and privileges of membership but shall receive the Journal of Dental Research only upon payment of the Journal subscription fee .

**(E) HONORARY MEMBERSHIP:** The Association and Divisions may elect as Honorary Members persons who are not members of the Association . Honorary Members shall normally be selected on the basis of the candidate's significant contribution to, or support of, dental research .

(1) One Honorary Membership may be bestowed each year by unanimous recommendation of the five most recent living Past Presidents of the Association no longer serving on the Board of Directors .Such Honorary Members shall have all the rights and privileges of membership and may, on request, receive complimentary copies of the Journal of Dental Research .

(2) Honorary Membership shall not be conferred posthumously .

(3) Divisional Honorary Members shall have all the rights and privileges within the Division as determined by that Division .An Honorary Member of a Division, if not already a member of the Association, may become a member of the Association only if eligible and in the manner provided in the Constitution and Bylaws of the Association .

**(F) INSTITUTIONAL MEMBERSHIP:** (Article VI[B]): On payment of Institutional dues, each institution will be entitled to one membership within the Association, subject to the limitations of Article IV(C) .

**(G) CORPORATE MEMBERSHIP:** Article VI[B]): On payment of Corporate dues, each corporation will be entitled to one membership within the Association, subject to the limitations of Article IV(C) .

#### 3. REGIONS, DIVISIONS, SECTIONS, GROUPS AND NETWORKS .

(a) Divisions of the IADR can be initiated by a minimum of 50 Members of the Association .Once formed, Divisions should strive to increase their membership . Council will review Divisions biennially Divisions not demonstrating successful leadership risk having Division status revoked per Article IV .Section 3 .

(b) Groups of the IADR can be initiated by a minimum of 50 Members of the Association .Once formed, Groups should strive to increase their membership . Council will review Groups annually .Groups not

demonstrating successful leadership risk having Group status revoked per Article V .Section 5 .

- (c) Networks of the IADR may be initiated by a minimum of 50 Members of the Association .Once formed, Networks should strive to increase their membership .Council will review Networks annually . Networks not demonstrating successful leadership risk having Network status revoked per Article V . Section 5 .
- (d) Sections, Groups, and Group Chapters will include Members, Affiliate Members, Student Members, and IADR Retired Members .
- (e) Only Members and IADR Retired Members of the Association shall have voting privileges on matters concerning the Association and be eligible to hold office in a Region, Division or Section .
- (f) The IADR Scientific Groups and Networks shall be managed in accordance with the IADR Scientific Group/Network Handbook, as approved by Council
- (g) All Divisions and Sections should adapt the Principles of the IADR Code of Ethics to their own Code of Ethics .
- (h) Each Division and Non-Divisional Section of an IADR defined Region shall be represented on a Regional Board of Directors .The composition of each Regional Board of Directors shall be defined in their on Constitution and Bylaws as approved by the IADR Board .
- (i) Each Regional Board of Directors shall appoint a Regional Board Member to serve a three year term on the IADR Board of Directors .

#### 4. TERMINATION OF MEMBERSHIP.

- (a) Membership may be terminated automatically by a member upon delivery of a formal notice of resignation to the Chief Executive Officer .
- (b) Members are terminated from membership after 90 days of non-payment of dues .

#### SECTION B. EXCEPTIONS TO THE PAYMENT OF DUES

- 1. **SUSPENSION OF DUES.** The Board may in any year suspend the dues of a member upon request from the member including a motivation for the request .
- 2. **RIGHTS.** Rights of membership shall not be affected if a member is excused from paying dues .

#### SECTION C. OFFICIALS

- 1. **INSTALLATION.** At the annual General Session of the Association, an appropriate ceremony of installation shall inaugurate the term of service of each Officer of the Association .

#### 2. DUTIES.

- (a) The duties of the Officers shall be those ordinarily associated with the official titles, and such other duties as the Association or the Council may assign .
- (b) In the event that an officer vacates his/her office prior to completion of his/her term of office, ad interim assumes responsibility as follows: President – Immediate Past President; President-elect – Vice-president; Vice-president – Vice-president-elect; Immediate Past President – President; Treasurer – to be decided by the Board, until a new appointment can be made .
- (c) The Treasurer shall maintain surveillance over the Association's finances and assist the Board in the development of budgets .  
Upon completion of his/her term, the incumbent will become the Immediate Past Treasurer and will assist the incoming Treasurer as necessary for one year .
- (d) In addition to his/her other duties, the Chief Executive Officer shall provide the Board of Directors with written quarterly financial statements in a timely manner .
- (e) Each Officer shall report annually in writing to the Council on the conduct of his/her office .
- (f) The Council shall report annually to the Association on the nature and scope of its proceedings .

#### 3. BOARD OF DIRECTORS

- (a) The annual recipient of the IADR Young Investigator Award will be asked to serve a two-year term on the IADR Board of Directors commencing at the conclusion of the General Session where their award was received .

- 4. **BONDING.** Officers and employees collecting, disbursing, or holding in trust assets of the Association shall be bonded by a reliable surety company in such an amount as shall be determined by the Council .

- 5. **ELECTION OF VICE-PRESIDENT.** Candidates may compete for the office of Vice-president only twice .

#### SECTION D. COMMITTEES

- 1. Appointments to standing committees shall be made usually by the Board of Directors to ad hoc committees shall be made usually by the President .The Council or Board of Directors may designate membership for committees created by them for special functions .
- 2. **STANDING COMMITTEES.** The following standing committees shall be appointed:
  - (a) **Annual Session Committee** of five members who have served as IADR General Session Group Program Chairs or a similar experience to manage the overall planning for the General Session program, including the timing and sequence of activities, assist in the identification of potential meeting sites, establishing the theme, symposia, workshops, etc , for the annual General Session .Additional members may include
    - (a) representative(s) from the Local Organizing Committee and the host/sponsoring Division(s) .

- (b) **Constitution Committee** of nine members to review the Constitution and Bylaws, advise the Council regarding essential revisions, and monitor compliance of the activities of the Association with the Constitution .
  - (c) **Ethics in Dental Research Committee** of five members who have expertise in ethics to disseminate the IADR Code of Ethics to Divisional Committees on Ethics and to sponsor education programs through symposia and workshops on ethical conduct in research .The Ethics Committee shall also serve in an advisory capacity to the IADR Board on ethical issues .
  - (d) **Fellowships Committee** of six members to advertise, receive, and judge applications for fellowships; recommend policy or policy changes on newly proposed or currently sponsored fellowships; and assist in raising funds for new fellowships .
  - (e) **Awards Review Committee** of ten members to arrange the program of the Hatton Competition at the annual General Session and to select winners to receive the awards .The Awards Review Committee will also review the Research in Prevention Travel Award abstracts and select recipients before the annual General Session .
  - (f) **IADR/AADR Gies Award Committee** of nine members to select annually the best paper(s) published in the IADR/AADR jointly owned Journal of Dental Research, one in each of the three categories, Biological, Biomaterials & Bioengineering and Clinical .
  - (g) **Membership and Recruitment Committee** of eleven members to develop plans and strategies for the recruitment of new members and retention of existing members of the Association .This committee will also consider the development of programs to attract new members and Sections in countries where IADR has not been very active .
  - (h) **Nominating Committee** of seven members to advise the Council on the selection of nominees for the various offices of the Association .One of the members shall be the most recent Past President no longer serving on the Board without privilege of serving as chair .
  - (i) **Regional Development Committee** of ten members to advise the Board of Directors on the management and direction of the Regional Development Program through evaluation and selection of proposals from Divisions/Sections to undertake programs on oral health research and clinical applications thereof in and for the benefit of developing regions of the world .
  - (j) **Science Awards Committee** consisting of a chair and members in such number as to equal the number of science awards .The function of the Committee is to make recommendations to the Board on (a) administration of the science awards program and (b) the selection of the Distinguished Scientist Awards recipients .The chair shall serve for three years, and the other members of the Committee will serve for two years .Each, excluding the chair, will chair a subcommittee for one of the science awards .
  - (k) **Tellers Committee** of three members to tally the votes of the membership of both IADR and AADR for elected positions, Constitutional amendments, and any other such business as shall be determined by Council .
  - (l) **Young Investigator Award Committee** of nine members, each serving a three-year term, to ensure proper representation of the various disciplines for this award .
  - (m) **Science Information Committee** of nine members to develop programs for promoting to the public and the dental profession knowledge resulting from dental, oral and craniofacial research, including policy statements, position papers, and white papers .
- ### 3. JOINT PUBLICATIONS
- (a) **MEMBERS OF THE IADR/AADR PUBLICATIONS COMMITTEE.** The IADR/ AADR Publications Committee's role is to review the quality and financial status of the *Journal of Dental Research* and other journals owned jointly by IADR/ AADR .Membership consists of: three representatives from IADR; three representatives from AADR; most recent Past Presidents of IADR and AADR no longer serving on the Boards, who alternately serve as Chairs of the Committee; the IADR and AADR Treasurers; the Editors of the jointly owned journals .The Editor-in-Chief and Associate Editors(s) of all jointly owned journals and Chief Executive Officer shall serve as members without vote .
  - (b) **THE IADR/AADR PUBLICATIONS COMMITTEE** will analyze and make recommendations regarding publication of all journals to the Editors-in-Chief and Associate Editors and the Chief Executive Officer and will report annually to the IADR and AADR Councils through the Joint Boards of Directors .
  - (c) **TERM OF OFFICE OF APPOINTED/ ELECTED MEMBERS.** Each member shall be appointed or elected for a three-year period, the terms staggered so that one each from IADR and AADR is selected each year, except in case of vacancy . The most recent Past President of IADR and AADR no longer serving on the Board will serve for one year .
  - (d) **REPORTS.** Annually and at such other times that the Council, the Chief Executive Officer, or the Editors-in-Chief may direct, the Publications Committee shall report to the Council concerning the conduct of the joint publications .
- ### 4. TERMS OF APPOINTMENT TO COMMITTEES
- shall be three years unless otherwise stated in the Constitution or Bylaws .The terms shall be so staggered that new members are appointed each year, except in case of a vacancy .

## SECTION E. MEETINGS

**1. GENERAL SESSIONS.** The time and place of each annual General Session shall be determined by the Council .

- (a) The Council shall meet in conjunction with each annual General Session .
- (b) (b) In years where the General Session is unable to be held for any reason, the Council shall meet by electronic means and this meeting shall serve as the conclusion of the Association year .

### 2. SCIENTIFIC SESSIONS.

- (a) The arrangements for the scientific program of each annual General Session of the Association shall be made in accordance with the instructions from the Association or the Council by an Annual Session Committee .Additional members may include
  - (a) representative(s) from the Local Organizing Committee and the host/sponsoring Division(s) .

**3. REGISTRATION FEES.** The Council shall determine the amount of the registration fees for the annual General Session .Members whose dues have not been paid through the current year will be required to pay the non-member fee .

## SECTION F. QUORUM/RULES

**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 written statement of the notice has been mailed to the member at the last address for the member known to the Chief Executive Officer at the time of the mailing .
- 3 . In this Constitution and Bylaws, “mail” is understood to mean any form of communication from the Association to the members, including traditional mail and electronic mail .
- 4 . The term “Joint Boards” is understood to mean the Board of Directors of IADR functioning jointly with the Board of Directors of AADR to carry out duties pertaining to the joint activities mentioned in this Constitution and Bylaws or otherwise agreed to .

# The 51<sup>st</sup> Annual Meeting of the AADOCR

The 51<sup>st</sup> Annual Meeting of the AADOCR was held in conjunction with the 46th Annual Meeting of the CADR on March 21-26, 2022. The hybrid format provided scientists and researchers, attending both in-person and online, with the opportunity to present, discuss, and critique their investigations, to view high-quality presentations, and to interact with their colleagues.

The hybrid meeting was attended by 1,531 total delegates — with 692 individuals from 21 countries joining virtually, and 839 individuals from 18 countries joining us in person in Atlanta. Those attending the meeting could choose from among 870 Interactive Talk presentations, 10 Focused Learning Sessions, 9 Hands-on Workshops, 4 Satellite Symposia, 29 Symposia and three Distinguished Lecture Series plenary sessions. Delegates also had the opportunity to visit the exhibit hall, which had 11 in-person exhibition booths and 22 virtual booths.

The 2022 Distinguished Lecture Series speakers were Lydia Bourouiba, Massachusetts Institute of Technology, Cambridge, MA, speaking on “Air and Transmission,” Rita R. Colwell, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, speaking on “Climate, Oceans, and the Human Microbiome,” and Christopher Murray, University of Washington, Seattle, speaking on the “Global Burden of Disease 2020.”

Jane Weintraub was installed as AADOCR's 51st President at the end of the event. View her inaugural address [here](#).

As part of the AADOCR science-first initiative to bring new opportunities for membership, professional development, and program growth, AADOCR presented the first ever Meeting Within a Meeting on the topic of “Contemporary AI Applications in Dental Research.” This session, organized and chaired by Alexander Pearson and James Dolezal, included a series of lectures by symposia organizers, oriented towards non-quantitative dental researchers and clinicians, to build a shared terminology for contemporary AI research.

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

- 3M for being a Silver Scientific Session Sponsor
- The ADA Science & Research Institute for being a Silver Scientific Session Sponsor
- The American Academy of Periodontology for being an Annual Meeting Sponsor and in support of the AADOCR Student Research Fellowships
- CareQuest Institute for Oral Health for being an Annual Meeting Sponsor and in support of a Distinguished Lecture Series Speaker
- Colgate Oral Pharmaceuticals for being a Gold Scientific Session Sponsor and in support of AADOCR Student Research Fellowships
- Dentsply Sirona for being a Silver Level General Session Sponsor and in support of the SCADA competition and AADOCR Student Research Fellowships
- GlaxoSmithKline for being an Annual Meeting Sponsor and in support of AADOCR Student Research Fellowships and AADOCR Distinguished Scientists Awards.
- The IADR Dental Materials Group in support of AADOCR Student Research Fellowships
- J. Morita for being an Annual Meeting Sponsor and in support of the IADR/AADOCR William J. Gies Awards
- Johnson & Johnson Consumer, Inc. for being an Annual Meeting Sponsor and in support of the AADOCR/CADR Joseph Lister Award for New Investigators
- The National Institute of Dental and Craniofacial Research in support of the AADOCR Bloc Travel Grant
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Level General Session Sponsor and in support of AADOCR Student Research Fellowships, the AADOCR William B. Clark Fellowship, and the AADOCR P&G Underrepresented Faculty Research Fellowship.



# Proceedings of the AADOCR 2022 Council Meeting

**AADOCR Virtual Meeting • March 15, 2022 • 3 p.m. – 5 p.m. ET**

**AADOCR Board of Directors:** President, Jacques Nör; President-elect, Jane Weintraub; Vice-President, Alex Vieira; Immediate Past President, Mark Herzberg; Treasurer, Olga Baker; Members-at-Large: Benjamin Chaffee, Brenda Heaton, Luciana Shaddox; Board Member Joe Oxman, Board Member: Brian Foster; *JDR* Editor-in-Chief, Nick Jakubovics; *JDR CTR* Editor-in-Chief, Jocelyne Feine; Student Representative Alexandra Herzog; Chief Executive Officer, Christopher Fox .

Student Representative Kazune Pax was unable to attend .

Incoming Patient Advocate, Paige Bussanich was also in attendance .

## **AADOCR Councilors from Groups/Networks:**

Behavioral, Epidemiologic & Health Services Research, Marisol Tellez Merchan; Cariology Research, Simone Duarte; Clinical and Translational Science Network, Paul Dechow; Craniofacial Biology, Lorri Morford; Dental Anesthesiology and Special Care Research, Suher Baker; Dental Materials, Saulo Geraldini; Diagnostic Sciences, Steven Singer; Education Research, Leonardo Marchini; e-Oral Health Network, Kamran Awan; Evidence-based Dentistry Network, Malavika Tampi; Geriatric Oral Research, Xi Chen; Global Oral Health Inequalities Network, Azeez Butali; Implantology, John Mitchell; Microbiology/Immunology, Gill Diamond; Mineralized Tissue, Patricia Miguez; Neuroscience, Anibal Diogenes; NSRG Student Research Group, James Seung Jin Jang; Nutrition Research, Jennifer Ahn-Jarvis; Oral & Maxillofacial Surgery, James Melville; Oral Health Research, Deborah Lyle; Oral Medicine & Pathology, Faizan Alawi; Orthodontics Research, Jeanne Nervina; Pediatric Oral Health Research, Martha Ann Keels; Periodontal Research, Evanthia Lalla; Pharmacology/Therapeutics/Toxicology, Sonia Regina Bordin-Aykroyd; Prosthodontics, Sompop Bencharit; Pulp Biology and Regeneration, Ashraf Fouad; Salivary Research, Kimberly Jasmer; Stem Cell Biology, Hongjiao Ouyang; Student Training and Research (STAR) Network, Ana Bedran-Russo; Women in Science Network, Effie Ioannidou;

**AADOCR Councilors from Sections:** Alabama, Hope Amm; Boston, Yau-Hua Yu; Buffalo, Thikriat Al-Jewair; Chicago, Linda Kaste; Cincinnati, Malgorzata Klukowska; Colorado, Jeffrey Stansbury; Columbus, John Bartlett; Connecticut, Eliane Dutra; Georgia, Mohamed Meghil; Houston, Mary Farach-Carson; Indiana, Anderson Hara; Iowa, Kyungsup Shin; Kansas City, Erin Bumann; Kentucky, Luciana Shaddox; Lincoln-Omaha, Amy Killeen; Long Island, Rafael Delgado-Ruiz; Memphis, Yanhui Zhang; Michigan, Cristiane Squarize; Minnesota, Sheila Riggs; Missouri, Sharon Gordon; Nashville, Jacinta Leavell; North Carolina, Shannon Walle; Oklahoma, Fernando Esteban Florez; Oregon, Jens Kreth; Pittsburgh, Fatima Syed-Picard; Puerto Rico, Carmen Buxó-Martínez; Richmond, Oonagh Loughran; San Antonio, Brij Singh; San Francisco, Pamela Den Besten; Seattle, Lisa Heaton; Southern California, Sotirios Tetradis; Utah, William Carroll; Washington DC, Kevin Byrd; West Virginia, Peter Ngan; Wisconsin, David Berzins; AADOCR Corporate Section, Mark Heiss; AADOCR Institutional Section, Rajesh Lalla;

**Non-voting Councilors and Observers:** AADOCR Development Committee, David Johnsen; AADOCR Fellowships Committee, Purnima Kumar; AADOCR Government

Affairs Committee, Sharukh Khajotia; AADOCR Honorary Membership Committee & Nominating Committee, Raul Garcia; IADR/AADOCR William J .Gies Award Committee, Petros Papagerakis;

**GLOBAL HEADQUARTERS (GHQ) STAFF:** Chief Operating Officer, Denise Streszoff; Chief Financial Officer, Pete Quinlivan; Director of Meetings, Leslie Zeck; Director of Membership and Publications, Kourtney Skinner; Director, Science Policy, Makyba Charles-Ayinde; Director of Government Affairs, Yehuda Sugarman; Digital Strategy and IT Manager, Christopher Flow; Component Relations Coordinator, Riana Hays; Executive Assistant to the CEO and Recording Secretary, Brenda Moreno .

The meeting was called to order at 3:06 p m .

## **I. ADMINISTRATIVE**

### **I 1 Council Attendees**

It was ascertained that a quorum was present .Dr . Nör welcomed everyone to the meeting .

### **I 2 Approval of Council Agenda**

**Motion 1:** That the March 15, 2022, AADOCR Council meeting agenda be approved with the addition of the Missouri Section agenda item .

Moved: Jane Weintraub

Seconded: Olga Baker

The motion passed unanimously .

### **I 3 Approval of July 2021 Council Minutes**

There were no corrections to the minutes .

**Motion 2:** That the March 18, 2021 AADR Council minutes be approved .

Moved: Olga Baker

Seconded: Malgorzata Klukowska

The motion passed with one abstention .

### **I.4 Election Results – Tellers Report**

Dr .Nör briefly went over the Teller's Report, noting the election results .Effie Ioannidou, University of Connecticut, Farmington will be Vice-President, Ana Bedran-Russo, Marquette University, Wisconsin will be Treasurer, and Jorge Perdigão, University of Minnesota, Minneapolis, will be the AADOCR Representative to the IADR/AADOCR Publications Committee .

### **I 5 President's Report**

Dr .Nör thanked the Association for allowing him to serve and for all their continued efforts to keep the Association going strong .He also took a moment to thank the Global Headquarters staff for their ongoing efforts to provide a pleasant experience to all members .He gave a brief update regarding the past

year and encouraged Councilors to review his report in the manual .

## 1.7 CEO's Report

Dr .Fox noted that the CEO's report is provided for information and gave a brief overview of his report .He highlighted the upcoming AADOCR/ CADR Annual Meeting and Exhibition, specifically the Distinguished Lecture Speaker Series .

## 2. BOARD OPERATIONS COMMITTEE (BOC)

### 2.1 Nominations for AADOCR Vice President

Dr .Nör gave a brief overview of John D .Bartlett's and Jennifer Webster-Cyriaque's qualifications .Dr . Nör opened the floor for discussion .A concern was raised regarding a conflict of interest regarding Jennifer Webster-Cyriaque's current position at NIDCR and as a potential officer who may advocate on behalf of the Association before Congress .Dr . Nör and Dr .Fox clarified that she will still be able to stand in as an officer but would not be able to stand before Congress on behalf of the Association; those responsibilities would be assigned to another officer . Councilors spoke briefly in favor of the candidates .

**Motion 3:** The AADOCR Council approves, John D .Bartlett (Ohio State University, Columbus) and Jennifer Webster-Cyriaque (National Institute of Dental and Craniofacial Research, Bethesda, MD) as candidates to stand for election by the membership in 2022 for the office of AADOCR Vice-President .

Moved: Jane Weintraub

Seconded: John Mitchell

The motion passed with 2 abstentions .

### 2.2 AADOCR Member-at-Large (2022 – 2025)

Dr .Nör reminded Council that they will elect one of the Board recommended candidates or another nominee from the floor to become the next Member-at-Large .After the candidates who were present were placed in a virtual waiting room, Dr .Nör gave a brief overview of each candidate's biography and qualifications and opened the floor up for discussion . Councilors took turns speaking briefly in favor of the candidates .Following discussion, a poll was conducted, and Councilors were asked to vote for their first choice of the three recommended candidates .Sheila Riggs received the greatest number of votes .

**Motion 4:** The AADOCR Council elects Sheila Riggs as the 2022-2025 AADOCR Member-at-Large .

Moved: Paul Dechow

Seconded: Effie Ioannidou

The motion passed with one abstention .

### 2.3 AADOCR Representative to the IADR/AADOCR Publications Committee

Dr .Nör gave a brief review of each candidate's professional biography .

**Motion 5:** That the AADOCR Council approves Alonso Carrasco-Labra (University of Pennsylvania, Philadelphia) and Purnima S .Kumar (Ohio State University, Columbus) as candidates for the AADOCR election of the AADOCR Representative to the IADR/AADOCR Publications Committee .

Moved: Lisa Heaton

Seconded: John Mitchell

The motion passed unanimously .

### 2.4 AADOCR Patient Advocate Update (2022 – 2025)

The AADOCR Patient Advocate Update, highlighting Paige Bussanich as Chair, was provided for information only and there was no further discussion .

### 2.5 Approval of Committee Appointments

Dr .Nör opened the floor for discussion .No discussion ensued .

**Motion 6:** To accept the 2022-2023 AADOCR and Joint (IADR/AADOCR) Committee appointments as presented by the AADOCR Board Operations Committee .

Moved: Shannon Wallet

Seconded: Jane Weintraub

The motion passed unanimously .

### 2.6 AADOCR Fellows

Dr .Nör opened the floor for discussion .No discussion ensued .

**Motion 7:** That the 2022 AADOCR Fellows be approved as submitted

Motioned: Effie Ioannidou

Seconded: James Seung Jin Jang

The motion passes unanimously .

### 2.7 Missouri Section Application

Dr .Nör opened the floor for discussion .Olga Baker thanked the Council for their support of the Missouri Section .Erin Bumann noted that Missouri already has a section which is Kansas City located at UMKC . Dr .Bumann noted that this would be the first time she has seen a state-wide section in addition to city-based sections within the respective state .She also noted that Mark Johnson's name should not be on the application because he is a member of the Kansas City section and would like to have his name removed from the application .Luciana Shaddox pointed out that this is not uncommon, and there is presently both a Kentucky and a Louisville Section within the state of Kentucky .

**Motion 8:** To approve the formation of the Missouri Section as recommended by the AADOCR Board Operations Committee .

Motioned: Azeez Butali

Seconded: Kamran Awan

The motion passed with three nays and four abstentions .

Dr .Nör invited Raul Garcia, Chair of the Nominations Committee, to briefly speak to the Council about the importance of nominations and serving the Association in different capacities .Dr .Garcia stressed the importance of volunteer leadership at all levels of the Association from Committee assignments to Vice-President nominees and urged Councilors to submit qualified names through the GHQ – including self-nominations .

### 3. PERFORMANCE MONITORING/AUDIT COMMITTEE (PMAC)

#### 3.1 AADOCR 2020 Independent Auditors' Report

Dr .Weintraub gave a thorough review of the Auditors' report included in the materials .She noted that the Independent Auditor provided an unqualified opinion which is the best possible outcome, and she added that the audit went smoothly .Dr .Weintraub then reviewed the assets and liabilities for the Association as well as revenue and expenses .Dr .Weintraub noted that the assets are overwhelmingly made up of the investment portfolio and that the liabilities are very small in comparison .Net assets were \$9.5 million at the end of 2020 .Meetings, dues and publications continue to be the main sources of revenue for the Association, while the main expenses are for Government Affairs, publications and management costs .She noted that there was no meeting revenue due to the 2020 meeting cancellation .The main expenses relate to the cancellation of the 2020 joint meeting .The 2020 change in net assets from operating expenses was a \$747,000 deficit .However, when investments income is included, net assets only decreased by \$68,000 . Because investments make up such a large portion of the Association's assets, changes in net assets are most dramatically affected by investment returns .For example, 2017 and 2019 saw sharp increases in assets due to strong investment returns, whereas 2018 saw a decrease due to investment losses .Net assets have increased by nearly \$1.7 million over the last five years primarily due to positive investment returns .

**Motion 9:** That the AADOCR Council approves the AADOCR 2020 Independent Auditor's Report .

Moved: Shannon Wallet

Seconded: Lisa Heaton

The motion passed unanimously .

#### 3.2 Investment Portfolio Report

Dr .Weintraub reported that the investment portfolio was up more than 149 percent in 2021, and that at the end of 2021 the portfolio balance was \$10.2 million, an increase of \$1.1 million from 2020 .The net increase includes the \$230,000 of investments sold to fund operations .However, it is yet to be seen how inflation and the global instability caused by the Russian invasion of Ukraine will impact the performance of the portfolio in the coming year .

#### 3.3 Unaudited 2021 Year-End Estimate

Dr .Weintraub reported on the unaudited 2021 Year-End Estimate and highlighted the following:

The preliminary year-end estimates that follow show a \$56,000 investment allocation needed to balance the budget versus the \$518,000 investment allocation that was budgeted, or \$462,000 better than budget .

- This is achieved by the recognition of \$255,000 of PPP loan forgiveness income, a better than-expected meeting surplus (joint virtual meeting with IADR), lower than expected general operating expenses and a lower than budgeted FFS deficit, partially offset by lower membership dues.

#### General Operations:

- The number of dues paying Members is expected to be in-line with 2020 actuals and approximately 150 less than the 2021 budget .This decrease will translate to dues revenue that is \$42,000 lower than budget and is a factor in reducing the overall budget surplus .
- Expenses are expected to be \$59,000 less than budget due to lower than expected Board meeting & travel costs and staff travel costs, partially offset by higher than budgeted government affairs costs due to a new initiative that wasn't contemplated in the original the budget and higher organizational dues due to higher than budgeted comped dues costs .The Board costs are for the hybrid December 2021 Board meeting .
- The overall General Operations deficit is expected to be \$19,000 less than budget .

#### AADOCR Annual Meeting (Joint with IADR):

- Meeting revenues are expected to exceed budget by approximately \$132,000 thanks to higher than budgeted registrations and sponsorships, partially offset by lower than expected exhibition fees .
- Expenses are \$122,000 less than budget, primarily due to lower than budgeted costs in the meeting venue category due to a possible hotel liability that is unlikely to be charged and lower than expected meeting promotion costs, partially offset by higher than budgeted scientific program, merchant fees and networking opportunity costs .
- AADOCR's share of the Joint IADR/AADOCR net income is expected to be \$134,000, which exceeds the budget of \$42,000 by about \$92,000 .

- AADOCR will also receive a \$74,000 Division share as the host Division of the meeting .

**Fall Focused Symposium:** The latest symposium was held in January 2022, no FFS was held in 2021 . All costs with the exception of the allocated salaries, benefits and overhead costs have been removed from the 2021 year-end projections .The budget contemplated a virtual only symposium similar to last year .The expected deficit composed only of allocated costs is projected to be (\$24,000) as compared to a budgeted deficit of (\$35,000) .

**GHQ:** Salary & benefits costs are expected to be about \$45,000 lower than budget primarily due to three open staff positions for parts of the year .GHQ overhead costs are expected to be \$145,000 greater than budget primarily due to higher than budgeted implementation costs for the Nimble (new association management system) & Website redesign projects, as well higher than budgeted recruitment costs to hire the new executive assistant and receptionist and higher audit fees .These increased costs are partially offset by lower than budgeted office supply, staff development, telephone and depreciation costs .Staff was able to reduce telephone/internet costs while increasing our internet connection speed by 5x, by locking in a new 3-year agreement .Insurance costs while slightly more expensive than 2020 include \$100K in cyber security coverage and \$2M in flood coverage .Total GHQ 2021 costs are projected to be about \$99,000 greater than the original budget .

**JDR:** The budgeted surplus is currently expected to be about \$22,000 greater than budget .Royalty income based on preliminary year-end results is estimated to be \$12,000 greater than the budgeted amount .Editorial expenses are \$9,000 less than budget due to no in person editors meeting and lower than budgeted guest editor costs .

**JDR CTR:** The budgeted deficit is currently expected to be about \$1,000 less than budget .Royalty income based on preliminary year-end results is currently being estimated to be in line with the budgeted . Editorial expenses are \$2,000 less than budget due to no in-person editors meeting .

**Investment Spending Policy:** The AADOCR investment spending policy allows for up to 4% of the average investment portfolio balance over the prior 12 quarters to be used to fund AADOCR operations .Total estimated expenses to be funded from investment portfolio earnings in 2021 are expected to total \$221,000 .This amount includes the general operations allocation to balance the budget, AADOCR only programs such as continue support of FNIH and support for unfunded AADOCR awards .The amount is expected to be approximately \$178,000 less than the amount available under the investment spending policy .

Dr .Weintraub opened the floor for discussion . Brij Singh asked if local chapters will be required to transfer their finances to AADOCR, including collecting dues .Dr .Fox clarified that AADOCR

will be collecting dues on behalf of sections, per the decision from last year's Council but Sections will still have total control of their finances as long as they fall within the AADOCR Mission and policies .Pete Quinlivan went into further detail to clarify Dr .Singh's questions and concerns .Lorri Morford asked about how Scientific Groups can benefit from investments per last year's Council minutes .Dr .Fox pointed out that Scientific Groups are functions of IADR and this discussion is moving its way through the IADR Governance process .

#### 4. MEMBER/STAKEHOLDER RELATIONS COMMITTEE (MSRC)

##### 4 1 AADOCR Committee of Diversity and Inclusion Update

Dr .Herzberg called attention to the Diversity and Inclusion statement and briefly reviewed .Dr . Herzberg opened the floor for discussion .No discussion ensued .

**Motion 10:** That the AADOCR Diversity and Inclusion Statement be approved by the AADOCR Council as submitted .

Moved: Shannon Wallet

Seconded: Lisa Heaton

The motion passed unanimously .

##### 4 2 Government Affairs and Science Policy Update

Dr .Herzberg encouraged Councilors to review the many reports provided in the MSRC section of the manual and briefly highlighted the following:

##### 2022 AADOCR and FNIDCR Advocacy Day

- The 2022 AADOCR and Friends of National Institute of Dental and Craniofacial Research (FNIDCR) Advocacy Day will took place on Tuesday, March 8 .The annual event brought together about 75 researchers, dental students and residents, patient advocates and other oral health stakeholders for a day of meetings with policymakers to discuss the importance of federally funded dental, oral and craniofacial research and oral health programs .
- The day before the event AADOCR hosted an online training webinar to help prepare participants for their meetings with lawmakers . The advocates will deliver a unified message to Congress requesting at least \$50 billion for the NIH, \$558 million for the NIDCR, and to authorize and fund the Advanced Research Projects Agency for Health (ARPA-H) .

##### Fiscal Year 2022 Appropriations

- Congress has yet to pass a federal budget that funds the federal government for fiscal year 2022, which began in October .Lawmakers have been locked for months in a partisan standoff over spending levels for defense and nondefense programs resulting in the passage of three



continuing resolutions (CRs), or stopgap measures that extend current funding levels for all federal departments and agencies. The most recent CR (H.R. 6617), enacted hours before the previous CR expired on February 18, extended government funding through March 11. The extension offers congressional appropriators additional time to craft an FY22 spending bill that will attract enough Republican support to avoid a filibuster in the Senate. In early February, top appropriators from both parties announced an agreement on a “framework” that they said should pave the way for a bipartisan omnibus spending package. It’s unclear what the framework entails, but it appears to allow a path for the passage of all 12 appropriations bills with increased funding over FY21. AADOCR has urged Congress to quickly complete the FY22 appropriations process and provide the House-passed \$46.4 billion (+8.2%) for the National Institutes of Health (NIH) base budget and \$519.01 million (+7.0%) for the National Institute of Dental and Craniofacial Research (NIDCR) this fiscal year. The association has consistently opposed stop-gap measures like CRs, which disrupt momentum for needed medical research and restrict funding for new and existing NIH research grants.

### Fiscal Year 2023 Appropriations

- The first step in the federal appropriations process is for the White House to submit a federal budget request to Congress. President Biden is expected to submit his fiscal year 2023 budget shortly after the March 1 State of the Union address, but the White House may wait until an FY22 appropriations deal is reached before unveiling their budget proposal.

### Build Back Better Act

- The *Build Back Better Act*, sweeping legislation that invests in health care, jobs, climate change, and other domestic priorities, was stalled in December when Senator Joe Manchin abruptly announced that he would not vote for the bill. More recent comments from him seem to indicate it is still possible he would support a slimmed down version of the measure, but negotiations have been put on hold amid other more pressing legislative priorities.
- Prior to the bill being pulled in the Senate, AADOCR advocated for the inclusion of provisions important to the oral health community, namely comprehensive dental coverage under Medicare and Medicaid, and education scholarships for dental students and residents. The version of the bill that the House passed included vital investments in federal research agencies, including \$100 million in new funding for the NIH, \$3.5 billion for the National Science Foundation (NSF), and the creation of a new Directorate for Technology, Innovation, and Partnerships at the NSF.

### Advanced Research Projects Agency for Health (ARPA-H)

- The Biden Administration’s FY 2022 budget request proposed the creation of a new federal agency that would make pivotal investments to drive transformational innovation in health research and speed application and implementation of health breakthroughs.
- The Advanced Research Projects Agency for Health (ARPA-H) would help fill gaps in the biomedical research ecosystem by utilizing a bold new approach focused on the development of evidence-based, real-world-driven cures for a range of biomedical and health research areas and diseases.

### Science Policy Update:

#### National Institute of Dental and Craniofacial Research Health Request for Information on the Draft Goals of their Strategic Priorities

- The National Institute of Dental and Craniofacial Research (NIDCR) is currently drafting its Strategic Plan for 2021-2026 to help guide the research it supports over the next five years. As a result, they invited interested stakeholders to provide feedback on the goals of their priority areas for its next strategic plan.

#### 4.3 AADOCR Friends of NIDCR Update

Dr. Herzberg encouraged Councilors to review his report if they have not already done so.

#### 4.4 NSRG Update

The 2023-24 AADOCR NSRG election ended on Thursday, January 13, 2022. AADOCR Headquarters has confirmed the electronic results and the following individuals have been elected. These members will begin their terms as officers-elect immediately following the 2022 AADOCR/CADR Annual Meeting. They officially take office after the 2023 AADOCR/CADR Annual Meeting in Portland, OR and will serve through the 2024 IADR/AADOCR/CADR General Session in New Orleans, LA.

- **President-Elect:** James Seung Jin Jang, University of Florida
- **Vice President-Elect:** Caris Smith, The University of Alabama at Birmingham
- **Secretary-Elect:** Kristina Astleford-Hopper, University of Minnesota
- **Councilor-Elect:** Christina Jones, University of Michigan

Dr. Herzberg concluded with the following highlights:

- Expanding 411 Rapid Research Competition for 2023 Annual Meeting
- Include PhD and post-doctoral students by separating competitors into Junior and Senior division (analogous to Hatton competition).



- Creating new NSRG Board position – PhD Representative .
- Resource Development – NSRG to serve as a resource for students to raise value of membership
- Navigating post-doctoral opportunities (residency, post-doc positions, etc )
- Networking opportunities .

## 5. STRATEGIC AND OPERATIONAL PLANNING COMMITTEE (SOPC)

### 5.1 2022 AADO CR Budgets

Dr. Vieira led a discussion for the approval of the 2022 Budgets and provided the following highlights:

A balanced budget is achieved through an allocation of \$847,000 from the Association's investment spending policy .

#### Gen Ops:

- Membership is budgeted to increase by 5% from expected 2021 figures. A number of new efforts to expand membership were started in late 2021 and will be continued in 2022 following on the approval of the name expansion and making use of the improved reporting that is now available from the new Nimble AMS system .
- Most expenses maintain the same budget level or increase only slightly from 2021 .Board and staff travel costs and the NSRG meeting budgets assume travel will resume in 2022 .

#### Annual Meeting:

The stand-alone Atlanta meeting scheduled for March 2022 is expected to result in a \$248,000 deficit .The large deficit is due to much lower than expected abstract submission numbers which required a large downward adjustment to registration figures from earlier estimates .These lower projected revenues are coupled with the high costs of holding a hybrid meeting with both in-person and virtual components . Staff has budgeted for additional in-person costs such as a vaccine concierge vendor to confirm the vaccination status of in-person meeting attendees, a vendor for Covid-19 testing and has budgeted for the expected significant increase in the platform costs to provide the meeting sessions virtually when compared to 2021 .

#### Fall Focused Symposium:

The 2022 budget contemplates a virtual event similar to 2020 .While this results in lower revenues than an in-person event, the offset to costs is even greater resulting in a smaller expected deficit than an in-person event .The budgeted deficit is just \$4,000 greater than the staff and GHQ costs allocated to the symposium .Assuming these budget results are achieved, eliminating the FFS would not eliminate these allocated costs and would only slightly improve AADO CR's overall operating net income .

#### GHQ:

Total GHQ costs are budgeted to increase by 5.6% as compared to 2021 budgeted costs and 2.9% when compared to estimated 2021 year-end expenses . Higher than budgeted costs associated with the Nimble (association management system) and Website redesign projects are the primary reason 2021 expenses are expected to be \$99,000 greater than budget .The higher overhead costs are partially offset by lower than budgeted salaries and benefits due to three staff vacancies for part of the year .Information technology costs are expected to decrease in 2022 from 2021 but include \$25,000 for additional configuration work for the Nimble AMS system and \$24,250 to move our cloud services from AWS to the Microsoft Cloud for greater security and monthly cost savings .A full global headquarters staff is budgeted in 2022 .Depreciation costs will be elevated over the next few years as we depreciate the remaining costs of the redesign of the GHQ interior along with the new Nimble AMS system, the website redesign project and the capitalized costs of the Science First (AADR name expansion) .The website redesign and name expansion project costs will be depreciated over the next 3 years and the new Nimble AMS system will be depreciated over 5 years .

#### JDR:

The surplus continues to help offset the deficits expected in other budget departments .As has been typically done, to be conservative, a 5% reduction in Royalty income from expected 2021 results is budgeted for 2022 .The Editorial Stipend revenue provided by Sage remains unchanged for 2022 and will remain the same for the duration of the contract term .Editorial expenses are also budgeted to remain unchanged .

#### JDR CTR:

Royalty income, similar to JDR, has been conservatively budget to decrease by 5% from expected 2021 results .Editorial expenses are unchanged from 2021 .A small deficit is expected, though it should be noted that the expenses include an allocation of staff salaries, benefits and an overhead allocation .

The following highlights were provided for the preliminary 2023 & 2024 budgets:

In 2023 an investment allocation of \$404,000 is budgeted to balance the budget .In 2024 an investment allocation of \$711,000 is budgeted . Future year budgets are projected conservatively, so improvements could be seen based on actual results over the next few years .However, if these budgets are accurate, AADO CR will exceed the Board-approved investment spending policy in these years .Additional Board approval will be required to approve an increase in the investment allocation, or the budgets will need to reflect a deficit .

The 2023 Annual Meeting in Portland is expected to generate a \$214,000 surplus, which is the primary

reason the expected investment allocation in 2023 is much less than the expected allocation in 2022 .

**GHQ:** Costs stay at fairly typical increases in 2023 and 2024 with the exception of Information Technology costs which are projected to be lower in 2023 & 2024 due to onetime implementation costs associated with the implementation of the new AMS system that are budgeted in 2021 and 2022 and the cost of moving our cloud services in 2022 . Depreciation costs are also budgeted to decrease in 2023 & 2024 as some capital improvement projects reach the end of their depreciation cycle .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 .

Dr .Vieira opened the floor for discussion .Many Council members advocated for students and questioned the increase in student dues .Councilors noted that student membership numbers decrease every time dues increase .It was proposed to leave student dues at last year's rates and either add the increase to retired member dues or to spread them across other categories .Pete Quinlivan, CFO, noted that this is a decision that the Council will need to discuss to make a decision and find other ways to make up for the deficit if student prices do not increase Mr .Quinlivan noted that the percentage increase in student dues seemed high in comparison to other categories because their original dues are lower in comparison to other categories but all categories have a \$4-\$5 increase across the board .Dr . Fox noted that AADOCR tries to keep membership dues as low as possible while still benchmarking dues across similar associations while still providing a substantial amount of quality resources .Dr . Miguez brought up the point that many schools have decreased funding for students so if AADOCR can hold off on student membership dues increases, we might be able to retain more student members .

James Seung Jin Jan expressed that regardless of an increase or not, students will not join AADOCR because dues are already too high at the moment (\$45) .

Dr .Herzberg suggested an increase to retired member dues by \$10 to \$55 and not an increase in current student dues .

Mr .Quinlivan and Ms .Streszoff pointed out that not all retired members are paying retired members so Dr .Herzberg's suggestion would bring in a considerably lower revenue (\$4,000 or less) .

Dr .Ebersole suggested cutting student membership dues altogether and attaching that fee to meeting registration fees instead, a fee that most schools cover for student participation .

Dr .Herzberg further suggested investing in students; he suggested to increase the cost of institutional memberships to cover the cost of student memberships .

Dr .Fox noted that Dr .Herzberg's suggestion includes a total revamp of our membership structure and the Council meeting is not the best platform to have this conversation but rather the SOPC's place to explore this idea and present to the Board before presenting back to the Council .

It was suggested that student dues and retired member dues be two different categories .It was also suggested that a substantial increase for retired members should not be the solution to cover student member dues .

Councilors voted to increase retired member dues by \$10 to \$55 and not increase current student member dues .

**Motion II:** That the AADOCR Council approves the 2022 AADOCR and Joint IADR/ AADOCR Budgets with the following changes: to increase 2023 retired member dues by \$10 to \$55 and not increase current student member dues .

Moved: Kamran Awan

Seconded: Martha Ann Keels

The motion passed with thirteen nays and three abstentions .

## 5 2 JDR Editor-in-Chief Report

Dr .Jakubovics gave a summary of his report which was provided to the Council in advance .He highlighted the following:

This year, the JDR reached its highest ever 2-year Impact Factor at 6 116 .The journal continues to perform strongly across all metrics, remaining #1/91 journals in Dentistry, Oral Surgery & Medicine for the most recent Eigenfactor Score at 0 01683 and in total citations at 26,197 .The JDR was #2/91 in a new metric, the 'Journal Citation Indicator', a field-normalized ranking system based on citations over a 4-year period .

There were 911,236 full-text downloads in 2020, which was more than double the previous year (448,396 downloads) and reflects the very high level of interest in the JDR during a year that was defined by the COVID-19 pandemic .

The JDR continues to attract manuscript submissions from institutions around the world .

Dr .Jakubovics encouraged the Council to review the JDR Editor-in-Chief Report for further details .

## 5 3 JDR CTR Editor-in-Chief's Report

Dr .Feine gave a summary of her report which was provided to the Council in advance She highlighted the following:

- The journal is now 7 years old .
- The average time from submission to acceptance has decreased to 92 days .We are working hard to reduce this through increasing our Editorial Advisory Board and engaging new reviewers .To

increase number of new, qualified reviewers, Effie initiated a peer-review workshop, and we are holding it every year during IADR meetings .

- We have now named a new Editorial Advisory Board, expanding the number from 28 to 42 .
- The journal's acceptance rate for 2021 was 32% .

#### 5.4 Philanthropic Update

To be mindful of the Council's time Dr .Vieira advised the Council to read the Philanthropic Update provided in the manual .

## 6. IN MEMORIAM

Dr .Nör led Council members in observing a moment of silence in honor of AADOCR members who have passed during the preceding year .

## 7. INTERACTIVE COUNCIL SESSION

### 7.1 Science First Task Force

Due to the lack of time Dr .Nör advised the Council that he would give a brief overview on the Science First Task Force's next planned project, the Ambassador Program .

The Board and Task Force are seeking input from the Council on how best to achieve this goal .The Board would like to discuss with Council these items, but a survey will follow this meeting with the same questions, and we would ask for your input here to inform future decisions for the AADOCR Science First initiative .

There being no further business, the meeting was adjourned at 5:46pm .

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

## Jane A. Weintraub

University of North Carolina, Chapel Hill

### **AADOCR Presidential Address by Jane A. Weintraub at the 51<sup>st</sup> Hybrid Annual Meeting of the AADOCR/CADR**

Esteemed leaders, distinguished guests, members, and friends .

Welcome and thank you, both to those who are here in Atlanta, Georgia, and those joining us online for our first hybrid annual AADOCR meeting .I am joyful as we celebrate coming together to share our science .

If you are in the audience, here or virtually, and you are a new member or first-time attendee, please stand if you are able, so we may welcome you .Please join the group standing if you are able, if you are participating in any role, directly or indirectly, in this meeting, if you have served in a participatory role in the past or plan to in the future .[Note: Almost everyone in the auditorium stood up ] Let’s thank each other for making this a great, participatory organization .

We know that the pandemic has taken a toll on the world .We extend our condolences to those who have lost loved ones . Congratulations to those who have been through severe illness and made it through .

It has been a challenging and stressful time for the research community .For a while, some couldn’t get to their labs .Clinical researchers couldn’t get to their study participants .Others had or still have funding delays and supply-side slowdowns, delaying arrival of needed supplies and equipment .Productivity was adversely affected for those working at home while caring for children and other family members .Yet, we continue to persevere to overcome challenges .

Our activities reflect our AADOCR’s new byline, “science first,” reflecting our shared language, passion, and principles .What does science first mean? As a Star Trek fan in the sixties, one aspect of science meant, paraphrased, “to seek out new life and new civilizations, to boldly go where no (human) has gone before .”

For me, part of the beauty of science is that it continually evolves as we seek the truth .As a result, the recommendations for how to apply the science also change .It is an iterative process .New knowledge can make us readjust prior thinking and change our behaviors and research methods .Advances in science require dialogue and debate .It is hard when new findings oppose long-held beliefs .Conflict may precede consensus .We make mistakes, face setbacks, reflect, and try again .

Unfortunately, we have seen science be under attack in our country with the spread of polarizing misinformation on social media .We know science is based on data and facts .As scientists, we do our best to be objective and minimize bias .As humans, we have flaws and are subject to bias .We try to acknowledge the limitations of our work as best we can .The next study can improve on the last one .



During this pandemic, we have seen great leaps in science with the advancement of new vaccines .We also know that they are based on the cumulative efforts of years of careful laboratory work .Within our own disciplines, there has been an explosion of COVID-related articles in our *Journal of Dental Research*, the *JDR CTR*, and in reports being presented this week .

It has been a time of innovation and opportunities .We have embraced new ways of sharing, communicating, and collaborating, from our new AADOCR website and community board feature, more webinars, and now this first, hybrid meeting .

I am passionate about what we do .We are striving to increase our understanding about how biology works, how it interacts with the internal and external environment, with social determinants of health, with human and organizational behavior, and how to apply it at the individual, system, or policy level to prevent disease and improve oral and overall health .

A New York Times article was titled, “There’s a specific kind of joy we’ve been missing .” It’s called “collective effervescence .” It’s what people feel when they come together for a shared purpose .We are participating in this meeting because of a shared purpose, our scientific mission, and our natural curiosity .As researchers, asking questions and learning new things can bring us joy .This week, it can be joyful, in person or via the online chat box, to meet new colleagues and renew friendships and share those eureka moments of scientific discovery .I look forward to meeting many of you .If you are not already an IADR member, I am inviting you to join and participate all year long .Our organization is here to help us support each other .The pandemic has been long and hard .Our CEO Christopher Fox and his fabulous team have worked hard to prepare for this meeting .

In closing, I extend my grateful thanks to my parents for valuing education, my husband for his love and support, and everyone who has mentored and collaborated with me along the way .Now is a time for sharing science and collective, joyful effervescence .

### **Author Contributions**

J A Weintraub, contributed to conception and design, drafted and critically revised the manuscript .The author gave final approval and agrees to be accountable for all aspects of the work .

### **Declaration of Conflicting Interests**

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

### **Funding**

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

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### **Editor’s Report for the *Journal of Dental Research*, 2022** (See page XX)

### **Editor’s Report for the *JDR Clinical & Translational Research*, 2022** (See page XX)



### Christopher H. Fox Chief Executive Officer

#### OVERVIEW

The 51<sup>ST</sup> Annual Meeting of the AADOCR was held in conjunction with the 46<sup>TH</sup> Annual Meeting of the CADR on March 21-26, 2022 . The hybrid format provided scientists and researchers, attending both in-person and online, with the opportunity to present, discuss, and critique their investigations, to view high-quality presentations, and to interact with their colleagues .



**AADOCR**  
American Association for Dental,  
Oral, and Craniofacial Research



**CADR ACRD**  
Canadian Association for Dental Research  
L'Association Canadienne de Recherche Dentaire

#### 2022 ANNUAL MEETING • ATLANTA, GA, USA

51<sup>ST</sup> ANNUAL MEETING & EXHIBITION OF THE AADOCR  
46<sup>TH</sup> ANNUAL MEETING OF THE CADR

The hybrid meeting was attended by 1,531 total delegates – with 692 individuals from 21 countries joining virtually, and 839 individuals from 18 countries joining us in person in Atlanta .

Those attending the meeting could choose from among 870 Interactive Talk presentations, 10 Focused Learning Sessions, 9 Hands-on Workshops, 4 Satellite Symposia, 29 Symposia and three Distinguished Lecture Series plenary sessions .Delegates also had the opportunity to visit the exhibit hall, which had 11 in-person exhibition booths and 22 virtual booths .

The 2022 Distinguished Lecture Series speakers were: Lydia Bourouiba, Massachusetts Institute of Technology, Cambridge, MA, USA, speaking on “Air and Transmission,” Rita R. Colwell, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA, speaking on “Climate, Oceans, and the Human Microbiome,” and Christopher Murray, University of Washington, Seattle, WA, USA, speaking on the “Global Burden of Disease 2020 .”

#### First Ever AADOCR Meeting Within a Meeting

As part of the AADOCR science-first initiative to bring new opportunities for membership, professional development,

and program growth, AADOCR presented the first ever Meeting Within a Meeting on the topic of “Contemporary AI Applications in Dental Research.” This session, organized and chaired by Alexander Pearson and James Dolezal, included a series of lectures by symposia organizers, oriented towards non-quantitative dental researchers and clinicians, to build a shared terminology for contemporary AI research .This included a summary of legacy machine learning methods, a description of the capabilities and functions of deep convolutional neural networks (deep learning) and applied extensions of this technology .Emphasis was made to illustrate examples with a “visual glossary” of terms whenever possible, and descriptions remained non-mathematical .The session concluded with a description of pitfalls for AI methods .Read the press release [here](#) .

#### AADOCR WEBINARS & CONTINUING EDUCATION

The [IADR Webinar & CE On Demand Library](#) (previously Webinar Connect) allows users to participate in upcoming live webinars and view the growing list of webinars on demand . To help expand our content, IADR and AADOCR created a [webinar proposal submission](#) webpage where members can submit a webinar proposal for consideration .Webinar proposals are subject to review and approval by the appropriate IADR or AADOCR committee .

- **AADOCR 2022 Fall Focused Symposium: Accelerating Translation of Tissue Engineering and Regenerative Medicine Technologies in the Dental, Oral, and Craniofacial Space**

In November, AADOCR hosted a focused symposium entitled “[Accelerating Translation of Tissue Engineering and Regenerative Medicine Technologies in the Dental, Oral, and Craniofacial Space](#) .” It was comprised of two 120-minute sessions moderated by IADR past president Jaques Nör .Presenters were Lillian Shum, Francine Berkey, Jeanne Wright, Shawn Bengtson, Mike Jamieson, Sarah Knox, Chelsea Bahney, Pamela Yelick, Kim Martin, Daniel Buser, Tara Aghaloo, Charles Sfeir, and Yang Chai .The event is now available in the IADR Webinar & CE On Demand Library .

#### AADOCR President’s Inaugural Address



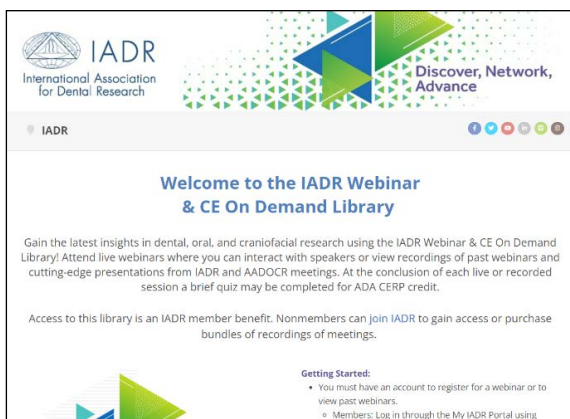
Jane Weintraub was installed as AADOCR’s 51<sup>ST</sup> President at the end of the event .View her inaugural address [here](#) .

#### 2022 AADOCR Awards Presentations



View the 2022 [AADOCR Awards](#) that were announced during the Opening Ceremonies of the event .





• **2022 AADOCR/CADR Annual Meeting Recordings (bundle)**

Recordings from the 51st Annual Meeting & Exhibition of the AADOCR, which was held in conjunction with the 46th Annual Meeting of the CADR on March 21-26, 2022, are now online in the [IADR Webinar & CE On Demand library](#). IADR members can view presentations and slides from two Distinguished Lecture Series speakers and 13 symposia. At the conclusion of each recorded session a brief quiz may be completed for ADA CERP credit. A maximum of 21.5 Continuing Education hours are available from the Annual Meeting.

• **Oral Health in America – Advances and Challenges: Reading the Report through a Research Lens**

The NIH/NIDCR's *Oral Health in America: Advances and Challenges* report was a culmination of two years of research and writing by over 400 contributors who explored the nation's oral health over the last 20 years. In response to this report, AADOCR hosted a webinar on February 1, 2022 titled: "[Oral Health in America – Advances and Challenges: Reading the Report through a Research Lens](#)" to discuss the implications of the report for dental, oral, and craniofacial research.



During this webinar, the Director of NIDCR, Section Editors of the report, and AADOCR leaders had a cross-cutting discussion relative to how the report can be used to inform future research, including current research gaps and needs. The two-hour webinar was attended by close to 300 people and all registrants (~500) have access to the recording on AADOCR Webinar & CE On Demand Library. Responses to unanswered questions during the live webinar were shared with the AADOCR Community after the webinar.

• **AADOCR Focused Symposium Webinar Series: Digital Dentistry – The Future**

In early 2022, the AADOCR Science Information Committee hosted a focused symposium entitled "[Digital Dentistry – The Future](#)". The symposium, moderated by Dianne Rekow; Professor Emeritus, King's College London addressed four key areas of research into digital dentistry:

- *AI in Dentistry* – Bruce Lieberthal; Chief Innovation Officer, Henry Schein Inc.
- *Dentronics* – Jasmin Grischke; Munich School of Robotics and Machine Intelligence
- *Telehealth: Where We've Been and Where We Are Going* – Scott Howell; A.T. Still University.
- *Research Opportunities for Emerging Technology and Challenge in Integrating New Digital System into Clinical Practice* – Dennis Fasbinder; University of Michigan.

Each 90-minute webinar discussed progress in each of the respective fields, current gaps, and research needs. There was also a discussion following the presentations with a brief Q&A session. The recordings from the event are now available on the IADR Webinar & CE On Demand Library.

Other webinars held this year that featured IADR/AADOCR members, including "Insights on the Elusive Oral Microbiome," "Research on Oral Health Inequalities: The Editors' Views," and "Pre-COP4 2 Side Event: Accelerating the Phase Down of Dental Amalgam," are available for viewing in the [IADR Webinar & CE On Demand Library](#).

**AADOCR MIND THE FUTURE**

In September, AADOCR announced the program participants (mentees) for the [third cohort](#) of the AADOCR Mentoring an Inclusive Network for a Diverse Workforce of the Future (AADOCR MIND the Future).

**AADOCR Welcomes MIND the Future 2022-23 Class of Mentees**

Eleven mentees were selected after a rigorous review process:

- Henda Alqaderi, Harvard University, Boston, Massachusetts
- Mariana Bezamat Chappel, University of Pittsburgh, Pennsylvania
- Emily Chu, University of Maryland, Baltimore
- Cristiane Franca, Oregon Health & Science University, Portland
- Tumader Khouja, University of Pittsburgh, Pennsylvania
- Marshall Padilla, University of Pennsylvania, Philadelphia
- Jay Patel, Temple University, Philadelphia, Pennsylvania
- Sarah Peters, The Ohio State University, Columbus
- Genevieve Romanowicz, University of Oregon, Eugene
- Mairobys Socorro, University of Pittsburgh, Pennsylvania
- Rong (Rose) Wang, University of Missouri, Kansas City



MIND the Future Cohorts 1 and 2 at the 2022 AADOCR Annual Meeting in Atlanta, GA

### AADOCR MIND the Future Mentees Awarded NIDCR Funding

In August, AADOCR congratulated the MIND the Future mentee alumni who were awarded funding from the National Institute of Dental & Craniofacial Research (NIDCR) in 2022 . They were:

- Hope Amm, University of Alabama at Birmingham, was awarded an R21 entitled: [Non-Invasive Imaging of Ameloblastomas](#) .
- Erin Ealba Bumann, University of Missouri Kansas City, was awarded an R03 entitled: [Wnt5a/Ror2 Signaling in Jaw Bone Development](#) .
- Jacqueline Burgette, University of Pittsburgh, was awarded an R03 entitled: [Examining Adolescent Social Networks and Dental Utilization in the National Longitudinal AddHealth Study](#)
- Modupe Coker, Rutgers University, was awarded an R01 entitled: [Oral Microbiomes and Dental Caries in a Human Immunodeficiency Virus Infected Population](#) .
- Bruno Lima, University of Minnesota, was awarded an R03 entitled: [The Role of Protein Acetylation in Streptococcus Gordonii Biofilms](#) .
- Stephanie Momeni, University of Alabama at Birmingham, was awarded a K99 entitled: [Novel small molecule biosynthetic gene clusters in Streptococcus mutans and virulence of dental caries](#) .
- Cristina de Mattos Pimenta Vidal, University of Iowa, was awarded a K08 entitled: [Modulation of MMPs gene expression and activity by the microbiome in caries](#) .
- Ana Paula Piovezan Fugolin, Oregon Health & Science University, was awarded an R00 entitled: [Novel Strategies for Self-Healing Dental Materials](#)
- Guiqin Xie, Howard University, was awarded an R03 entitled: [Development of T cell-mediated targeted gene delivery of immunotoxin in HNSCC](#)

In 2020, AADOCR was awarded a five-year grant of more than \$13 million by the National Institute of Dental and Craniofacial Research (NIDCR) in response to FOA RFA-DE-19-007: NIDCR Mentoring Network to Support a Diverse

Dental, Oral and Craniofacial Research Workforce .The grant project dates are March 2020 through February 2025 (Grant No .5UE5DE029439-02) .The primary goal of the program is to establish a mentoring network that will support a diverse pool of early-career investigators, including individuals from diverse backgrounds (see Notice of NIH's Interest in Diversity), in developing independent research careers dedicated to improving dental, oral and craniofacial health .(NIH Grant No . IUE5DE029439) .

AADOCR continues to partner with The Oklahoma Center for Mentoring Excellence (OCME), Protecting Human Research Participants Online Training (PHRP), and the Alan Alda Center for Communication Science at Stony Brook University for educational programming, in addition to the robust schedule of educational sessions conducted for the mentees and mentors in the program .

### SCIENCE POLICY UPDATE

#### Responses to Federal Agency Requests for Information and Comments

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 .

AADOCR provided information and comments relevant to the following:

- Scientific Questions to be Examined to Support the Development of the Dietary Guidelines for Americans, 2025–2030
- Office of Strategic Coordination Request for Information on Challenges and Opportunities in Health and Science Communication Research
- CMS-1770-P .Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2023 .
- Center for Tobacco Products Request for Comments on Proposed Tobacco Product Standard for Characterizing Flavors in Cigars .
- Center for Tobacco Products Request for Comments on Proposed Tobacco Product Standard for Menthol in Cigarettes .
- National Institute of Health (NIH) Request for Information (RFI): Promoting Equity in Global Health Research .
- Office of Research on Women's Health Request for Information on the National Institutes of Health Strategic Plan for Research on the Health of Women .

#### CMS-1770-P. Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2023.

The Centers for Medicare & Medicaid Services (CMS) published an RFC on the proposed revisions to Medicare payment policies

under the Physician Payment Schedule for calendar year (CY) 2023 .In our response, AADOCR supported the following:

- i . The payment for all dental services under Medicare Parts A and B that are inextricably linked to, substantially related, and integral to the clinical success of, certain other covered medical services;
- ii . Medicare and Medicaid payments for preventive dental care and conservative periodontal treatment, specifically for persons with chronic diseases such as diabetes, heart disease, dementia, chronic lung disease, and stroke; and
- iii . Payment of routine dental services to reduce susceptibility to systemic diseases and improve outcomes of other covered medical services .

AADOCR also emphasized that the payment of preventative routine dental care and the treatment of oral diseases by Medicare and Medicaid will help reduce barriers to oral health care, may bolster efforts to integrate oral health and primary health care, and improve oral-health-related quality of life across the life spectrum .

On November 1, 2022, CMS announced that they had finalized their physician payment rule to strengthen access to whole-person care by expanding access to dental care .This finalization included several points that AADOCR advocated for, including Medicare FFS payment policies for dental services when that service is an integral part of specific treatment of a beneficiary's primary medical condition, and other clinical scenarios under which Medicare Part A and Part B payment can be made for dental services, such as dental exams and necessary treatments prior to, or contemporaneously with, organ transplants, cardiac valve replacements, and valvuloplasty procedures .

### Update of Tobacco Science Position Statements

Policy and position statements allows for AADOCR to establish to our membership, decision and policy makers, and the general public where AADOCR stands on important topics in science and dental research .The Science Information Committee has formed a Sub-Committee to update three position statements – [Impact of Tobacco Use on Oral Health](#) (adopted 2015), [Oral Disease Related to Tobacco Use](#) (adopted 1996, revised 2015), and [Use of Tobacco](#) (adopted 1996, revised 2015) .

#### *Position Statement on Tobacco*

In the updated Tobacco position statement, AADOCR opposes the use of all forms of tobacco, recommends continued research to further elucidate the health effects of using established and newly emerging tobacco products and exposure to their emissions, supports the development of collaborations with other organizations and non-dental healthcare providers, public and for-profit institutions to help inform members and the public of research findings about tobacco harm reduction products, and the conditions and risks associated with tobacco use .AADOCR supports national, state, and local legislation that eliminates tobacco advertising, promotions, and sales that appeal to or influence children and adolescents .

#### *Position Statement on Electronic Nicotine Delivery Systems (ENDS)*

In the ENDS position statement, given that no ENDS products have been approved by the U.S. Food and Drug Administration as a cessation device or authorized to make a modified risk

claim, the AADOCR opposes promoting the use of ENDS products, welcomes continued research to further elucidate the health effects of ENDS use and exposure to identify the behavioral patterns, biological mechanisms, and relative risks of the public to ENDS products in order to develop sound policies for prevention and cessation of their use .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, and supports national, state, and local legislation that eliminates ENDS advertising, promotions, and sales that appeal to or influence children and adolescents .

Both position statements are currently before the Board for their review and approval .

### Covid-19 Science Policy Response

The AADOCR was deeply concerned for the health and safety of people involved in dental, oral, and craniofacial research and about the effects of the COVID-19 public health emergency on the research enterprise .Therefore, AADOCR has created and continually updates a [COVID-19 Updates and Resources page](#) to assist our members to stay up to date with NIH funding opportunities supported by the National Institute of Dental and Craniofacial Research (NIDCR), Association News (webinar series, blog posts), COVID-19 articles published in the *Journal of Dental Research (JDR)*, and *JDR Clinical and Translational Research (JDR CTR)*, as well as other publishers and useful resources .

### Committee on Diversity and Inclusion

#### AADOCR Responses to Federal Agency Requests for Information

Federal agencies' Requests for Information and for public comment 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 .

AADOCR provided information and comments relevant to the following:

- Draft NIH Chief Officer for Scientific Workforce Diversity Strategic Plan for FYs 2022-2026
- Office of Science and Technology Policy Request for Information on the Federal Evidence Agenda on Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals Equity .

#### AADOCR Celebrates History / Heritage Months

To commemorate history / heritage months and to amplify and celebrate the diversity within the AADOCR Community, the Committee on Diversity and Inclusion hailed the achievements and contributions of the African American, Asian American and Pacific Islander, Lesbian, Gay, Bisexual, Transgender, and Queer, Hispanic American, and Native American and Alaska Native communities to the dental, oral, and craniofacial research field . The CDI shared a list of organizations that champion these underrepresented groups with several specific to academic advancement .



### GOVERNMENT AFFAIRS UPDATE

#### Congress Punts 2023 Appropriations Until After Elections

On September 30, Congress [passed](#) a continuing resolution (CR) to extend level funding for the federal government through December 16, averting a government shutdown and setting up a government funding fight for the “lame-duck” session – after the November elections but before the new Congress is seated . AADOCR has consistently [opposed](#) CRs as these stopgap measures to appropriations create inefficiencies, add uncertainty for biomedical researchers, and disrupt momentum by restricting funding for NIH research grants .

The federal budget and appropriations process continues to be a top priority for AADOCR .In response to President Biden’s initial FY2023 budget request to Congress, I released a [statement](#) calling for greater investments in biomedical research and federal oral health programs .Specifically, AADOCR called on lawmakers to provide at least \$49 billion for the NIH, including \$540 million for NIDCR, \$35 million for CDC’s Division of Oral Health, and \$46 million for HRSA’s Oral Health Training Programs in fiscal year 2023 .

#### AADOCR Testifies Before Congress for NIDCR Funding

For the second year in a row, AADOCR was selected to provide oral testimony to a key US .House committee regarding our Fiscal Year 2023 appropriations requests for NIH and NIDCR .AADOCR President **Jane A. Weintraub**, DDS, MPH, delivered the testimony at the committee’s Public Witness Day on May 26, 2022 .Dr .Weintraub cited some of NIDCR’s impressive scientific accomplishments and how that research impacts not only oral health, but the overall health of Americans .For more, read AADOCR’s [press release](#), watch Dr .Weintraub’s [oral testimony](#), or read the full [written testimony](#) .

#### AADOCR Capitol Hill Day

On October 20, six members of AADOCR’s Government Affairs Committee traveled to Washington, D C .for a series of meetings with federal legislators on Capitol Hill .The meetings provided AADOCR’s chief advocates the opportunity to meet with lawmakers who have jurisdiction over funding levels for NIH and NIDCR and/or play a key role in advancing priority legislation such as the Advanced Research Projects Agency for Health (ARPA-H) Act, the Ensuring Lasting Smiles Act, and the Oral Health Literacy & Awareness Act .The annual AADOCR/ FNIDCR Advocacy Day will be held in Washington, D C .in March 2023 .

#### CMS to Expand Medicare Coverage of Dental Services

On November 1, the Centers for Medicare & Medicaid Services (CMS) finalized the 2023 Medicare Physician Fee Schedule (MPFS) rule, which codifies current policies requiring Medicare Parts A and B to pay for dental services when the services are integral to the medical condition of beneficiaries .AADOCR submitted a letter during the open comment period in support of the proposal .The rule also allows for greater Medicare coverage of dental examinations and treatments, such as to eliminate infection preceding an organ transplant, certain cardiac procedures and treatment for head and neck cancers .Finally, CMS is establishing an annual process during which the agency will consider other circumstances when payment for dental services may be permitted .

#### AADOCR Advocates for Dental Degree in the STEM OPT Program

AADOCR commented on a Department of Homeland Security (DHS) [notice](#) from January that added 22 qualifying fields of study and associated Classification of Instructional Programs (CIP) codes to the STEM Designated Degree Program List . The [letter](#) urged DHS to expand the STEM List to include CIP codes associated with certain dental academic programs so that these programs are eligible for the STEM OPT program .The OPT (Optional Practical Training) extends the post-graduation work authorization for F-1 international students from one year to up to three years thereby allowing these students to remain in the U S .following the completion of studies to look for additional training and employment related to their studies .

#### Insurance Coverage of Craniofacial Anomalies

On June 21, three members of AADOCR’s Government Affairs Committee participated in a virtual [Advocacy Day](#) organized by a coalition made up of more than 70 organizations that support the *Ensuring Lasting Smiles Act* (H R .1916/S .754) or “ELSA” .The legislation would require all private group and individual health plans to cover the full medically necessary treatment, including reconstructive surgeries and adjunctive dental, orthodontic, or prosthodontic support, of patients with congenital anomalies or birth defects .The House passed the bill by an overwhelming majority (310-110) in April, but the Senate version hasn’t taken any action on the legislation .

#### AADOCR and FNIDCR Partner on Virtual Advocacy Day

On March 8, the AADOCR and FNIDCR joined forces for a [Virtual Advocacy Day](#) to raise the visibility of oral health and promote the value of dental and oral health research within various federal agencies .More than 60 dental researchers, scientists, educators, students, and other oral health advocates from 21 different states spent the day meeting with their members of Congress via Zoom .The advocates asked Congress to provide at least \$50 billion for the NIH and \$558 million for the NIDCR in fiscal year 2023, and to establish and fund the Advanced Research Projects Agency for Health (ARPA-H) .

#### Legislation to Improve Oral Health Literacy Gains Traction

AADOCR joined more than a dozen other associations and societies in the dental/oral health space on a [letter](#) endorsing the soon-to-be-introduced Senate version of the Oral Health Literacy and Awareness Act (H R .4555) .The legislation, authored by Senators Ben Ray Lujan (D-NM) and Susan Collins (R-ME), would establish an evidence-based oral health literacy education campaign, over a five-year period, among vulnerable populations in a culturally and linguistically appropriate manner . The House version of the bill passed last December by a 369-58 vote .

#### Biden Administration to Invest Millions in Health Workforce

In September, the Health Resources Services Administration (HRSA) announced a \$60 million investment to grow the U S . healthcare workforce and increase access to quality care in rural communities .This includes \$46 million in funding to expand care capacity in rural and tribal communities through healthcare job development, training, and placement .The funding includes support for critical health workforce needs in rural areas such

## Appendix I (continued)

as dental hygienists, medical and dental assistants, and other frontline healthcare workers .

### Federal Guidance Updates Public Access Policy for Research

The White House Office of Science and Technology Policy (OSTP) issued a [memo](#) in August directing federal health and science agencies to make federally-funded research available to the public at no cost immediately after publication . The move requires all agencies, including the [NIH, to fully implement](#) updated public access policies that end the optional 12-month post-publication embargo by December 31, 2025 . AADOCR is following this [issue](#) closely and will be engaging with the Administration to ensure the new policy maintains scientific and research integrity, the high quality and veracity of scientific publications, and equity in the ability of researchers to publish their work .

## AADOCR DIVERSITY INITIATIVES

### AADOCR Diversity and Inclusion Statement

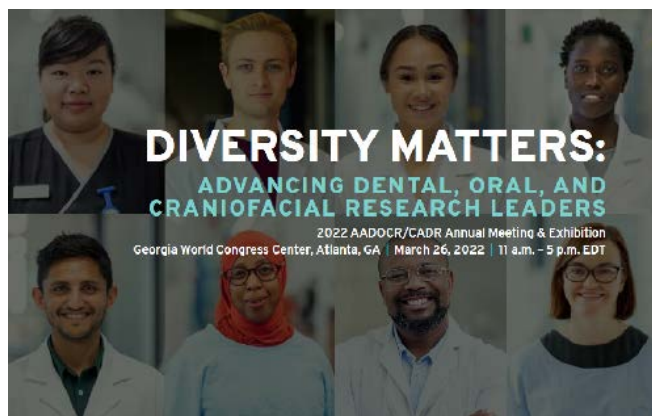
AADOCR is committed to increasing diversity and inclusion within the organization and the broader dental, oral and craniofacial research workforce .Diversity and inclusion are essential for research excellence .AADOCR's goal is to achieve diversity at all levels of research – from trainees to senior researchers at all the places where research takes place .A diverse research workforce is one is representative of the United States population .An inclusive research environment is one in which people from all backgrounds feel welcome and empowered to make meaningful contributions to research .

In March, AADOCR officially adopted its [Diversity and Inclusion Statement](#), which now permanently resides on the AADOCR website .The statements reflects upon the Association's commitment to fostering a welcoming workplace that celebrates differences and states how diversity fits into our Association's mission and vision .The statement emphasizes the following values:

- 1 . Diversity and inclusion are core values for the AADOCR .
- 2 . We are strengthened by and celebrate diversity .
- 3 . We honor pluralism and encourage each other to explore, engage in, and embrace our own and others' distinctiveness .
- 4 . Action, a core component of our commitment, is incorporated in our leadership, professional development, advocacy, and strategic framework .

### Diversity Matters: Advancing Dental, Oral, and Craniofacial Research Leaders

On the final day of the 2022 AADOCR/CADR Annual Meeting & Exhibition, the Committee on Diversity and Inclusion (CDI) hosted a Symposium Session reflecting upon the dire need to diversify the dental, oral, and craniofacial researcher pipeline .Students from Morehouse and Spelman Colleges heard presentations from several AADOCR members outlining their experiences as researchers within the dental health space, their career trajectories, and what it means to be a researcher from a minority population within the current research and social climate .They explored research projects through the lens of current



student researchers and connected 1:1 with leaders from the National Institute of Dental and Craniofacial Research and the AAADOCR Members .The day concluded with presentations from representatives of the University of California, San Francisco regarding the requirements for acceptance into dental school and the added dedication it takes to pursue a career in research .The students in attendance formed robust connections that expanded their network and will pay dividends for years to come .The CDI will continue to engage these students as they navigate their academic careers supporting their skillset development, knowledge acquisition, confidence building and cultural competence

### AADOCR/Procter & Gamble Underrepresented Faculty Research Fellowship

Susan Salazar Marocho, University of Mississippi, Jackson, MS, USA, received the 2022 [AADOCR/Procter & Gamble Underrepresented Faculty Research Fellowship](#) .The \$10,000 award is aimed at supporting researchers from underrepresented racial and ethnic groups at the early stages of their scientific careers and to increase representation of these underrepresented groups at the faculty level in science and academia .The CDI was again pleased with the number and quality of applicants and looks forward to reviewing applications for 2023 .



### AADOCR Anne D. Haffajee Fellowship

Nini Tran, University of California Los Angeles, CA, USA, received the 2022 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 .





### AADO CR FELLOWS PROGRAM

This year AADO CR installed its seventh class of AADO CR Fellows .[The AADO CR Fellows Program](#) is designed to recognize leaders of AADO CR and individuals who have served AADO CR in various ways throughout their careers and is open to active AADO CR members .

2022 Fellows:

- Judith Albino, University of Colorado Aurora, CO
- Brenda Heaton, Boston University, MA
- Alireza Moshaverinia, University of California, Los Angeles, CA
- Yong Wang, University of Missouri, Kansas City, MO
- Christine D .Wu, University of Illinois at Chicago, IL

Applicants who are accepted into the AADO CR Fellows Program receive the following benefits upon induction: recognition at AADO CR Annual Meeting Opening Ceremonies, recognition in AADO CR *Science Advocate*, an AADO CR Fellows Program lapel pin, and opportunities to network with other Fellows at the Fellows Lounge at the AADO CR Annual Meeting . Twenty-four AADO CR Fellows were accepted in the inaugural class of 2016, 19 for 2017, three for 2018, 11 in 2019, five in 2020, 20 in 2021, and five for 2022 .

### PUBLICATIONS

#### *Journal of Dental Research (JDR)* Achieves Highest Impact Factor

The IADR/AADO CR were thrilled to announce that the *Journal of Dental Research (JDR)* 2-year Journal Impact Factor™ reached an all-time high of 8 924, ranking #3 of 92 journals in the “Dentistry, Oral Surgery, & Medicine” category, and the *JDR* 5-year Journal Impact Factor™ is over 8 for the first time at 8 463, ranking #4 of 92 journals .The *JDR* also ranks #1 of 92 journals in total citations and Eigenfactor, #3 in the new Journal Citation Indicator and #4 in Article Influence Score .This news comes from the 2022 *Journal Citation Reports*™ (Clarivate™, 2022) .



Full 2022 *Journal Citation Reports*™ results for the *JDR*:

- 2-year Journal Impact Factor™: 8 924, ranking #3 of 92 journals
- 5-year Journal Impact Factor™: 8 463, ranking #4 of 92 journals
- Eigenfactor: 0 015700, ranking #1 of 92 journals
- Total citations: 27,593, ranking #1 of 92 journals
- Journal Citation Indicator: 2 88, ranking #3 of 92 journals
- Article Influence Score: 1 878, ranking #4 of 92 journals

Developed by the Institute for Scientific Information (ISI)™ at Clarivate™ and launched in 2021, the Journal Citation Indicator represents the average category-normalized citation impact for papers published in the prior three-year period, providing a single journal-level metric that can be easily interpreted and compared across disciplines .The Journal Citation Indicator is calculated for all journals in the Web of Science Core Collection – including those that do not have a Journal Impact Factor (JIF)™ .

#### Call for Papers: *JDR* Special Issue on Aging and Oral Health: Biological and Socio-behavioral Perspectives

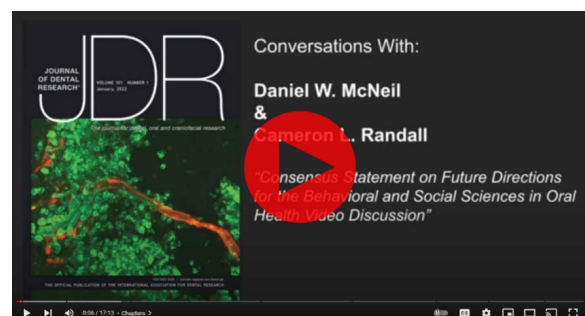
In July, the *JDR* announced the publication of a [special issue](#) in the summer of 2023 highlighting the latest scientific advances and interdisciplinary approaches related to the biological effects of aging on oral and systemic health, and the behavioral and social implications of age-related oral diseases .This special issue will be of interest to public health, health and biological sciences researchers and practitioners .The guest editors are Ana Paula Colombo, Professor and senior researcher in Oral Biology, Institute of Microbiology, Federal University of Rio de Janeiro, RJ, Brazil, and Bei Wu, Dean’s Professor in Global Health, Rory Meyers College of Nursing and College of Dentistry, New York University, NY, USA .There was an excellent response to the Call for Papers and a 2023 Q3 publication date is anticipated .

#### *JDR* Special Issue: Data-Driven Analytics for Dental, Oral, and Craniofacial Health Care

Dental, oral, and craniofacial (DOC) health care and research are generating an increasing amount of data to foster a deeper understanding of patient health and disease, allowing more effective, efficient, and safer care .Some even postulate that data and data analytics may shape “data dentistry”, with data-driven approaches and applications disseminating widely and deeply into DOC research and practice .In October 2022, the *JDR* published the special issue “[Data-Driven Analytics for Dental, Oral, and Craniofacial Health Care](#),” which focuses on such aspects of DOC Big Data and advanced data analytics, aiming to display not only the breadth of data and analytical strategies currently employed in DOC, but their translational efforts, promised impact, challenges, and current difficulties in the field .This special issue features Falk Schwendicke, Charité-Universitätsmedizin Berlin, Germany and Mary Marazita, University of Pittsburgh, United States as Guest Editors .[View the press release](#) .

#### Watch the *JDR* Video Conversation

[View the conversation](#) between *JDR* Editor-in-Chief Nick Jakubovics and the authors of “Consensus Statement on Future Directions for the Behavioral and Social Sciences in Oral Health,” D.W .McNeil, West Virginia University, Morgantown, WV, USA and C.L .Randall, University of Washington, Seattle, WA, USA .



### JDR Clinical & Translational Research

The *JDR Clinical & Translational Research (JDR CTR)*, launched in March 2016, is a peer-reviewed journal dedicated to publishing original dental, oral, and craniofacial research at the interface between discovery science and clinical application. Under the leadership of Editor-in-Chief Jocelyne Feine, McGill University Faculty of Dentistry, Montréal, Québec, Canada, this publication emphasizes translation of research into healthcare delivery systems at the individual patient, clinical practice, and community levels. *JDR CTR* is designed to allow space for the publication of reports that use high-quality but less familiar methodologies, such as health technology assessment reports, participatory methodologies, qualitative research and multi-method approaches. Follow the *JDR CTR* on Twitter [@JDRClinTransRes!](#)

### JDR CTR Publishes First Special Issue, “The Changing Face of Dentistry”

In September, IADR & AADOCR announced the publication of the first supplement to *JDR CTR*, entitled, “[The Changing Face of Dentistry](#).” This special issue features Linda LeResche, University of Washington as Guest Editor. The papers in this issue represent the final reports of four panels convened for the [2021 Arcora Distinguished Professorship in Dentistry Symposium](#) at the University of Washington under the theme, “The Changing Face of Dentistry.” The papers provide a range of perspectives on broad social, economic, and technological trends that have implications for the future of dentistry, defined as including not only dental practice, but also dental education, organized dentistry, and dental research. Some common trends were identified in multiple groups, but the perspectives on these trends differed from group to group, and sometimes even among panel members in the same group.

### JDR CTR Listed in ESCI Index

In June, IADR & AADOCR announced that the *JDR CTR* now appears on the Emerging Sources Citation Index (ESCI). It is currently ranked 35/158 in the “Dentistry, Oral Surgery & Medicine” category with a Journal Citation Indicator (JCI) of 1.10. The 158 journals in the category are inclusive of the 92 journals that receive Impact Factors. Just looking at those in the ESCI, *JDR CTR* is ranked 1/66 in the Journal Citation Indicator (JCI) for “Dentistry, Oral Surgery & Medicine – ESCI”. The ESCI was launched in late 2015 by Thomson Reuters as a new database in Web of Science. Around 3,000 journals were selected for coverage at launch, spanning the full range of subject areas. Since 2017 the index has been produced by Clarivate Analytics.

## MEMBERSHIP

As of October 31, 2022, AADOCR had 2,635 members, representing 29% of the IADR membership of 9,171 members. This represents a -10.9% change from 2021. Factors contributing to this decline may include inability to conduct research during the pandemic, hesitation to travel during the pandemic, uncertainty about restrictions in doing so, doubt about the viability of in-person meetings, and a lessened appetite for virtual events.

To counter this trend, AADOCR continues to work with other association partners, such as ADA, ADEA, HDA, and NDA to promote IADR/AADOCR membership. The GHQ also continues to work with AADOCR Section leadership as well as IADR Scientific Groups and Networks to assist with retaining

and attracting new members. New member benefits such as the IADR Community and the AADOCR microsite discussion boards are enhancing the value of membership. As of October 2022, AADOCR had 8 Corporate Section members and 111 Institutional Section members.

Continuing from 2015, complimentary membership in one of the 35 IADR Scientific Groups and Networks is included as an IADR membership benefit. Participation in IADR Scientific Groups and Networks will enhance the overall membership experience. Members can join Scientific Groups or Networks beyond the included one for an additional fee. Students continue to receive up to three IADR Scientific Group or Network memberships as part of their dues.

## MARKETING & COMMUNICATIONS

AADOCR will engage its current and prospective members via its website, marketing automation & email blast platform (Real Magnet), the *Science Advocate* monthly newsletter, targeted digital advertising (Feathr), webinar library, social media channels (Twitter, LinkedIn, Facebook, YouTube, and Instagram), and our online community. IADR/AADOCR emails have shown consistently strong performance throughout 2022. As of November, the average open rate for all emails sent to groups of more than 100 members was 50.6%, well above the 25-35% [industry average](#) for Nonprofits. The average clickthrough rate for our emails was 5.83%, also far above the industry average.

### IADR Online Community

The [IADR Online Community](#) allows IADR/AADOCR members to engage with other members throughout the year. Members can discuss hot topics, share insights, and post resources while building their worldwide professional network. One of the features of the Online Community is the Ask Me Anything (AMA) events.

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

2022 AMA events included:

- Peter A. Mossey, Professor of Craniofacial Development, University of Dundee Dental School, Dundee, Scotland on Cleft Lip and Palate Research on September 27, 2022
- Iain Morgan, Associate Dean for Research, Virginia Commonwealth University, Richmond, Virginia, USA on HPV Vaccination and Oropharyngeal Cancer Prevalence and Prevention on July 19, 2022
- Kevin Byrd, Research Scholar and Manager of Oral & Craniofacial Research at ADA Science & Research Institute, Gaithersburg, Maryland, USA on Cell Atlases as a Blueprint for Human Oral & Craniofacial Health and Disease Research on February 28, 2022.



### Social Media

AADOCR continues to grow its social media presence with an increased number of posts, active tagging, and the use of media, such as branded images and videos, within posts. AADOCR continues to regularly publish content on the AADOCR @ [AADOCR](#), [JDR CTR @JDRClinTransRes](#), and the [JDR @JDentRes](#) Twitter accounts. Additionally, in the second half of 2022 AADOCR began to more heavily utilize LinkedIn to engage an ever-increasing community of oral health professionals on that platform. The [AADOCR LinkedIn Group](#) currently has over 8,800 members and is growing every day.

### AADOCR SUPPORT OF NIH MEDICAL RESEARCH SCHOLARS PROGRAM DENTAL STUDENTS

The NIH Medical Research Scholars Program (MRSP) is a comprehensive, year-long research enrichment program designed to attract the most creative, research-oriented medical, dental, and veterinary students to the NIH intramural campus in Bethesda, MD. During the academic year, student scholars engage in a mentored basic, clinical, or translational research project that matches their professional interests and research and career goals. Their research experiences are supplemented by academic activities featuring lectures by world-renowned scientists, clinical rounds featuring research patients from the NIH Clinical Center, and an interactive Journal Club addressing major issues in clinical research. Since 2012, AADOCR has supported the MRSP providing a yearly contribution to NIH of \$75,000 provided that at least one of the selected Fellows is a dental student. The MRSP class of 2022-2023 arrived at the NIH campus in July. Among the 51 new members is Sarah Lynn, University of Minnesota School of Dentistry, who enters the program as its only dental student.

### AADOCR SUPPORT FOR STUDENT RESEARCH

#### 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 and have been created 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 21 students in 2022.

#### 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 2023. 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-four Bloc Travel Grant recipients were recognized during the

Opening Ceremonies of the 2022 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. Eleven students were selected for the 2022 AADOCR Student Research Day Award and were recognized during the Opening Ceremonies of the 51st Annual Meeting of the AADOCR, held in conjunction with the 46th Annual Meeting of the Canadian Association for Dental Research on March 23, 2022. Each were awarded \$500 and a complimentary registration to attend the meeting.

#### SCADA: Student Competition for Advancing Dental Research and its Application

For the fifth year, AADOCR joined forces with Dentsply Sirona to co-sponsor the Student Competition for Advancing Dental Research and its Application (SCADA), formerly known as the Student Clinicians of the American Dental Association. The SCADA program advances the collective commitment to empower the next generation of dental leaders. Every U.S. Dental School was invited to select a student to participate in the 2022 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 2022 AADOCR/CADR Annual Meeting & Exhibition on March 23, 2022. Read the press release [here](#).

### COVID-19 UPDATES AND RESOURCES WEBPAGE

The impacts of COVID-19 continue to be felt across the world. As such, IADR and AADOCR have created a COVID-19 Updates and Resources page to keep our members up-to-date with funding opportunities, association news, webinars, COVID-19 articles published in the *Journal of Dental Research (JDR)*, *JDR Clinical and Translational Research (JDR CTR)* as well as other publishers and other useful resources. The *JDR* and *JDR CTR* continue to actively seek manuscript submissions on COVID-19. Manuscripts on this topic are prioritized for peer review.

### FINANCE

The 2021 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, 2021, 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, 2021, AADOCR's total assets were \$11.7 million (an increase of \$1.2 million from 12/31/20). The increase is primarily due to an increase in investments, fixed assets and accounts receivable, partially offset by a decrease in cash. Total revenues were \$2.3 million up from \$1.7 million in 2020 primarily due to the division share, meeting share and meeting dividend from the 2021 joint meeting with IADR and



## Appendix I (continued)

an increase in contributions and sponsorships .Total operating expenses for 2021 were \$2 0 million, down from \$2 4 million in 2020, primarily because AADOCR's 2020 expenses included AADOCR's share of the large loss from the canceled joint meeting with IADR .Net assets at the end of year were \$10 8 million, an increase of \$1 3 million from the end of 2020 . \$10 3 million of the net assets were without donor restrictions .

The AADOCR investment portfolio as of Dec 31, 2021, was just under \$10 2 million, a net increase of 12 3% from 2020 . This increase is the net of strong investment returns partially offset by amounts sold 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 the market volatility . Although unaudited, the AADOCR portfolio as of 2Q 2022 was \$7 7 million, the decrease was primarily due to significant year-to-date market losses . Fortunately, markets have rebounded in the fourth quarter and if these market gains continue the portfolio should finish the year up from the Q3 lows .

Preliminary year-end estimates for 2022 based on YTD Q3 results project AADOCR ending the year needing a \$920,000 investment allocation to get to a balanced budget as compared to a \$846,000 budgeted investment allocation, or \$74,000 unfavorable to budget . The higher than budgeted allocation is due to a larger than expected meeting deficit and lower than budgeted membership dues .

### AADOCR FUNDRAISING ACTIVITIES UPDATE

AADOCR is the only professional organization positioned to support and represent the oral health research community, provide scientific career development, increase opportunities for scientific exchange, advance research in all sciences related to oral health, facilitate the application of research findings, and advocate for oral health research . As of October 2022, AADOCR has received more than \$1 5 million in donations, pledges, and estate gifts since the inception of its philanthropic efforts in 2014 . 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) and 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:

- AADOCR Endowment - Anne D .Haffajee Fellowship
- AADOCR Endowment - William Butler Fellowship
- AADOCR General Operating Endowment
- AADOCR Government Affairs Advocacy/FNIDCR Activities Contribution
- AADOCR New Investigator Grant Program Endowment
- AADOCR Student Research Fellowship Contributions
- Support of the AADOCR Mission

### AADOCR William F. Butler Fellowship

In September, AADOCR announced that the [William F. Butler Fellowship](#) has been endowed for an annual Fellowship in the amount of US\$8,000 00 . As the fund grows, AADOCR plans to award a \$10,000 Fellowship annually .

Dr .Butler was a pioneer in the field of mineralized tissue research, and this fellowship was created in recognition of his numerous contributions to research . The goal of the William F .Butler Fellowship is to **support researchers in the early stages of their scientific careers and, in the long term, increase the representation** of mineralized tissue researchers among the higher ranks in science and academia who will **serve as mentors in the field** .

Applications are now being accepted for the first AADOCR William F .Butler Fellowship, which will be announced at the [2023 AADOCR/CADR Annual Meeting & Exhibition](#) on March 15-18, 2023 .

Other updates include:

- [Giving Tuesday](#) is an opportunity for members to generously support the causes they care most about . Begun in 2012 as a simple day of charity, it has since grown into a year-round, global humanitarian movement that has generated hundreds of millions of dollars and united people across the world around a collective spirit of giving . Giving Tuesday was November 29, 2022 . 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 November/December 2022 .
- 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 .

### FUTURE MEETINGS

- The 52<sup>nd</sup> Annual Meeting & Exhibition of the AADOCR and the 47<sup>th</sup> Annual Meeting of the CADR will take place March 15-18, 2023, in Portland, OR .
- The 2024 IADR/AADOCR/CADR General Session & Exhibition will take place March 13-16, 2024, in New Orleans, LA .
- The 54<sup>th</sup> Annual Meeting & Exhibition of the AADOCR and the 49<sup>th</sup> Annual Meeting of the CADR will take place March 12-15, 2025 in New York, NY .
- The 2026 IADR/AADOCR/CADR General Session & Exhibition will take place March 25-28, 2026, in San Diego, CA, USA .



### IN MEMORIAM

Sadly, E .Dianne Rekow, 88<sup>th</sup> President of IADR (2011-12) and 35<sup>th</sup> President of the AADOCR passed away on August 11, 2022 . View her tribute in [Global Research Update](#). A *Journal of Dental Research* tribute is forthcoming .

Also, on October 6, 2022, William Dennis McHugh passed away . He was the 65<sup>th</sup> IADR President (1988-89) and 12<sup>th</sup> AADOCR President (1983-94) .A *Journal of Dental Research* tribute will be published in early 2023 .

We are also saddened by the loss of IADR employee Linda T . Hemphill, who passed away on July 31, 2022 .She retired in 2009 after 31 years at IADR as the Director of Publications and editor of the *Journal of Dental Research* .View her tribute in *Global Research Update*.

### CLOSING

In closing, I would like to thank the leadership of Jacques Nör, Jane Weintraub 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 15, 2022





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### Independent Auditors' Report

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

We have audited the accompanying financial statements of the American Association for Dental Research (the Association), which comprise the statement of financial position as of December 31, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

#### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

#### *Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### *Opinion*

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, 2020, 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.

## Appendix 2 — Independent Auditor’s Report for 2020 *(continued)*

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To the Council and Members  
American Association for Dental Research

### *Report on Summarized Comparative Information*

We have previously audited the Association’s statement of financial position as of December 31, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 12, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2019, is consistent, in all material respects, with the audited financial statements from which it has been derived.

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

Washington, D.C.  
September 29, 2021

Certified Public Accountants

## Appendix 2 — Independent Auditor's Report for 2020 (continued)

### AMERICAN ASSOCIATION FOR DENTAL RESEARCH

#### STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2020

(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2019)

Assets	2020	2019
<b>Current Assets</b>		
Cash and Cash Equivalents	\$ 346,394	\$ 29,201
Accounts Receivable	12,085	47,795
Contributions Receivable	15,985	27,825
Due from IADR	-	86,915
Prepaid Expenses and Other Current Assets	127,072	116,423
Total Current Assets	501,536	308,159
<b>Investments</b>	9,076,062	9,232,000
<b>Fixed Assets, Net</b>	582,098	462,082
<b>Investment in Deferred Compensation</b>	355,508	273,518
<b>Total Assets</b>	<u>\$ 10,515,204</u>	<u>\$ 10,275,759</u>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts Payable and Accrued Expenses	\$ 86,822	\$ 111,954
Refundable Advances	4,291	-
Due to IADR	338,107	-
Deferred Dues Revenue	250,419	342,407
Total Current Liabilities	679,639	454,361
<b>Deferred Compensation Payable</b>	355,508	273,518
Total Liabilities	1,035,147	727,879
<b>Net Assets</b>		
Without Donor Restrictions		
Undesignated	8,847,918	8,955,786
Board Designated	224,385	200,955
Total Without Donor Restrictions	9,072,303	9,156,741
With Donor Restrictions		
Purpose Restricted	96,860	103,370
Endowment Funds	310,894	287,769
Total With Donor Restrictions	407,754	391,139
Total Net Assets	9,480,057	9,547,880
<b>Total Liabilities and Net Assets</b>	<u>\$ 10,515,204</u>	<u>\$ 10,275,759</u>

See accompanying Notes to the Financial Statements.

## Appendix 2 — Independent Auditor's Report for 2020 *(continued)*

### AMERICAN ASSOCIATION FOR DENTAL RESEARCH

#### STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2020 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2019)

	Without Donor Restrictions	With Donor Restrictions	2020 Total	2019 Total
<b>Revenues</b>				
Membership Dues	\$ 704,668	\$ -	\$ 704,668	\$ 714,802
Conference Registration	6,075	-	6,075	7,404
Division Share, Meeting Share, and Meeting Dividend	-	-	-	394,261
Royalties and Publishing	473,580	-	473,580	503,752
Advertising	6,723	-	6,723	9,567
Contributions and Sponsorships	16,014	145,810	161,824	203,187
Investment Return Designated for Current Operations	345,074	-	345,074	172,405
Miscellaneous	4,368	-	4,368	14,418
Net Assets Released from Restrictions	147,995	(147,995)	-	-
<b>Total Revenues</b>	<b>1,704,497</b>	<b>(2,185)</b>	<b>1,702,312</b>	<b>2,019,796</b>
<b>Expenses</b>				
Program Services				
Journal of Dental Research and Publishing	283,407	-	283,407	302,664
Annual Meeting and Symposia	656,464	-	656,464	69,761
Government Affairs	486,923	-	486,923	501,567
Awards, Grants, and Fellowships	262,001	-	262,001	265,556
Member Services and Other Programs	130,031	-	130,031	133,321
<b>Total Program Services</b>	<b>1,818,826</b>	<b>-</b>	<b>1,818,826</b>	<b>1,272,869</b>
Supporting Services				
Management and General Expenses	488,196	-	488,196	625,922
Membership Development	142,532	-	142,532	211,672
<b>Total Supporting Services</b>	<b>630,728</b>	<b>-</b>	<b>630,728</b>	<b>837,594</b>
<b>Total Expenses</b>	<b>2,449,554</b>	<b>-</b>	<b>2,449,554</b>	<b>2,110,463</b>
Change in Net Assets before Investment Gain	(745,057)	(2,185)	(747,242)	(90,667)
Investment Gain in Excess of Amounts Designated for Current Operations	660,619	18,800	679,419	1,243,848
Change in Net Assets	(84,438)	16,615	(67,823)	1,153,181
Net Assets, Beginning of Year	9,156,741	391,139	9,547,880	8,394,699
<b>Net Assets, End of Year</b>	<b>\$ 9,072,303</b>	<b>\$ 407,754</b>	<b>\$ 9,480,057</b>	<b>\$ 9,547,880</b>

See accompanying Notes to the Financial Statements.

**AMERICAN ASSOCIATION FOR DENTAL RESEARCH**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED DECEMBER 31, 2020**  
**(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2019)**

	Journal of Dental Research and Publishing	Annual Meeting and Symposia	Government Affairs	Awards, Grants, and Fellowships	Member Services and Other Programs	Total Programs	Management and General	Membership Development	2020 Total	2019 Total
<b>Expenses</b>										
Salaries, Benefits, and Taxes	\$ 180,788	\$ 17,062	\$ 293,130	\$ 54,167	\$ 67,093	\$ 612,240	\$ 323,504	\$ 75,568	\$ 1,011,312	\$ 968,607
Professional Fees	21,782	85	73,846	28,415	403	124,531	27,157	21,172	172,860	144,321
Advertising and Promotion	1,103	75	1,613	418	359	3,568	1,482	18,345	23,395	80,441
Office Expenses	4,014	454	9,801	736	2,162	17,167	5,673	6,245	29,085	56,873
Information Technology	5,345	3,971	15,448	1,129	3,437	29,330	21,667	4,437	55,434	50,432
Occupancy	3,784	629	13,460	985	2,998	21,856	12,438	3,069	37,363	33,980
Travel	64	-	252	-	1,410	1,726	7,467	2,500	11,693	164,955
Conferences and Meetings	-	4,450	681	-	-	5,131	-	-	5,131	82,233
Loss on Cancelled Meeting	-	627,406	-	-	-	627,406	-	-	627,406	-
Depreciation and Amortization	6,316	1,420	30,242	2,211	6,740	46,929	27,777	6,903	81,609	63,364
General Insurance	1,630	223	4,777	350	1,065	8,045	4,388	1,089	13,522	14,346
Contributions and Sponsorships	-	-	-	151,895	-	151,895	-	-	151,895	205,060
Other Expenses	58,581	689	43,673	21,695	44,364	169,002	56,643	3,204	228,849	245,851
<b>Total Expenses</b>	<b>\$ 283,407</b>	<b>\$ 656,464</b>	<b>\$ 486,923</b>	<b>\$ 262,001</b>	<b>\$ 130,031</b>	<b>\$ 1,818,826</b>	<b>\$ 488,196</b>	<b>\$ 142,532</b>	<b>\$ 2,449,554</b>	<b>\$ 2,110,463</b>

See accompanying Notes to the Financial Statements.



## Appendix 2 — Independent Auditor’s Report for 2020 (continued)

### AMERICAN ASSOCIATION FOR DENTAL RESEARCH

#### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2020 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2019)

	<u>2020</u>	<u>2019</u>
<b>Cash Flows from Operating Activities</b>		
Change in Net Assets	\$ (67,823)	\$ 1,153,181
Adjustments to Reconcile Change in Net Assets to Net Cash (Used in) Provided by Operating Activities		
Depreciation and Amortization	81,609	63,364
Net Realized and Unrealized Gain on Investments	(907,855)	(1,246,438)
<u>(Increase) Decrease in Assets</u>		
Accounts Receivable	35,710	34,673
Contributions Receivable	11,840	30,509
Due from IADR	86,915	(86,915)
Prepaid Expenses and Other Current Assets	(10,649)	(25,527)
Investment in Deferred Compensation	(81,990)	(65,853)
<u>Increase (Decrease) in Liabilities</u>		
Accounts Payable and Accrued Expenses	(25,132)	45,802
Refundable Advances	4,291	-
Due to IADR	338,107	(207,710)
Deferred Dues Revenue	(91,988)	242,460
Deferred Compensation Payable	81,990	65,853
Net Cash (Used in) Provided by Operating Activities	<u>(544,975)</u>	<u>3,399</u>
<b>Cash Flows from Investing Activities</b>		
Purchases of Investments	(236,518)	(6,711,040)
Proceeds from Sales and Maturities of Investments	1,300,311	6,813,792
Purchases of Fixed Assets	<u>(201,625)</u>	<u>(85,706)</u>
Net Cash Provided by Investing Activities	<u>862,168</u>	<u>17,046</u>
Net Increase in Cash and Cash Equivalents	317,193	20,445
Cash and Cash Equivalents, Beginning of Year	<u>29,201</u>	<u>8,756</u>
<b>Cash and Cash Equivalents, End of Year</b>	<u>\$ 346,394</u>	<u>\$ 29,201</u>

See accompanying Notes to the Financial Statements.

### AMERICAN ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020

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

##### *Organization*

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

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

The Association’s significant sources of support include membership dues, conference registrations and royalties and publishing.

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

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

*Annual Meeting and Symposia:* relates to the activities of the annual spring and fall meetings. The related registration revenue and expenses are recorded in the Association’s financial statements. Joint meetings are generally held every other year with IADR. A joint meeting was held in 2019 and a joint meeting was scheduled for 2020, but was cancelled due to the COVID pandemic. During years when the annual spring meeting is held jointly with the IADR, the Association receives its share of the meeting surplus in the form of division, meeting share and meeting dividend income.

*Government Affairs:* this program studies national affairs and their possible effect on dental research, and provides advice to the Council and Board of Directors on developments that might affect dental research. The program also helps to inform members of Congress on issues of importance to dental research and to dental scientists.

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

*Membership Services and Other Programs:* relates to services provided to members, including publication and distribution of the newsletter. Other programs include miscellaneous sponsorships and support of programs consistent with the mission of the Association.

##### *Financial Statement Presentation*

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

### AMERICAN ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020

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

##### *Financial Statement Presentation (Continued)*

*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.

##### *Cash and Cash Equivalents*

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

##### *Accounts Receivable*

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

##### *Contributions Receivable*

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

##### *Investments*

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

##### *Fixed Assets*

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

The building is recorded at cost and is depreciated on a straight-line basis over its estimated useful life of 50 years. Building improvements are recorded at cost and are depreciated on a straight-line basis over the shorter of their estimated useful lives or over the remaining estimated useful life of the building. Expenditures and related betterments that extend the useful life of the assets are capitalized. Expenditures for maintenance and repairs, including planned major maintenance activities, are charged to expense as incurred.

AMERICAN ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020

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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.

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 publications are recognized as the events are held or 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, 2020, the Association had net unrelated business income resulting in income tax expense of approximately \$2,000.

The Association requires that a tax position be recognized or derecognized based on a “more-likely-than-not” threshold. This applies to positions taken or expected to be taken in a tax return. The Association does not believe its financial statements include, or reflect, any uncertain tax positions.

The Association’s Form 990, *Return of Organization Exempt from Income Tax*, Form 990-T, *Exempt Organization Business Income Tax Return*, and Virginia Form 500, *Virginia Corporation Income Tax Return*, are generally subject to examination by the Internal Revenue Service and the Virginia Department of Taxation for three years after filing.

*Estimates*

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

*Functional Expense Allocation*

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

AMERICAN ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020

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

*Prior Year Summarized Information*

The financial statements include certain prior year summarized comparative totals as of and for the year ended December 31, 2019. 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, 2019, from which the summarized information was derived.

*Reclassifications*

Certain 2019 amounts have been reclassified for comparative purposes.

**2. ADOPTION OF ACCOUNTING STANDARDS CODIFICATION TOPIC 606**

During the year ended December 31, 2020, the Association adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) *Topic 606, Revenue from Contracts with Customers*. Management believes that the adoption of this standard provides better consistency and comparability across non-profit and for-profit entities. The standard requires an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The updated standard replaces most existing revenue recognition guidance in U.S. GAAP. This change in accounting principle was adopted on a modified retrospective method in 2020. Analysis of the various provisions of this standard resulted in no significant changes in the way the Association recognizes revenue; however, the presentation and disclosure of revenue has been enhanced.

**3. 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, 2020, the following financial assets and liquidity sources were available for general operating expenditures in the year ending December 31, 2021:

*Financial Assets*

Cash and Cash Equivalents	\$ 346,394
Accounts Receivable	12,085
Contributions Receivable	15,985
Investments	9,076,062
Less Board Designated Funds for Future Awards and Fellowships	(224,385)
Less Purpose Restrictions by Donors	(96,860)
Less Endowment Funds Held in Perpetuity	(310,894)
Total Financial Assets Available within One Year	<u>\$ 8,818,387</u>

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



**AMERICAN ASSOCIATION FOR DENTAL RESEARCH**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020**

**4. 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, 2020:

Description	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 42,361	\$ -	\$ -	\$ 42,361
T. Rowe Price New Era Mutual Fund	359,872	-	-	359,872
Vanguard Inter-Term Treasury Admiral	955,763	-	-	955,763
Vanguard Energy Fund Admiral - TYG	-	-	-	-
Vanguard Energy Fund Admiral - VGELX	190,683	-	-	190,683
Charles Schwab - JOGIX	1,258,623	-	-	1,258,623
Equity Securities	5,138,237	-	-	5,138,237
Fixed Income Securities	-	1,130,523	-	1,130,523
Total Investments at Fair Value	<u>\$ 7,945,539</u>	<u>\$ 1,130,523</u>	<u>\$ -</u>	<u>\$ 9,076,062</u>
Deferred Compensation Investments				
CREF Global Equities R1	\$ 65,713	\$ -	\$ -	\$ 65,713
CREF Growth R1	130,417	-	-	130,417
CREF Stock R1	118,439	-	-	118,439
Other Mutual Funds	14,651	-	-	14,651
Total Deferred Compensation Investments at Fair Value	<u>\$ 329,220</u>	<u>\$ -</u>	<u>\$ -</u>	<u>329,220</u>
TIAA Traditional Annuity at Contract Value				26,288
Total Deferred Compensation Investment				<u>\$ 355,508</u>
Deferred Compensation Liability at Fair Value	<u>\$ 329,220</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 329,220
Deferred Compensation Liability at Contract Value				26,288
Total Deferred Compensation Liability				<u>\$ 355,508</u>

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.

**AMERICAN ASSOCIATION FOR DENTAL RESEARCH**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020**

**4. FAIR VALUE MEASUREMENTS (CONTINUED)**

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

**5. INVESTMENT GAIN**

Investment gain was as follows for the year ended December 31, 2020:

Description	Amount
Interest Income and Dividends	\$ 164,787
Net Realized and Unrealized Gain	907,855
Investment Fees	<u>(48,149)</u>
Total Investment Gain	1,024,493
Less Investment Return Designated for Current Operations	<u>345,074</u>
Investment Gain in Excess of Amounts Designated for Current Operations	<u>\$ 679,419</u>

During 2020 and 2019, the Board of Directors designated 4% and 2%, respectively, 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.

**6. FIXED ASSETS**

Net fixed assets consisted of the following as of December 31, 2020:

Description	Amount
Buildings and Improvements	\$ 1,126,920
Office Furniture and Equipment	<u>449,288</u>
	1,576,208
Less Accumulated Depreciation and Amortization	<u>(994,110)</u>
Fixed Assets, Net	<u>\$ 582,098</u>

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

**7. 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, 2020, were approximately \$61,000.

**8. 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.

### AMERICAN ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020

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#### 8. 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.

#### 9. 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).

AMERICAN ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020

**9. 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, 2020:

	Without Donor	With Donor Restrictions		Total
	Restrictions Board Designated	Purpose Restricted	Invested in Perpetuity	
Endowment Net Assets, Beginning of Year	\$ 200,955	\$ 12,558	\$ 287,769	\$ 501,282
Investment Return				
Interest and Dividends	-	2,129	-	2,129
Net Realized and Unrealized Gains	-	16,671	-	16,671
Total Investment Return	-	18,800	-	18,800
Contributions	-	-	23,125	23,125
Transfer from Unrestricted	23,430	-	-	23,430
Amounts Appropriated for Expenditure	-	(12,370)	-	(12,370)
Endowment Net Assets, End of Year	<u>\$ 224,385</u>	<u>\$ 18,988</u>	<u>\$ 310,894</u>	<u>\$ 554,267</u>

Endowment funds that are invested in perpetuity for the following purposes as of December 31, 2020:

Description	Amount
Anne Haffajee Fellowship	\$ 153,555
William Butler Fellowship	88,524
General Operating Endowment	47,995
New Investigator Endowment	20,820
Total Endowments Invested in Perpetuity	<u>\$ 310,894</u>

**10. BOARD DESIGNATED NET ASSETS**

As of December 31, 2020, board designated net assets are available for the following purposes:

Description	Amount
William J. Gies Award	\$ 9,199
Anne Haffajee Fellowship	201,206
William Butler Fellowship	13,980
Total Board Designated Net Assets	<u>\$ 224,385</u>

**AMERICAN ASSOCIATION FOR DENTAL RESEARCH**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020**

**11. NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSE**

As of December 31, 2020, net assets with donor restrictions are available for the following purposes:

Description	Amount
Student Fellowships	\$ 35,697
FNIDCR Barmes	17,288
Anne Haffajee Fellowship	18,988
Underrepresented Faculty Award	11,063
Distinguished Scientist Award	4,034
William Clark Fellowship	5,400
Junior Investigator Award	4,390
Total Net Assets With Donor Restrictions for Purpose	\$ 96,860

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, 2020:

Description	Amount
Bloc Travel Grant	\$ 8,032
Student Fellowships	38,276
Distinguished Scientist Award	5,600
Mind the Future	63,265
Anne Haffajee Fellowship	12,370
William Butler Fellowship	25
Underrepresented Faculty Award	10,737
William Clark Fellowship	5,400
Government Affairs	3,210
William J. Gies Award	1,080
Total Net Assets Released from Restrictions	\$ 147,995

**12. 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, 2020, the Association contributed \$13,000 to the Plan.

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

**13. CONCENTRATIONS**

For the year ended December 31, 2020, approximately 27% of revenue was received from one entity.



### AMERICAN ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020

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#### 14. 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.

#### 15. COMMITMENTS AND CONTINGENCIES

The Association has entered into several contracts with hotels and convention centers for its future conferences and meetings. Many of the contracts contain a clause whereby the Association is liable for liquidated damages in the event of cancellation based upon percentage of the contract price determined by the length of time between the cancellation and the event date. Management does not believe any cancellation under these contracts will occur and result in a material impact on the financial statements.

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

The Association occasionally receives a portion of its revenue directly from a federal government grant, which is subject to audit. A contingent liability exists to refund any amounts received in excess of allowable costs incurred and revenue recognized. Management believes that the adjustments, if any, from a government audit will not be material to the financial statements.

#### 16. LOSS ON CANCELLED MEETING

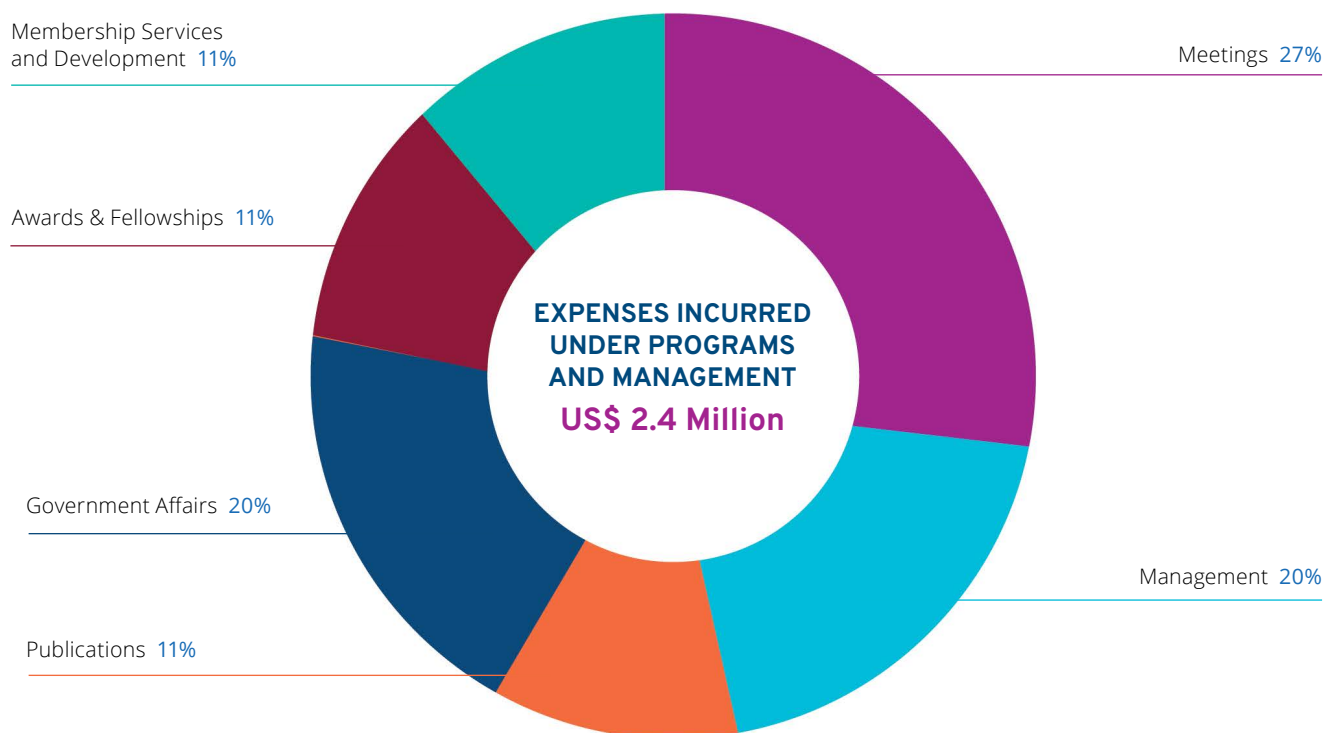
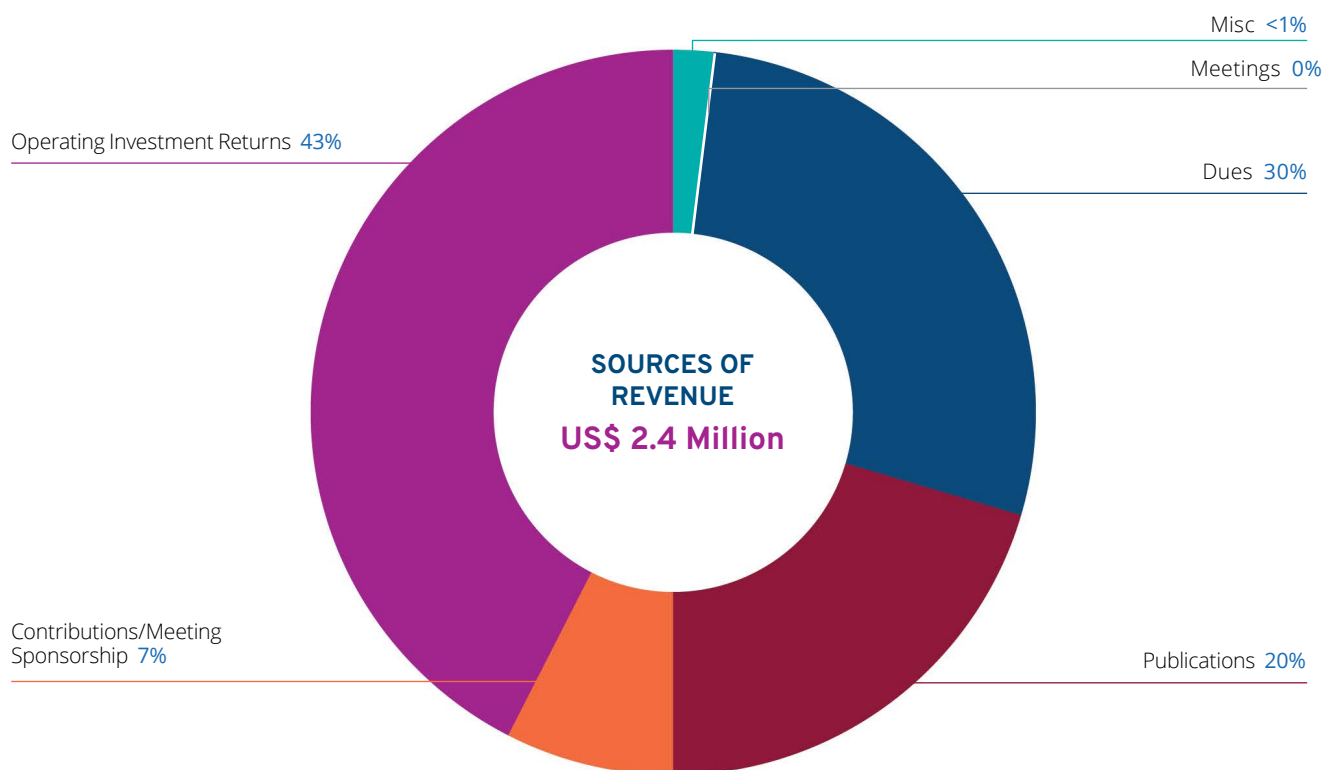
Due to the coronavirus pandemic the Association and IADR were unable to host their in-person joint centennial general session and gala scheduled for March 2020. While the Association and IADR were not liable for any cancellation fees or damages due to the cancellation, certain costs were incurred. The Association and IADR refunded all registration fees, sponsorships, and exhibit fees, although some individuals and sponsors chose to donate their registration fees and sponsorships to IADR to help offset the costs already incurred. These costs, net of the contributions received resulted in a loss of approximately \$1,254,000. Under the memorandum of understanding entered into between the Association and IADR, losses on joint meetings are shared equally. As a result, the Association’s share of this loss is approximately \$627,000 and is included as a loss on meeting cancellation in the statement of functional expenses.

#### 17. SUBSEQUENT EVENTS

Subsequent to year end the Association changed its name to American Association for Dental, Oral, and Craniofacial Research.

Subsequent events were evaluated through September 29, 2021, which is the date the financial statements were available to be issued.

## Appendix 2 — Independent Auditor’s Report for 2020 *(continued)*





## Table A2. General Operations

	ACTUAL 2021	Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET 2023	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>REVENUE</b>						
Institutional & Corporate dues	405,518	417,600	400,000	400,000	400,000	400,000
Membership Dues	283,700	249,669	299,435	268,555	297,449	329,605
Prepaid Membership Dues	0	(13,760)	0	(25,375)	(26,825)	(28,275)
Miscellaneous	25,000	21,680	29,662	26,075	23,995	26,075
<b>TOTAL REVENUE</b>	<b>714,218</b>	<b>675,189</b>	<b>729,097</b>	<b>669,255</b>	<b>694,619</b>	<b>727,405</b>
<b>EXPENSES</b>						
Employee salaries	637,596	672,524	665,546	677,246	736,652	743,406
Employee benefits	172,227	176,042	186,353	186,243	202,579	204,437
Overhead Allocation	289,420	243,946	241,923	227,251	278,078	202,615
Merchant Fees	14,542	19,612	15,384	14,121	14,656	15,348
Shipping & courier	2,000	1,323	1,545	1,500	1,545	1,591
Board Costs - Travel & Mtg	42,579	106,971	106,090	110,000	113,300	116,699
Travel - Staff	0	11,473	11,500	9,100	9,373	9,654
Government Affairs	129,411	107,823	121,000	98,448	101,402	104,444
Media & Public Relations	16,154	14,473	12,498	11,890	12,247	12,614
Member Retention	25,133	10,020	15,564	15,121	15,574	16,041
Member Recruitment	2,380	10,001	21,425	26,375	27,166	27,981
Organizational Dues	35,236	13,993	32,750	15,000	15,450	15,914
Programatic Sponsorships	5,813	6,128	10,000	10,000	10,000	10,000
Student Research Group	2,500	8,438	15,250	15,250	15,555	15,866
Miscellaneous	7,360	19,280	10,300	10,000	10,300	10,609
<b>TOTAL EXPENSES</b>	<b>1,382,351</b>	<b>1,422,047</b>	<b>1,467,130</b>	<b>1,427,547</b>	<b>1,563,878</b>	<b>1,507,219</b>
Net Income (before investment alloc)	<b>(668,133)</b>	<b>(746,858)</b>	<b>(738,033)</b>	<b>(758,291)</b>	<b>(869,259)</b>	<b>(779,814)</b>
Investment Allocation	64,516	872,891	846,434	557,777	375,557	330,000
<b>Adjusted Net Income</b>	<b>(603,617)</b>	<b>126,033</b>	<b>108,401</b>	<b>(200,514)</b>	<b>(493,702)</b>	<b>(449,814)</b>

Budget Assumptions	ACTUAL 2021	YE Estimate 12/31/2022	BUDGET 2022	BUDGET 2023	BUDGET 2024	BUDGET 2025
Member dues	1,392 \$ 165.00	1,230 \$ 170.00	1,631 \$ 170.00	1,288 \$ 175.00	1,352 \$ 185.00	1,420 \$ 195.00
Affiliate Member dues	15 \$ 132.00	24 \$ 136.00	15 \$ 136.00	25 \$ 140.00	26 \$ 147.00	27 \$ 155.00
Retired Member dues	98 \$ 40.00	109 \$ 45.00	74 \$ 45.00	109 \$ 55.00	114 \$ 58.00	120 \$ 61.00
Student dues	778 \$ 40.00	720 \$ 45.00	921 \$ 45.00	748 \$ 45.00	785 \$ 47.00	824 \$ 50.00

### General Operations (Table A2)

#### Revenue

The largest portion of revenue comes from member and institutional & corporate dues. In the lower part of the table the supporting figures for the membership dues are displayed. Historically, an investment allocation has been necessary to balance the overall operating budget. Portfolio allocations were usually necessary in years when AADOCR held stand-alone meetings when revenues are typically lower. Due to unusually strong finances, no investment allocation was needed from 2011-2017. However, with investment allocations needed from 2018-2022 and expected to be needed each year from 2023-2025, the spending policy of the Association will be exceeded, requiring Board approval. In an effort to help offset increasing expenses, increases are recommended to Member dues rates in future years.

#### Expenses

The largest expenses are typically salaries, benefits, global HQ costs (overhead allocation), government affairs, and Board costs. The global HQ cost allocation percentages applied to AADOCR

general operations for 2023, 2024 and 2025 are 26.1%, 27.1% and 26.1% respectively. Total 2022 general operations expenses are estimated to be \$45,000 lower than budgeted amount, due to lower organizational dues costs to a change in the treatment of prepaid corporate and institutional dues, lower government affairs and lower member recruitment costs. Future year budget figures are based on maintaining similar spending patterns to 2022. The 2023 budget assumes full Board and staff travel resumes in 2023.

#### 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.
- 2022 membership figures show that the number of Members decreased by about 9% from 2021 totals.
- We are budgeting for a 5% increase in memberships in 2023 as compared to 2022. The number of members and students is also budgeted to increase by 5% per year in 2024 & 2025.

## Table A3. Meetings

	ACTUAL 2021	Atlanta	Atlanta	Portland	New Orleans	New York City
		Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET 2023	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>REVENUE</b>						
Registration	0	712,383	648,172	988,843		
Member reg						
Non-member reg						
Student reg						
Accomp persons						
Abstract Submission Fees		24,475		32,075		
Exhibition Fees	0	44,870	127,242	58,410		
Advertising						
Contributions						
Symposium						
Sponsorship & Advertising	0	151,000	176,000	232,500		
Division Share *	64,523		0	0	123,806	
IADR Meeting Share **	116,142		0	0	222,850	
Meeting Dividend	0		0	0	46,253	
Interest						
Miscellaneous	0	539	1,750	1,750		
<b>TOTAL REVENUE</b>	<b>180,665</b>	<b>933,267</b>	<b>953,164</b>	<b>1,313,578</b>	<b>392,908</b>	<b>TBD</b>
<b>EXPENSES</b>						
Employee Salaries		264,772	262,025	295,820		324,839
Employee Benefits		69,308	73,367	81,351		89,331
Overhead Allocation		96,041	95,245	91,824		83,675
Personnel		154,280	131,829			
Merchant Fees/Bank Charges		16,653	25,040			
Meeting Venue		69,108	57,176			
Scientific Program		497,301	397,760			
Exhibition		10,313	30,800			
Networking Opportunities		28,769	78,875			
Meeting Promotion		36,910	43,203			
Miscellaneous		(1,400)	5,750			
Technical Costs				414,275		
Convention Center & Setup Costs				75,179		
Catering Costs				84,185		
Travel & Honorarium Costs				61,039		
Staffing Costs				43,428		
Registration & Abstract Mgmt Costs				47,980		
Promotion & Printing Costs				48,655		
Other Costs				14,975		
<b>TOTAL EXPENSES</b>		<b>1,242,055</b>	<b>1,201,068</b>	<b>1,258,710</b>	<b>0</b>	<b>TBD</b>
<b>Net Income (Before Adjustments)</b>	<b>180,665</b>	<b>(308,788)</b>	<b>(247,904)</b>	<b>54,867</b>	<b>392,908</b>	<b>345,444</b>

### Meeting (Table A3)

#### Revenue

Meeting income is mainly determined by the number of attendees and the registration fees. In years when AADOCR does not hold a meeting separately from IADR, the main source of meeting revenue comes from the Division Share, IADR Meeting Share, and the Meeting Dividend. The Division Share is calculated based on 20% of IADR/AADOCR meeting surplus when AADOCR is designated as a "Host Division". The IADR Meeting Share is calculated as 36% of the meeting surplus from a joint IADR/AADOCR meeting held in North America. And the Meeting Dividend is calculated based on AADOCR member attendance to IADR or joint IADR/AADOCR meetings.

#### Expenses

There are two main sets of expenses, 1) staff salaries, benefits and overhead costs and 2) direct costs related to the meeting. Staff costs go up or down according to whether the costs are distributed to one combined IADR/AADOCR meeting or to two separate meetings. The meeting department budgets meetings according to a very detailed list, but the simplified budget presentation in this table groups the direct meeting costs under the following functional headings:

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

AADOCR's expected meeting deficit for the 2022 hybrid Annual Meeting in Atlanta is expected to be (\$309,000).

The 2023 meeting in Portland is budgeted for a modest \$55,000 surplus due to lower than expected abstract submissions.

For 2024 & 2025 targeted meeting surpluses have calculated to assist management and the Board in seeing what level of meeting surplus is needed to achieve a balanced operating budget (a net operating budget deficit equal to the expected allocation to operations from the investment portfolio).



## Table A4. Fall Focused Symposium

	ACTUAL 2021	Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET 2023	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>REVENUE</b>						
Member reg	0	0	4,000	4,000	4,000	4,000
Non-member reg	0	0	2,000	2,000	2,000	2,000
Student reg	0	0	600	600	600	600
Contributions	0	0	0	0	0	0
Miscellaneous	0	0	100	100	100	100
<b>TOTAL REVENUE</b>	<b>0</b>	<b>0</b>	<b>6,700</b>	<b>6,700</b>	<b>6,700</b>	<b>6,700</b>
<b>EXPENSES</b>						
Employee Salaries	13,673	13,260	13,122	15,007	15,896	16,440
Employee Benefits	3,693	3,471	3,674	4,127	4,371	4,521
Overhead Allocation	6,207	4,810	4,770	5,036	6,001	4,481
Merchant Fees	0	0	208	208	208	208
Organization	0	0	0	0	0	0
Meeting Venue	0	0	2,500	2,500	2,500	2,500
Scientific Program	0	1,829	7,500	7,500	7,500	7,500
Travel	0	2,101	0	0	0	0
Social Program	0	0	0	0	0	0
Printing & Promotion	0	0	0	0	0	0
Publication	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0
<b>TOTAL EXPENSES</b>	<b>23,573</b>	<b>25,470</b>	<b>31,774</b>	<b>34,377</b>	<b>36,476</b>	<b>35,649</b>
<b>Net Income</b>	<b>(23,573)</b>	<b>(25,470)</b>	<b>(25,074)</b>	<b>(27,677)</b>	<b>(29,776)</b>	<b>(28,949)</b>

### 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 cuttingedge technology and techniques .The first Fall Focused Symposium was held in 2008 .The 2022 symposium was held with the presenters in one location and most attendees virtual .The next Fall Focused Symposium is scheduled for Fall 2023 .

#### Revenue

The two main sources of revenue are registration income and sponsorships .

No registration or sponsorship revenues were collected for the 2022 FFS. Modest registration revenues are budgeted for 2023 – 2025 to help offset costs .

#### Expenses

Only modest space and AV costs are expected other than the allocated salaries, benefits and overhead costs for 2022 .For 2023 through 2025 modest in-person meetings are contemplated . These meetings are expected to result in deficits consistent to net deficits for prior in-person events .

#### Comments

- Due to the changing subject matter and location, attendance is difficult to predict.
- The goal is to breakeven each year .However, due to the cost and low non-member attendance of this meeting it has been difficult to achieve.
- A deficit of about \$24,000 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

	ACTUAL 2021	Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET 2023	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>REVENUE</b>						
Contributions	130,820	156,240	180,790	127,540	99,380	127,540
AADOCR Portfolio Allocation	3,900	127,554	0	126,000	2,000	2,000
Total Return On Investment	56,726	(94,740)	23,311	31,722	31,602	31,064
<b>TOTAL REVENUE</b>	<b>191,446</b>	<b>189,054</b>	<b>204,101</b>	<b>285,262</b>	<b>132,982</b>	<b>160,604</b>
<b>EXPENSES</b>						
Awards/Fellowships/Mission Support	99,440	132,417	133,000	154,200	130,700	154,200
Plaques	666	1,900	305	310	80	310
Miscellaneous	0	4,696	2,450	2,350	0	2,350
Admin Fees	6,316	8,787	13,107	9,453	7,373	9,453
Investment Fees	1,951	2,180	1,725	3,208	3,314	3,413
<b>TOTAL EXPENSES</b>	<b>108,373</b>	<b>149,980</b>	<b>150,587</b>	<b>169,520</b>	<b>141,467</b>	<b>169,726</b>
<b>Net Income</b>	<b>83,073</b>	<b>39,074</b>	<b>53,514</b>	<b>115,742</b>	<b>(8,485)</b>	<b>(9,122)</b>
Balance from Previous Year	675,086	758,159	746,204	797,233	912,975	904,490
Prior Year Balance Adjustment						
<b>Balance at Year End</b>	<b>758,159</b>	<b>797,233</b>	<b>799,718</b>	<b>912,975</b>	<b>904,490</b>	<b>895,368</b>

### Fellowships and Awards (Table A5)

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

The Board of Directors has designated funds from the Association's reserves to be "quasiendowed" to support the William J. Gies Award in perpetuity. Since this fund is not a true "endowment", the Board has the power to change the purpose of this "designated" fund at its discretion.

A planned giving campaign was initiated in 2014 to encourage creation of permanent endowments that will support the mission of the AADOCR. In 2014, AADOCR received contributions to create a permanent endowment, The Anne Haffajee Endowment. That endowment became fully funded in 2016, making it officially the first permanent endowment of the AADOCR. An award of \$10,000 has been issued annually since 2017 for the Anne Haffajee Fellowship. The

William Butler Endowment was approved to be considered fully funded at a lower level than the original level set for the endowment in 2022. The first award for this endowment will be issued in 2023. Contributions are also being received for the remaining two endowments, however, they have not yet been fully funded.

Administrative costs charged to many of AADOCR's awards are reflected on these budget sheets as expenses and included in Miscellaneous Income on the General Operations Budget (Table A2).

You may notice deficits in some funds' net income from time to time. This is typically due to timing issues. Generally Accepted Accounting Procedures (GAAP) requires that AADOCR record contributions during the year that they are received and record the expense of the award/fellowship in the year that it is paid. Contributions are frequently received in the year prior to awarding the grant. So, the first year would show a surplus and the second year would show a deficit. These surpluses and deficits should offset each other over time.

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

	ACTUAL 2021	Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET 2023	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>Staff costs</b>						
Staff Salaries	2,322,450	2,487,377	2,461,569	2,595,404	2,719,562	2,849,726
Staff Benefits	627,339	651,105	689,239	713,736	747,879	783,675
Subtotal	2,949,789	3,138,482	3,150,809	3,309,140	3,467,441	3,633,401
% Change from Prior Year	6.4%	6.4%	6.8%	5.4%	4.8%	4.8%
% Diff. From Current Year Budget	-1.5%	-0.4%	5.2%	5.0%		
<b>Overhead costs</b>						
Accounting fees	6,418	5,633	7,426	7,500	7,725	7,957
Audit	65,027	74,439	55,697	61,800	63,654	65,564
Bank charges	17,632	17,658	30,050	22,000	22,660	23,340
Building maintenance	63,336	55,482	75,500	75,209	77,465	79,789
Data Processing	3,477	0	0	0	0	0
Depreciation (50/50 Joint Assets)	186,084	243,931	251,570	256,568	262,408	152,784
Information Technology	360,213	255,651	212,079	186,262	191,850	197,606
Insurance	48,359	54,210	50,000	56,378	58,070	59,812
Leases & equipment	13,948	14,695	14,547	14,547	14,983	15,433
Legal fees	5,405	11,002	10,609	10,000	10,300	10,609
Miscellaneous	4,929	22,706	5,305	5,000	5,150	5,305
Office supplies	3,370	4,996	10,000	7,500	7,725	7,957
Postage & Shipping	(744)	2,708	3,000	3,000	3,090	3,183
Recruitment costs	47,694	3,292	5,000	5,000	5,150	5,305
Staff Development	8,195	11,859	23,500	23,750	24,000	24,250
Staff Events/Appreciation	4,141	5,003	5,950	6,250	6,438	6,631
Taxes - Property	34,325	33,989	35,540	36,000	37,080	38,192
Taxes - Other	0	60	0	0	0	0
Telephone/Internet	30,977	24,806	32,377	24,362	25,093	25,846
Temporary Help	9,235	0	4,500	4,500	4,500	4,500
Subtotal	912,021	842,120	832,651	805,627	827,341	734,060
% Change from Prior Year	19.9%	-7.7%	-8.7%	-4.3%	2.7%	-11.3%
% Diff. From Current Year Budget	17.4%	1.1%	7.2%	-3.2%		
<b>GRAND TOTAL</b>	<b>3,861,810</b>	<b>3,980,602</b>	<b>3,983,460</b>	<b>4,114,767</b>	<b>4,294,782</b>	<b>4,367,461</b>
% Change from Prior Year	9.3%	3.1%	3.2%	3.4%	4.4%	1.7%
% Diff. From Current Year Budget	2.4%	-0.1%	5.6%	3.3%		

## Joint Budgets – Executive Summary

### Proposed 2023 Budgets

**GHQ:** Total 2023 GHQ costs are budgeted to increase by 3.3% as compared to 2022 budgeted costs and by 3.4% when compared to projected 2022 year-end expenses .

- Salaries and benefits in 2022 are expected to be about \$13,000 lower than budget primarily due to lower than budgeted benefit costs .A full staff is budgeted in 2023 . Salary and benefit costs are budgeted to increase in 2023 by 5.0% when compared to 2022 budgeted costs and 5.4% compared to projected 2022 year-end expenses . The 2023 Salary and benefit budget takes into account recent new hires .
- Information technology costs are higher than budget in 2022 due to higher than budgeted Nimble licensing and configuration costs .While the higher licensing costs will continue into 2023, the configuration costs are expected to be lower and overall IT costs are budgeted to be lower in 2023 .
- These higher costs are partially offset by lower telephone costs due to the transition to a lower cost Teams based phone system and bank fees .

**JDR:** The surplus continues to help offset the deficits expected in other budget departments .As has been typically done, to be conservative, a 5% reduction in Royalty income from expected 2022 results is budgeted for 2023 .2022 expected royalties are projected to be \$46,000 better than budget .The Editorial Stipend provide by Sage remains unchanged from 2022 and will remain the same for the duration of the contract term .Editorial expenses are also budgeted to remain unchanged .

**JDR CTR:** Royalty income, similar to JDR has been conservatively budget to decrease by 5% from expected 2022 results .Like the JDR, JDR-CTR 2022 royalties are expected to be better than budget boosted by a supplement published in September .Editorial expenses are unchanged from 2022 .A small deficit is expected, though it should be noted that the expenses include allocation of staff salaries, benefits as well as an overhead allocation .

### Preliminary 2024 & 2025 Budgets

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

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

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



## Table JP2. JDR Clinical & Translational Research

	ACTUAL 2021	Year-End Estimate 12/31/2022	Approved BUDGET 2022	Proposed BUDGET 2023	Preliminary BUDGET 2024	Preliminary BUDGET 2025
<b>REVENUE</b>						
Member subs	2,444	2,240	2,684	2,352	2,470	2,593
Student subs	300	372	330	409	450	495
Less: Subscription Rev to SAGE	(2,744)	(2,612)	(3,014)	(2,761)	(2,920)	(3,088)
Miscellaneous	0	0	250	250	250	250
Advertising Share	0	0	0	0	0	0
Editorial Stipend	40,000	40,000	42,500	42,500	42,500	42,500
Royalty Income	49,998	59,772	45,537	57,950	55,053	52,300
<b>TOTAL REVENUE</b>	<b>89,998</b>	<b>99,772</b>	<b>88,287</b>	<b>100,700</b>	<b>97,803</b>	<b>95,050</b>
<b>EXPENSES</b>						
Employee salaries	43,920	45,470	44,998	46,349	52,212	50,924
Employee benefits	11,864	11,902	12,599	12,746	14,358	14,004
Overhead Allocation	17,247	15,394	15,221	14,387	15,884	13,118
Merchant Fees	164	77	93	86	91	96
Marketing	0	0	1,500	1,500	1,500	1,500
Editorial expenses/Ed Board	38,960	38,960	41,460	41,460	41,460	41,460
Legal	0	1,169	1,000	1,500	1,545	1,591
Miscellaneous	0	0	500	500	500	500
<b>TOTAL EXPENSES</b>	<b>112,155</b>	<b>112,972</b>	<b>117,372</b>	<b>118,528</b>	<b>127,550</b>	<b>123,193</b>
<b>Net Income</b>	<b>(22,157)</b>	<b>(13,200)</b>	<b>(29,085)</b>	<b>(17,828)</b>	<b>(29,748)</b>	<b>(28,144)</b>
<b>Budget Assumptions</b>	<b>ACTUAL 2021</b>	<b>Year-End Estimate 12/31/2022</b>	<b>Budget 2022</b>	<b>Budget 2023</b>	<b>Budget 2024</b>	<b>Budget 2025</b>
Member Print						
Rate	\$20	\$20	\$20	\$20	\$20	\$20
Number of	122	112	134	118	123	130
	2,440	2,240	2,684	2,352	2,470	2,593
Student Subs Print						
Rate	\$12	\$12	\$12	\$12	\$12	\$12
Number of	25	31	28	34	38	41
	300	372	330	409	450	495

### 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 2022, with a supplement published in September 2022.

Royalty income has exceeded the budgeted estimate most years. Royalty revenue for 2022 is expected to exceed 2021 revenues, which is better than the budgeted 5% decrease that was expected. 2022 revenues are helped by additional revenue from the September supplement. To be conservative, future year royalty income is budgeted to decline by 5% per year.

#### Expenses

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

2021 expenses are expected to be lower than budget due to in person meeting of the editors and lower marketing costs. Future year budgets are planned at similar amounts to the 2021 budget. Editorial expenses are budgeted to remain unchanged in 2022 as the same agreements will be in place for the editorial staff as in 2021.

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 3 — 2022-23 AADOCR Board of Directors and Committees

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### Board of Directors

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Jane A .Weintraub, President  
Alexandre Vieira, President-elect  
Effie Ioannidou, Vice President  
Jacques Eduardo Nör, Immediate Past President  
Ana Bedran-Russo, Treasurer (elected)  
Luciana Machion Shaddox, Member-at-Large (2023)  
Benjamin Chaffee, Member-at-Large (2024)  
Sheila Riggs, Member-at-Large (2025)  
Paige Bussanich, Patient Advocate Representative (2023)  
Joe D .Oxman, Member (2023)  
Brian Foster, Member (2024)  
James Sung Jin Jang, Student Representative (2024)  
Kazune Pax, Student Representative (2023)  
Nicholas Stephen Jakubovics, JDR Editor-in-Chief (2025)  
Jocelyne Feine, JDR CTR Editor-in-Chief (2024)  
Christopher H .Fox, Chief Executive Officer (2025)

### Annual Session Committee

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Julie Frantsve-Hawley (2023) Chair  
Kamran Habib Awan (2023)  
Justin Merritt (2024)  
Nisha D'Silva (2025)  
Jin Xiao (2025)

### Committee on Diversity and Inclusion

---

Sylvia A .Frazier-Bowers (2023), Chair  
Keith A .Mays (2023)  
Gisele F .Neiva (2023)  
Carolina Cucco (2024)  
Bruno Lima (2024)  
Diana Messadi (2024)  
Marcia Campos (2025)  
Abraham Schneider (2025)  
Dina Garcia (2025)

### Constitution Committee

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Dolphus R .Dawson (2023), Chair  
Alexandra Pierre-Bez (2023)  
Kamran Awan (2024)  
E .Dianne Rekow (2024)  
Ilsar Turkyilmaz (2024)  
Gisele F .Neiva (2025)  
Mateus Garcia Rocha (2025)  
Jeremie Douglas Oliver (2025)  
Claudia Téllez Freitas (2025)

### Development Committee

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Paul Krebsbach (2024), Chair  
David Johnsen (2023)  
Erin Ealba Bumann (2023)  
Linda Kaste (2023)  
Athena S .Papas (2023)  
Matthew Doyle (2024)  
J .Timothy Wright (2025)

### Edward H. Hatton Awards Committee

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Livia Tenuta (2023)  
Deepak Saxena (2023)  
Mina Mina (2023)  
Sharukh S .Khajotia (2023)  
Patricia Miguez (2024)  
Flavia Pirih (2024)  
Chun-Teh Lee (2025)  
Cristiane Miranda França (2025)  
Georgios Kotsakis (2025)

### Ethics Committee

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Lawrence Gettleman (2023), Chair  
Seyed Hossein Bassir (2023)  
Marcelo Araujo (2024)  
Sue Herring (2024)  
Andrea Pobocik (2024)  
Sarah Raskin (2024)  
Eric Everett (2025)  
Regina Messer (2025)  
Jacqueline Abranches (2025)

### Fellowships Committee

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Christine D .Wu (2023), Chair  
Ana Paula Dias Ribeiro (2023)  
Noriaki Ono (2023)  
Yu Lei (2024)  
James Lipton (2024)  
Mary Ann Melo (2024)  
Michelle Visser (2024)  
Clarissa Souza Gomes da Fontoura (2025)  
Clarisa Amarillas Gastelum (2025)  
Elisabeta Karl (2025)  
Gaurav Vijay Joshi (2025)

### Nominating Committee

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Mina Mina (2023), Chair  
Mark Herzberg (2023)  
Sharukh S .Khajotia (2023)  
Stephen Bayne (2024)  
Martha Somerman (2024)  
Maria Ryan (2024)  
Bruno N .Cavalcanti (2025)  
Brenda Heaton (2025)  
Qian Wang (2025)  
Rajesh Vishno Lalla (2025)

### Science Information Committee

---

Kevin M .Byrd (2023), Chair  
Steve Levy (2023)  
Nathanael Salako (2023)  
Wanida Ono (2025)  
Yau-Hua Yu (2025)  
Xin Li (2025)  
Ryan Moffat (2025)  
Praveen R Arany (2025)  
Xuelian Huang (2025)

## Appendix 3 *(continued)*

### National Student Research Group Faculty Advisors

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Hope Amm (2024)  
Frank Scannapieco (2025)

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

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Quan Yuan (2023), Chair  
Alastair J Sloan (2023)  
Hongli Sun (2024)  
Xin Li (2025)  
Dalia E Meisha (2025)  
Frederico Barbosa de Sousa (2025)  
Lina Niu (2025)  
Jeong-Ho Yun (2025)  
Ana Pauloa Piovezan Fugolin (2025)

### IADR/AADOCRTellers

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Sheri Adamson Brownstein (2023), Chair  
Liran Levin (2023)  
Prabhat Kumar Chaudhari (2025)

### COMMITTEE ASSIGNMENTS THAT ARE DETERMINED BY BOARD ROTATION OR ARE CURRENTLY NOT UP FOR CONSIDERATION

#### Distinguished Scientist Award

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Mark Herzberg (2023), Chair  
Jack Ferracane (2023)  
Raul Garcia (2024)  
Maria Emanuel Ryan (2025)  
Tim Wright (2026)

#### Honorary Membership Committee

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Maria Emanuel Ryan, (2023), Chair  
Tim Wright, (2024)  
Mark Herzberg, (2025)

#### Government Affairs Committee

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Anne George (2023), Chair  
Abraham Schneider (2023)  
Christy McKinney (2024)  
Fotinos Panagakos (2024)  
Amid I .Ismail (2025)  
Pamela C .Yelick (2025)  
Eric Everett (2025)  
Olga J .Baker (2025)  
Caris Smith (2023) (*Gert Quigley Fellow*)  
Christopher Fox, Chief Executive Officer, *ex officio*

### IADR/AADOCR Publications Committee

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Mark Herzberg (2023), (AADOCR), Chair  
Pamela DenBesten (2023), (IADR), (AADOCR)  
Jens Kreth, AADOCR Rep (2023), (AADOCR)  
Carmem Pfeifer, AADOCR Rep (2024), (AADOCR)  
Jorge Perdigao, AADOCR Rep, (2025) (AADOCR) (elected)  
Georgios Belibasakis, IADR Rep (2023), (Scandinavian Division)  
Vijay Mathur, IADR Rep (2024) (Indian Division)  
Raj Nair, IADR Rep, (2025), (ANZ Division) (Appointed)  
Effie Ioannidou, Associate Editor, *JDR Clinical & Translational Research* (AADOCR), *ex officio*  
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*  
Christopher H .Fox, IADR/AADOCR Chief Executive Officer (AADOCR), *ex officio*  
Nick Jakubovics (2025), (British Division) Editor-in-Chief, *Journal of Dental Research*, *ex officio*

### AAAS Representatives

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#### (Through March 2022)

Christopher Fox

### ADA Standards Committee on Dental Products

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Carmem Pfeifer (2024)  
Yu Zhang (2024)  
Marco Bottino (2024)  
Robert Kelly (2024)

### ADA Standards Committee on Dental Informatics

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Marcelo Freire (2024)

### Dental Quality Alliance Committee

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Kathryn Atchison

## Appendix 4 — 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 Josphipura, 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

## Appendix 5 — AADOCR Student Research Fellowship Recipients

(supported in 2022 by IADR/AADOCR members and several institutional and corporate members)

- 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
- 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
- 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
- 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
- 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
- 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'Alé Louie, University of Michigan  
Andrew Lum, Tufts University School of Dental Medicine  
Andrew McCall, State University of New York at Buffalo

## Appendix 5 (continued)

2017 (continued)

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

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  
Sung Wai Wong, University of North Carolina, Chapel Hill

## Appendix 6 — 2022 AADOCR Bloc Travel Grant Recipients

Supported by the National Institutes of Health – National Institute of Dental and Craniofacial Research (NIH-NIDCR) (Grant No. R13DE030343-02)

Christian P Ahearn, University at Buffalo, NY  
Natalie Anselmi, University at Buffalo, NY  
Kristina Astleford-Hopper, University of Minnesota, Minneapolis  
Frank A Boksa, University of Iowa, Iowa City  
Alanna Bram, University of Iowa, Iowa City  
Veronica Camacho, Texas A&M University, Dallas  
Won Hee Cho, University of California, San Francisco  
Kalie Dominick, National Institutes of Health, Bethesda, MD  
Steven Fredeen, University of Pennsylvania, Philadelphia  
Sean Thomas Ganther, University of California, San Francisco  
Ryan Hackenberger, Midwestern University – Downers Grove, Illinois  
Conrad Harness, Texas A&M University, Dallas  
Luke Hovey, University of Iowa, Iowa City  
Jai Eun Huh, University of California, San Francisco  
Seung Jin Jang, University of Florida, Gainesville  
Ryunhyung Jessica Kim, Columbia University, New York, NY  
Youkyung Kim, New York University, NY

Austin Kim, Midwestern University – Downers Grove, Illinois  
Alisa Eunyoung Lee, University of Pennsylvania, Philadelphia  
Jaden Sophien Lee, Medical University of South Carolina, Charleston  
Elizabeth Leon, Nova Southeastern University, Fort Lauderdale, FL  
Naeem Motlagh, University of Florida, Gainesville  
Carolyn Nguyen, University of California, San Francisco  
Josaranie Nieves-Santana, University of Puerto Rico, San Juan  
Stanley Onuegbu, University of California, San Francisco  
Soomin Park, Columbia University, New York, NY  
Kazune Pax, The Ohio State University, Columbus  
Sienna Kaelyn Perry, NIDCR, Bethesda, MD  
Anwar Radwan, University of Pennsylvania, Philadelphia  
Samantha Rustia, University of California, San Francisco  
Michelle Lee Scott, The Ohio State University, Columbus  
Sydney Woods, University of Iowa, Iowa City  
Jihee Yoon, University of California, San Francisco  
Shao Yang Zhang, University of Iowa, Iowa City

## Appendix 7 — AADOCR MIND the Future Program

### AADOCR Mentoring an Inclusive Network for a Diverse Research Workforce of the Future (AADOCR MIND the Future)

In February 2022, AADOCR was awarded Year 3 funding for the AADOCR Mentoring an Inclusive Network for a Diverse Workforce of the Future (AADOCR MIND the Future) under Grant Award 5UE5DE029439. The educational program began in September 2022 and will continue through September 2023 for the current cohort of mentees.

MIND the Future continues to build a vibrant and inclusive community of investigators whose participation is vital to advancing dental, oral, and craniofacial research and improving the oral health of our nation. The primary goal of this NIDCR-funded program is to establish a mentoring network that will

support a diverse pool of early career investigators, including individuals from diverse backgrounds, in developing independent research careers dedicated to improving dental, oral, and craniofacial health.



Principal Investigators for the grant are David Drake, University of Iowa, Iowa City, Christopher H. Fox, AADOCR CEO, and Effie Ioannidou, University of Connecticut, Farmington. The NIDCR Program Partner is Dr. Anissa Brown, Chief, Research Training and Career Development Branch.



**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 Cevitanes	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	Margarita Fontana	University of Michigan
Rong (Rose) Wang	University of Missouri–Kansas City	Nisha D’Silva	University of Michigan

**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

**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

## Appendix 8 — AADOCR Awards & Fellowships Winners (through 2022)

### AADOCR Distinguished Scientist Award

(supported in 2022 by Haleon)

Ronald Gibbons	1992	John Greenspan	2010
Paul Goldhaber	1995	Ronald Dubner	2012
Henning Birkedal-Hansen	1998	Rafael Bowen	2014
Roy Page	2001	Robert Genco	2016
James Beck	2004	William Maixner	2018
Sigmund Socransky	2006	Sally J. Marshall	2020
Kenneth Yamada	2008	Barbara Boyan	2022

### AADOCR/CADR Joseph Lister Award for New Investigators

(supported by Johnson & Johnson Consumer Inc)

Xue Yuan	2018	Archana Kamalakar	2022
Vivek Thumbigere Math	2018	Chukwuebuka Ogwo	2022

### AADOCR Anne D. Haffajee Fellowship

(supported in 2022 by an endowment created by donations from individuals and companies.)

Yong-Hee Patricia Chun	2017	Fatemeh Memen-Heravi	2020
Kyounga Cheon	2018	Ning Yu	2021
Julie Marchesan	2019	Nini Tran	2022

### AADOCR Irwin D. Mandel Distinguished Mentoring Award

Irwin D. Mandel – Columbia University, NY	2010
Mary MacDougall – University of Alabama at Birmingham	2011
Bjorn Steffensen – University of Texas Health Science Center at San Antonio	2012
Sally Marshall – University of California, San Francisco	2013
Peter Milgrom – University of Washington, Seattle	2014
William Bowen – University of Rochester, NY	2015
Kenneth Anusavice – University of Florida, Gainesville	2016
Rena D'Souza – University of Utah, Salt Lake City	2017
Grayson Marshall – University of California, San Francisco	2018
Yvonne Kapila – University of California, San Francisco	2019
Frank Scannapieco – University at Buffalo, NY	2020
Nisha D'Silva – University of Michigan, Ann Arbor	2021
No-Hee Park – University of California, Los Angeles	2022

### AADOCR Jack Hein Public Service Award

John Hein	1996	David Johnsen	2010
Gert Quigley	1997	Lawrence Tabak	2011
Christopher Squier	1998	Isabel Garcia	2012
Jay Gershen	1999	Alice DeForest	2013
Anthony Picozzi	2000	Bruce Baum	2014
John Crawford	2001	Daniel Meyer	2015
Michael Barnett	2002	Harold Slavkin	2016
Judith Sherman	2003	Christian Stohler	2017
Michael Alfano	2004	Teresa Dolan	2018
Linda Niessen	2005	Scott Tomar	2019
Robert Collins	2006	Ernest Newbrun	2020
Dushanka Kleinman	2007	Martha Somerman	2021
Joan Wilentz	2008	Kathleen T. O'Loughlin	2022
Roseann Mulligan	2009		

### 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	Jeffrey Ebersole	2021
Sebastian Ciancio	2019	Sharon Grayden	2021
Mary MacDougall	2019	Mina Mina	2022
John W. Stamm	2020	Peter Polverini	2022
Stephen Bayne	2021	Martha J. Somerman	2022

### AADOCR Procter & Gamble Underrepresented Faculty Research Fellowship

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

Jessica Scoffield	2019	Patricia Miguez	2021
Bruno Lima	2020	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	Paula Ortiz	2011
Lamont MacNeil	1997	Leena Bahl-Palomo	2012
Gregory Oxford	1998	Jill Bashutski	2013
Stephen Meraw	2000	Changming Lu	2014
Bjorn Steffensen	2001	Ramzi Abou-Arraj	2015
Katherine Schrubbe	2003	Yau-Hua Yu	2016
Ryan Harris	2004	Nada Souccar	2017
Petros Papagerakis	2005	Yogalakshmi Rajendran	2018
Thomas Oates	2006	Francesca Bonino	2019
Maria del Pilar Valderrama	2007	Karren Komitas	2020
Maria Geisinger	2009	Dennis Sourvanos	2021
Isabel Gay	2010	Georgios Kotsakis	2022

### Harald Løe Scholars

Norman Tinanoff	1995	Paul Moore	2000
John D. Rug	1996	Jane Atkinson	2001
J. Michael Cohen Jr.	1997	Fred Certosimo	2003
Marc W. Heft	1999		

(Discontinued)

### JDR Cover of the Year

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

## AADO CR Hatton Competition

David Russell	Post-doctoral	1967	Earl Albone	Junior	1994	Kaitrin Kramer	Junior	2011
Burton Horowitz	Post-doctoral	1967	Arthur Wickson	Junior	1994	Charles Billington	Senior	2012
Sherman Sweeney	Junior	1967	James Yang	Post-doctoral	1996	Megan Falsetta	Post-doctoral	2012
Dick Lavender	Post-doctoral	1968	Tracy Mayfield-Donahoo	Post-doctoral	1996	Mildred Embree	Post-doctoral	2012
Mladen Kuftevec	Post-doctoral	1968	Sotirios Tetradis	Post-doctoral	1996	Jenny Sun	Junior	2012
Marlin Walling	Junior	1968	Margherita Fontana	Post-doctoral	1996	Jonathan An	Junior	2012
Stuart White	Junior	1968	Galen Schneider	Post-doctoral	1996	Yinshi Ren	Senior	2012
Richard Selmont	Post-doctoral	1970	Nisha D'Silva	Post-doctoral	1996	Wanida Ono	Senior	2013
Benjamin Ciola	Post-doctoral	1970	Christopher Robinson	Junior	1996	Aaron Havens	Senior	2013
Michael Barkin	Junior	1970	Joseph Brogan	Junior	1996	Brian Foster	Post-doctoral	2013
George Kelly	Junior	1970	Lisa Bueno	Junior	1996	Chi Viet	Post-doctoral	2013
Lawrence Freilich	Post-doctoral	1971	Gayatri Jayaraman	Junior	1996	Kyle Vining	Junior	2013
Manuel Gonzalez	Post-doctoral	1971	Stephen Godwin	Post-doctoral	1998	Brianna Yang	Junior	2013
Richard Croissant	Junior	1971	Christina Jespersgaard	Post-doctoral	1998	Qingfen Pan	Senior	2014
Marcia Wadell	Junior	1971	Trent Westernoff	Post-doctoral	1998	Jin Hee Kwak	Senior	2014
Robert Hurst	Post-doctoral	1972	Paul Ezzo	Junior	1998	Michael Valerio	Post-doctoral	2014
Michael Reed	Post-doctoral	1972	Kai Worch	Junior	1998	Marit Aure	Post-doctoral	2014
Bruce Trefz	Junior	1972	Jennifer Price	Junior	1998	Kyulim Lee	Junior	2014
Louiza Puskulian	Junior	1972	Mo Kang	Junior	1998	Lauren Katz	Junior	2014
Kent Palcanis	Junior	1973	Yvonne Kapila	Junior	1998	Joe Nguyen	Senior	2015
Robert Chuong	Junior	1973	Mario Chorak	Junior	1998	Kevin Byrd	Senior	2015
Alan Sproles	Junior	1973	Anne-Marie Clancy	Junior	1998	Reniqua House	Post-doctoral	2015
Terry Wallen	Post-doctoral	1974	David Basi	Senior	2001	Xuelian Huang	Post-doctoral	2015
Craig Harrison	Junior	1974	Rajesh Lalla	Senior	2001	Drake Williams	Junior	2015
Jon Goldberg	Junior	1974	Ginger Glayzer	Senior	2001	Montserrat Ruiz-		
Steven Schonfeld	Post-doctoral	1975	Andrew Fribley	Senior	2004	Torruealla	Junior	2015
Sean Meitner	Post-doctoral	1975	Manoj Muthukuru	Senior	2004	Insoon Chang	Senior	2016
Neil Blumenthal	Junior	1975	Monika Oli	Post-doctoral	2004	Sung Hee Lee	Senior	2016
Frederick Wood	Junior	1975	Sungyon Bang	Junior	2004	Padma Pradeepa		
Ming Tung	Post-doctoral	1976	Jonathan Ross	Junior	2004	Srinivasan	Post-doctoral	2016
Sukum Thiradilok	Post-doctoral	1976	Bradley Henson	Senior	2005	Heidi Steinkamp	Post-doctoral	2016
Waldemar De Rijk	Junior	1976	Xiaozhe Han	Post-doctoral	2005	Meredith Williams	Junior	2016
Alan Gould	Junior	1976	Marxa Figueiredo	Post-doctoral	2005	Mychi Nguyen	Junior	2016
Lien Nguyen	Post-doctoral	1990	Jeremy Horst	Junior	2005	Mohammed Alharbi	Senior	2017
Clark Stanford	Post-doctoral	1990	Elizabeta Karl	Senior	2006	Fatma Mohamed	Senior	2017
Cataldo Leone	Post-doctoral	1990	Bruce Havens	Senior	2006	Andrew Jang	Post-doctoral	2017
John DiPasquale	Post-doctoral	1990	Marcela Romero-Reyes	Post-doctoral	2006	Danielle Wu	Post-doctoral	2017
Theresa Madden	Post-doctoral	1990	Cara Knight	Post-doctoral	2006	Zachary Pekar	Junior	2017
Christopher Cutler	Post-doctoral	1990	Cory Ernst	Junior	2006	Mallory Morel	Junior	2017
Harry Dougherty	Junior	1990	Melina Cozby	Junior	2006	Chiranjit Mukherjee	Senior	2018
Randy Todd	Junior	1990	Mark Appleford	Senior	2007	Tanner Godfrey	Senior	2018
Mikyung Lee	Junior	1990	Cristina Villar	Senior	2007	Yuan Liu	Post-doctoral	2018
Abou Bakr Rabie	Post-doctoral	1991	Nan Hatch	Post-doctoral	2007	Kevin Byrd	Post-doctoral	2018
Geoffrey Gerstner	Post-doctoral	1991	Shuang Liang	Post-doctoral	2007	Alexandra Oklejas	Junior	2018
Michael Ignelzi	Post-doctoral	1991	Jamie Luria	Junior	2007	Courtney Johnson	Junior	2018
Catherine Schwab	Junior	1991	Chi Viet	Junior	2007	Jiayu Shi	Senior	2019
Frank Rude	Junior	1991	Anjalee Vacharaksa	Senior	2008	Akrivoula Soundia	Senior	2019
Wesley Belli	Junior	1991	Rodrigo Giacaman	Post-doctoral	2008	Mizuki Nagata	Post-doctoral	2019
Calogero Dolce	Post-doctoral	1992	Erica Scheller	Junior	2008	Martina Bertolini	Post-doctoral	2019
Pamela Erickson	Post-doctoral	1992	Jessica Boehrs	Junior	2008	Carson Smith	Junior	2019
David Sirois	Post-doctoral	1992	Lauren Turner	Junior	2008	Ashley Karczewski	Junior	2019
Jonathan Feldman	Junior	1992	Kathleen Neiva	Senior	2009	W Benton Swanson	Senior	2020
Jessica Gardner	Junior	1992	Turki Alhazzazi	Senior	2009	Michael Chavez	Senior	2020
Mark Engelstad	Junior	1992	David Lam	Post-doctoral	2009	Christopher Donnelly	Post-doctoral	2020
Cindy Cootauco	Junior	1992	Andrew Jheon	Post-doctoral	2009	Daniel Clark	Post-doctoral	2020
Rebecca Elovic	Post-doctoral	1993	Bo Yu	Junior	2009	Grace Huang	Junior	2020
Ridge Gilley	Post-doctoral	1993	Alexander Nee	Junior	2009	Delaney Clayton	Junior	2020
Janet Guthmiller	Post-doctoral	1993	Chad Novince	Senior	2010	Waheed Awotoye	Senior	2021
Sunil Kapila	Post-doctoral	1993	Bojana Bojovic	Senior	2010	Kyle Vining	Senior	2021
Amitabha Lala	Post-doctoral	1993	Maria Athanassiou-			Zhi Ren	Post-doctoral	2021
Thuan Le	Junior	1993	Papaefthymiou	Post-doctoral	2010	Joshua Emrick	Post-doctoral	2021
Angela Painter	Junior	1993	Sheede Khalil	Junior	2010	Charlotte Martin	Junior	2021
Jeffrey Thompson	Junior	1993	Anika Voisey Rodgers	Junior	2010	Natalie Atyeo	Junior	2021
Jason Jenny	Junior	1993	Angela Brown	Post-doctoral	2010	Maryam Baldawi	Junior	2022
Greg Kewitt	Junior	1993	Ronald Siu	Senior	2011	Mohamed Rawas-Qalaji	Junior	2022
Khaled Ghaffar	Post-doctoral	1994	Jeffrey Kim	Senior	2011	Michelle Scott	Senior	2022
Daniel Stevens	Post-doctoral	1994	Jin Xiao	Post-doctoral	2011	Jaden Lee	Senior	2022
Kaaren Vargas	Post-doctoral	1994	Yunsong Liu	Post-doctoral	2011	Fatma Mohamed	Post-doctoral	2022
Susan Buck	Junior	1994	Urvi Ruparelia	Junior	2011	Joe Nguyen	Post-doctoral	2022

## NSRG Dentsply Sirona Restorative Competition

Mary Hanlon	Basic	1989	Justin Dacy	Clinical	2001	Byungdo Han	Basic	2010
George Nail	Basic	1989	Alexander Rabinovich	Clinical	2001	Nishith Patel	Clinical	2010
Carl Jenkins	Basic	1989	James Vandenberg	Basic	2002	Rebecca Paquin	Clinical	2010
Gerald Lipshutz	Basic	1989	Sohail Saghezchi	Basic	2002	Dennis Beliveau	Clinical	2010
Anne Nguyen	Basic	1990	Jessica Ibarra	Basic	2002	Angela Gullard	Basic	2011
Brian Finlay	Basic	1990	Gregory Segraves	Clinical	2002	Neha Das	Basic	2011
Safa Iranpour	Basic	1990	Halley White	Clinical	2002	Bojana Bojovic	Basic	2011
Steve Jacks	Basic	1990	Manali Bhide	Clinical	2002	Richard Baxter	Clinical	2011
William Giannobile	Basic	1991	Michael Horan	Basic	2003	Ryan Darr	Clinical	2011
Julie Rogers	Basic	1991	Andi McPhillips	Basic	2003	Marcus Randall	Clinical	2011
Carina L. Schwartz- Dabney	Basic	1991	Robert Renner	Basic	2003	Michael Border	Basic	2012
Tera Moore	Basic	1991	Eugenio Bedolla	Clinical	2003	Nisha Mehta	Basic	2012
Jennifer Cole	Basic	1992	Pardeep Brar	Clinical	2003	Danielle Larivey	Basic	2012
J. Quintero	Basic	1992	Marrissa Mikolich	Clinical	2003	Arthur Jones	Clinical	2012
Laura Marshall	Basic	1992	Kelton Stewart	Basic	2004	Nina Guba	Clinical	2012
Rita McGrogan	Basic	1992	Michael Dyal	Basic	2004	Lauren Paul	Clinical	2012
Mohammad Ghiabi	Basic	1993	Michael Ryan	Basic	2004	Maria Kuzynski	Basic	2013
Cindy Cootauco	Basic	1993	Ritu Bahl	Clinical	2004	Hani Ahdab	Basic	2013
Joseph Stofko	Basic	1994	Jessica Heggen	Clinical	2004	Austin Starr	Basic	2013
Laura Fogle	Basic	1994	Louis Whitesman	Clinical	2004	Devon Cooper	Clinical	2013
Elizabeth Ramos	Basic	1994	Matthew Miller	Basic	2005	Justin Kolasa	Clinical	2013
Andrew Bagley	Basic	1994	Aaron Molen	Basic	2005	Denise Gates	Clinical	2013
Douglas MacLean	Basic	1995	Michael Yost	Basic	2005	Amatul Salma	Basic	2014
Maryam Mojdehi	Basic	1995	Jason Gladwell	Clinical	2005	Austin Starr	Basic	2014
Rick Heard	Basic	1995	Sung Pyo Hong	Clinical	2005	Omar Elnabawi	Basic	2014
John Caccamese	Basic	1995	D. Craig Seager	Clinical	2005	Amatul Salma	Basic	2014
Russell McCabe	Basic	1996	Laura Milnor	Basic	2006	Omar Elnabawi	Basic	2014
David Wilson	Basic	1996	Robert Weaver	Basic	2006	Nicole Hovencamp	Clinical	2014
Yoon Kim	Basic	1996	Rosamond Tomlinson	Basic	2006	Alexandria Hawkins	Clinical	2014
Eric D'Hondt	Basic	1996	Matthew Madsen	Clinical	2006	Jordan Seetner	Clinical	2014
John Wallace	Basic	1997	Zachton Lowe	Clinical	2006	Jordan Seetner	Clinical	2014
Mark Berkman	Basic	1997	John Thomas	Clinical	2006	Alexandria Hawkins	Clinical	2014
Linda Huang	Basic	1997	Lindsay Compton	Basic	2007	Stuart Ryan	Basic	2015
Jacqueline Macy	Basic	1997	Brandon McGarrell	Basic	2007	Alaa Ahmed	Basic	2015
Michael Feinberg	Basic	1998	Cheryl Lewis	Basic	2007	Steven Linden	Basic	2015
Dev Chandra	Basic	1998	Mikaela Moore	Clinical	2007	Lee Zamos	Clinical	2015
Heera Chang	Basic	1998	Rebecca Bockow	Clinical	2007	Joshua Evans	Clinical	2015
Carrie Gandhi	Basic	1998	Stephanie Blumenshine	Clinical	2007	Alice Ko	Clinical	2015
Leonardo Bordador	Basic	1999	Chi Viet	Basic	2008	Tian Liang	Basic	2016
George Kang	Basic	1999	Monet Ducksworth	Basic	2008	Shaun Darrah	Basic	2016
Christopher Daniel	Basic	1999	Alpesh Patel	Basic	2008	Yiwen Fu	Basic	2016
Mario Tai	Basic	1999	Gail Garrett	Clinical	2008	Yandy Gonzalez Marrero	Clinical	2016
Uma Devi Nair	Basic	2000	Niyati Mehta	Clinical	2008	Andrew Lum	Clinical	2016
John McPherson	Basic	2000	Suzanne Delima	Clinical	2008	Aneesa Sood	Clinical	2016
Melanie Robinson	Basic	2000	Alpesh Patel	Basic	2009	Xue Yuan	Basic	2017
Priya Ramachandran	Clinical	2000	Mahshid Bahadoran	Basic	2009	Richard Clough	Basic	2017
Amin Ghandi	Clinical	2000	Ashley Nemeo	Basic	2009	Shawn Gutman	Basic	2017
Michael Johnson	Clinical	2000	Andrew Holpuch	Clinical	2009	Adam Swan	Clinical	2017
Matthew Abraham	Basic	2001	William Sexton	Clinical	2009	Chungyu Chang	Clinical	2017
David Kim	Basic	2001	Danielle Case	Clinical	2009	Scott Lowry	Clinical	2017
Adam Martin	Basic	2001	David Nedrelow	Basic	2010	(Discontinued)		
Danna Radcliff	Clinical	2001	Teddy Dyer	Basic	2010			

## AAOOCR NSRG Mentor Award

Linda LeResche, University of Washington	1998	Luisa A. DiPietro, University of Illinois at Chicago	2011
Anthony Iacopino, Baylor College of Dentistry	1999	Robert Spears, Baylor College of Dentistry	2012
Barbara Boyan, University of Texas HSC at San Antonio	2000	Mary P Walker, University of Missouri, Kansas City	2013
Craig Miller, University of Kentucky College of Dentistry	2001	David T.W. Wong, University of California, Los Angeles	2014
Sreenivas Koka, University of Nebraska College of Dentistry	2002	Burton Edelstein, Columbia University	2015
Mary MacDougall, University of Texas HSC at San Antonio	2003	Lisa Chung, University of California, San Francisco	2016
Kenneth Etzel, University of Pittsburgh	2004	John C. Mitchell, Midwestern University – CDMA	2017
Rena D'Souza, University of Texas HSC at Houston	2005	Angela Bruzzaniti, Indiana University School of Dentistry	2018
John Greenspan, University of California, San Francisco	2006	Teresa Pulido Hernandez, Midwestern University – Arizona	2019
Janet M. Guthmiller, University of Iowa	2007	Nathaniel Lawson, University of Alabama at Birmingham	2020
Firoz Rahemtulla, University of Alabama at Birmingham	2008	Sylvia A. Frazier-Bowers, University of North Carolina, Chapel Hill	2021
Roger B. Johnson, University of Mississippi	2009	Dharini van der Hoeven, UT Health Houston	2022
Gerard Kugel, Tufts University	2010		



## AADOOCR NSRG 41 I Rapid Research Competition

1 <sup>st</sup> – Grace Kim	Clinical Science/Public Health	2019
2 <sup>nd</sup> – Susan Park	Clinical Science/Public Health	2019
3 <sup>rd</sup> – Bright Chang	Clinical Science/Public Health	2019
1 <sup>st</sup> – Alexandra Rogers	Basic Science	2019
2 <sup>nd</sup> – Joseph Mullen	Basic Science	2019
3 <sup>rd</sup> – Grace Chung	Basic Science	2019
1 <sup>st</sup> – Joseph Bui	Clinical Science/Public Health	2020
2 <sup>nd</sup> – Dane Risinger	Clinical Science/Public Health	2020
3 <sup>rd</sup> – Mai Zong Her	Clinical Science/Public Health	2020
1 <sup>st</sup> – Ligia Schmitd	Basic Science	2020
2 <sup>nd</sup> – Gabriel Valencia	Basic Science	2020
3 <sup>rd</sup> – Naeem Motlagh	Basic Science	2020
1 <sup>st</sup> – Mary Younan	Clinical Science/Public Health	2021
2 <sup>nd</sup> – Nicholas Tipton	Clinical Science/Public Health	2021
3 <sup>rd</sup> – Olivia Rebecca Kallo	Clinical Science/Public Health	2021
1 <sup>st</sup> – Juhı Uttamani	Basic Science	2021
2 <sup>nd</sup> – Yao Yao	Basic Science	2021
3 <sup>rd</sup> – James Cheng	Basic Science	2021
1 <sup>st</sup> – Drashty Paresh Mody	Clinical Science/Public Health	2022
2 <sup>nd</sup> – Christina Lieng	Clinical Science/Public Health	2022
3 <sup>rd</sup> – Salima Asifali Sawani	Clinical Science/Public Health	2022
1 <sup>st</sup> – Won Hee Cho	Basic Science	2022
2 <sup>nd</sup> – Sara Alhaffar	Basic Science	2022
3 <sup>rd</sup> – Natalie Atyeo	Basic Science	2022

## SCADA – Student Competition for Advancing Dental Research and its Application

(supported in 2022 by Dentsply Sirona and AADOOCR)

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

## IADR/AADOOCR William J. Gies Award

(supported by J .Morita Corporation)

Yutaka Matsuki <i>et al.</i>	1996	Michael Paine <i>et al.</i>	1999
Gary Wise <i>et al.</i>	1997	Paul Allison <i>et al.</i>	2000
M.A .Moon & N P P . Ryba <i>et al.</i>	1998	J .Simmer <i>et al.</i>	2001
		DB Ravassipour <i>et al.</i>	2002

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

## AADOOCR 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



**AAOOCR Student Research Day Award Recipients (continued)**

Matthew Yarmosky	University of Maryland	2017
Ke'Alé Louie	University of Michigan	2017
Kendra Clark	University of Mississippi	2017
Danielle Burgess	University of North Carolina, Chapel Hill	2017
Eric Feuer	University of Pittsburgh	2017
Thuy LeAnn Truong	University of Texas Health Science at Houston School of Dentistry	2017
Leonardo Koerich	Virginia Commonwealth University	2017
Austin Shackelford	Arizona School of Dentistry and Oral Health, A.T. Still University	2018
Elizabeth Clanaman	Columbia University	2018
James Parker	East Carolina University	2018
Jennifer Wu	Indiana University	2018
Brandon Breard	Louisiana State University	2018
Zachary Nicholson	Marquette University	2018
Erica Muller	Midwestern University	2018
Victor Tran	Oregon Health & Science University	2018
Vidhi Pandya	Southern Illinois University	2018
Jeremy Kiripolsky	State University of New York at Buffalo	2018
Veena Raja	Stony Brook University	2018
Robert Rudnicki	Texas A&M University	2018
Seth Nye	The Ohio State University	2018
Delaney Turner	Tufts University	2018
Adrian Danescu	University of British Columbia	2018
Hailey Taylor	University of California, San Francisco	2018
Courtney Johnson	University of Colorado	2018
Grethel Millington	University of Connecticut	2018
Danielle Vermilyea	University of Florida	2018
Michael Halcomb	University of Michigan	2018
Wylie Tang	University of Nevada, Las Vegas	2018
Karen Schey	University of North Carolina at Chapel Hill	2018
Yuqiao Jennifer Zhou	University of Pittsburgh	2018
Keagan Foss	University of Texas Health Science Center at Houston	2018
Michael Eskander	University of Texas Health Science Center at San Antonio	2018
Livia Favaro Zeola	University of Washington	2018
Adam Staffen	Virginia Commonwealth University	2018
Robert Brock	University of Texas Health Science Center at San Antonio	2019
Ana Chang	University of Washington	2019
Jie Deng	Stony Brook University	2019
Anthony Falone	Tufts University	2019
Josh Ferraro	The Ohio State University	2019
Gilberto Garcia	University of Texas Health Science Center at Houston	2019
Julia Giardina	Virginia Commonwealth University	2019
Gavin Golas	University of Florida	2019
Brian Greco	University of Connecticut	2019
Arezoo Holdaway	Midwestern University – Arizona	2019
Adam Hoxie	University of North Carolina	2019
Ariana Kelly	University of Pittsburgh	2019
Allyn LaCombe	Louisiana State University	2019
Reed McKinney	Indiana University	2019
Sumeet Minhas	Columbia University	2019
Margaret Newton	Texas A&M University	2019
Erika Ramos	Boston University	2019
Cameron Swift	East Carolina University	2019
Shernel Thomas	University of Michigan	2019
Nikita Tongas	Marquette University	2019

Taylor Velasquez	A.T. Still University – Arizona	2019
Trystan Wiedow	The University of Iowa	2019
Scarlett Woods	University of Mississippi Medical Center	2019
Michael Schiappa	Columbia University	2020
Chinyere Adeleke	University of Iowa	2020
Alec Bankhead	East Carolina University	2020
Mariana Bezamat	University of Pittsburgh	2020
Heta Dinesh Bhatt	Stony Brook University	2020
Emily Bujnoski	Arizona School of Dentistry and Oral Health, A.T. Still University	2020
Elena Carrington	University of Connecticut	2020
Nischal Dalal	Virginia Commonwealth University	2020
Anthony Garcia	University of Texas Health Science at San Antonio	2020
Curtis Herzog	University of Michigan	2020
Alexander Karkazis	Marquette University	2020
Susan Keefe	University of California, San Francisco	2020
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 Hartssock	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

## Appendix 9 — 2022-23 AADOCR Section Officers

Section	President	President-elect	Vice-president	Treasurer	Secretary	Councilor	Past President
Alabama Section	Kyounga Cheon	Jessica Scofield	Ejvis Lamani	Nathaniel Lawson		Hope Amm	Chin-Chuan Fu
Arizona Section	Alexandra Pierre-Bez		Marc Shlossman	Megan Davis	Gina Agostini-Walesch	John Mitchell	
Baltimore Section							
Boston Section	Susan Rittling	Francesca Gori		Marianne Jurrasic	Tingxi Wu	Yau-Hua Yu	
Buffalo Section	Thikriat Al-Jewair				Rui Li	Thikriat Al-Jewair	
Chicago Section	Spiro Megremis				Prerna Gopal	Linda Kaste	Phimon Atsawasawan
Cincinnati Section	Svetlana Farrell		Matthew Doyle			Gosia Klukowska	
Colorado Section	Clifton Carey		Devatha Nair			Jeffrey Stansbury	
Columbus Section						John Bartlett	
Connecticut Section	Aniuska Tobin		Sumit Yadav	Tannin Schmidt		Rajesh Lalla	
Dallas Section	Peggy Timothe					Paul Dechow	
Florida Section							
Georgia Section	Mohamed Meghil					Babak Baban	
Houston Section	Chun-Teh Lee		Wanida Ono	Alan Myers		Mary Farach-Carson	Bing-Yan Wang
Indiana Section		Sabrina Sochacki		Chandler Walker		Simone Duarte	
Iowa Section	Emily Lanzel	Sukirth Ganesan	Shaoping Zhang	Hongli Sun		Cristina Vidal	
Kansas City Section	Mary Walker			Mark Johnson		Erin Bumann	
Kentucky Section	Dolphus Dawson	Gill Diamond	Mauro Santamaria	Himabindu Dukka		Dolphus Dawson	
Lincoln-Omaha Section						Amy Killeen	
Long Island Section	Ana Botta	Srinivas Rao Myneni Venkatasatya	Mina Mahdian	Clarisa Amarillas Gastelum		Rafael Delgado-Ruiz	
Memphis Section	Kenneth Anderson	Johnson Rajasingh	Yanhui Zhang			Yanhui Zhang	Ammaar Abidi
Michigan Section	Livia Tenuta					Cristiane Squarize	
Minnesota Section	Paul Klaiber		Paul Jardine	Donald Rindal	Sheila Riggs	Sheila Riggs	
Missouri Section	Olga Baker			Richard Sherwood		Sharon Gordon	
Nashville Section	Ethel Harris	James Cade	Pandu Gangula	Joyce Barbour		Jacinta Leavell	
New Jersey Section	Steven Singer		Bayardo Garcia-Godoy Socias			Steven R. Singer	
New Orleans Section			Amir Hossein Nejat			Jorge Palavinici	
New York Section		Cristina Teixeira		Chinapa Sangsuwon		Sarah Alansari	
North Carolina Section	Apoena Ribeiro					Shannon Waller	
Oklahoma Section	Fernando Esteban Florez			Sharukh Khajotia		Fernando Luis Esteban Florez	
Oregon Section	Jens Kreth		Luiz Bertassoni	Kirsten Lampi		Jens Kreth	Justin Merritt
Philadelphia Section	Marisol Tellez	Nezar Al-hebshi	Shuying Yang	Santiago Orrego	Sumant Puri	Chukwuebuka Ogwo	Thomas Rams
Pittsburgh Section	Jacqueline Burgette		Fatima Syed-Picard			Fatima Syed-Picard	
Puerto Rico Section	Milagros Toro		Lydia López-Del Valle	Augusto Elias-Boneta, Sona Rivas-Tumanyan		Carmen Buxó-Martínez	
Richmond Section	Oonagh Loughran					Oonagh Loughran	
Rochester Section	Dorota Kopycka-Kedzierawski					Jin Xiao	
San Antonio Section	Georgios Kotsakis			Maria Karakousoglou		Brij Singh	
San Francisco Section	Karen Schulze	Rebecca Moazzez	Xiaoyuan Han	Nejat Duzgunes		Pamela Den Besten	
Seattle Section	Andrea Burke		Cameron Randall	Thomas Dodson		Lisa Heaton	Thomas Dodson
Southern California Section							
Utah Section	Melodie Weller		Lilliam Pinzon	Barbara Dixon		William Carroll	
Washington, DC Section						Kevin Byrd	
West Virginia Section	Elizabeth Kao	R. Constance Wiener		Alcinda Trickett-Shockey		Peter Ngan	
Wisconsin Section	Christopher Dix			Pradeep Bhagavatula		David Berzins	

## Appendix 10 — Past Presidents of the AADOCR

Helmut A .Zander (1972-73)	Robert J .Genco (1985-86)	Paul B .Robertson (1998-99)	Jeffrey Ebersole (2011-12)
Paul Goldhaber (1973-74)	John C .Greene (1986-87)	Stephen C .Bayne (1999-2000)	Rena D'Souza (2012-13)
Howard M .Myers (1974-75)	Walter J .Loesche (1987-88)	Steven Offenbacher (2000-01)	Peter Polverini (2013-14)
David F.Mitchell (1975-76)	John S .Greenspan (1988-89)	Martha Somerman (2001-02)	Timothy DeRouen (2014-15)
Harold M .Fullmer (1976-77)	Martin A .Taubman (1989-90)	Charles Bertolami (2002-03)	Paul Krebsbach (2015-16)
Ronald J .Gibbons (1977-78)	Richard R .Ranney (1990-91)	Ken Anusavice (2003-04)	Jack Ferracane (2016-17)
Benjamin F.Hammond (1978-79)	Max A .Listgarten (1991-92)	Dominick DePaola (2004-05)	Raul Garcia (2017-18)
Marie U .Nylen (1979-80)	Sally J .Marshall (1992-93)	Mary MacDougall (2005-06)	Maria Ryan (2018-19)
Irwin D.Mandel (1980-81)	Harold C .Slavkin (1993-94)	E .Dianne Rekow (2006-07)	J .Timothy Wright (2019-20)
William H .Bowen (1981-82)	John D .Rugh (1994-95)	Marc Heft (2007-08)	Mark C .Herzberg (2020-21)
Roy C .Page (1982-83)	Marjorie K .Jeffcoat (1995-96)	Brian Clarkson (2008-09)	Jacques E .Nör (2021-22)
William D .McHugh (1983-84)	Barbara D .Boyan (1996-97)	Grayson "Bill" Marshall (2009-10)	
James W .Bawden (1984-85)	John C .Keller (1997-98)	David T.Wong (2010-11)	

## Past Treasurers of the AADOCR

1972-77	Arthur R .Frechette (Executive Secretary, Central Office) <i>(This was a Council-appointed position.)</i>	1994-97	Stephen C .Bayne
1977-80	Daniel B .Green (Executive Director, Central Office) <i>(The position was re-named "Executive Director".)</i>	1997-2000	Susan T .Reisine
1980-81	Robert Mandell (Secretary/Treasurer) <i>(This was re-constituted as an elected position.)</i>	2000	Lawrence Tabak <i>(Resigned almost immediately due to his taking up the position as Director of the National Institute of Dental and Craniofacial Research)</i> .Replaced by Marc Heft .
1981-82	Erling Johansen (Secretary/Treasurer) <i>(Around this time, the Executive Director became the Secretary, and Treasurer was retained as an elected position )</i>	2000-04	Marc Heft
1982-85	Philius R .Garant	2004-07	Pamela DenBesten
1985-88	John W .Hein	2007-10	Paul Krebsbach
1988-91	William A .Gibson, Jr .	2010-13	Frank Scannapieco
1991-94	Deborah Greenspan	2013-16	Pamela C .Yelick
		2016-19	David Drake
		2020-22	Olga Baker

## Appendix 11 — Non-Officer AADOCR Board Members – Member-at-large

Beginning in 1999, Two "Members-at-large" positions were added to the AADOCR Board . A 3<sup>rd</sup> "Member-at-large" was added at the Conclusion of the 2012 General Session .

1998-199	Charles Widmer	2009-10	Sharon M .Gordon, Donald White
1999-2000	Jane A .Weintraub, Charles Widmer	2010-11	Sharon M .Gordon, Mathilde C .Peters
2000-01	Matthew Joseph Doyle, Jane A .Weintraub	2011-12	Sharon M .Gordon, Mathilde C .Peters
2001-02	Matthew Joseph Doyle, Paul Moore	2012-13	Sharon M .Gordon, Mathilde C .Peters, Mary P .Walker
2002-03	J .David Eick, Paul Moore	2013-14	Mathilde C .Peters, Mary P .Walker, J .Timothy Wright
2003-04	Jeffrey L .Ebersole, J .David Eick	2014-15	John Mitchell, Mary P .Walker, J .Timothy Wright
2004-05	Jeffrey L .Ebersole, Carla Evans	2015-16	Linda Kaste, John Mitchell, J .Timothy Wright
2005-06	Jeffrey L .Ebersole, Carla Evans	2016-17	Linda Kaste, Christy McKinney, John Mitchell
2006-07	Carla Evans, Mel L .Kantor	2017-18	Effie Ioannidou, Linda Kaste, Christy McKinney
2007-08	Mel L .Kantor, Donald White	2018-19	Effie Ioannidou, Carmem Pfeifer, Christy McKinney
2008-09	Mel L .Kantor, Donald White	2019-20	Carmem Silvia Pfeifer, Brenda Heaton, Luciana Machion Shaddox
		2020-21	Brenda Heaton, Luciana Machion Shaddox, Benjamin Chaffee
		2021-22	Benjamin Chaffee, Sheila Riggs, Luciana Shaddox

## Non-Officer AADOCR Board Members – Student Representative

At the Conclusion of the 2007 General Session a Student Representative was added to the board .A 2<sup>nd</sup> Student Representative was added at the Conclusion of the 2015 General Session .

2007-08	James Rogér	2013-14	Joshua Emrick
2008-09	Kirsten Rittenbach	2014-15	Mitra Adhami (ad hoc), Molly Ashton Hague
2009-10	Nathaniel Casselman Lawson	2015-16	Mitra Adhami, Minerva Loi
2010-11	Blake Matthew Warner	2016-17	Kendra N .Clark, Minerva Loi
2011-12	Kaitrin Kramer	2017-18	Kendra N .Clark, Nicholas Rodriguez
2012-13	Angela Gullard	2017-18	Tanner Godfrey, Nicholas Rodriguez
		2018-19	Tanner Godfrey, Natalie Atyeo
		2019-20	Natalie Atyeo, Alexandra Eileen Herzog
		2020-21	Alexandra Eileen Herzog, Kazune Catherine Pax
		2021-22	James Jang, Kazune Catherine Pax

## 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	2019-22	Mary Fete
2017-20	Donald White	2020-23	Joe D .Oxman
2018-21	Mildred C .Embree	2021-24	Brian L .Foster

## Appendix 12 — Honorary Members of the AADOCR

Samuel Fastlich, 1973	John Howe, 1996	James Bramson, 2007	Patty Murray, 2013	Margaret Byers, 2019
Lowell P .Weicker, Jr., 1986	John Porter, 1997	John E .Sexton, 2008	Steve Beshear, 2014	Mary Otto, 2020
C .Everett Koop, 1989	Arlen Specter, 2000	Mike Simpson, 2009	Kenneth Salyer, 2015	Congresswoman Rosa
Steny Hoyer, 1990	Nicholas Cavarocchi, 2001	Tom Harkin, 2010	Ed Martinez, 2016	DeLauro, 2021
Joseph D .Early, 1992	David Satcher, 2002	Ronald Andersen, 2011	Robert Lustig, 2017	Francis Collins, 2022
Harald Loe, 1995	Mary Woolley, 2006	Richard H .Carmona, 2012	J .Bernard Machen, 2018	

## Appendix 13 — Candidates for Vice-president of the AADOCR

These are cumulative beginning with the North American Division in 1973-74, and continuing as the AADOCR in 1975-76 .Candidates are listed for the years in which the winners served .Asterisks indicate the winners .

1973-74	David F .Mitchell*, David B .Mahler	1996-97	Jon Goldberg, Frank Oppenheim, Paul Robertson*
1974-75	Richard Greulich, Harold M .Fullmer*, S .Wah Leung	1997-98	Stephen Bayne*, Daniel Laskin, Jon Suzuki
1975-76	Solon A .Ellison, Ronald J .Gibbons*, Max A .Listgarten	1998-99	Henning Birkedal-Hansen, Steven Offenbacher*, Deborah Greenspan
1976-77	Samuel Dreizen, John A .Gray, Benjamin F .Hammond*	1999-00	Martha Somerman*, Philip Stashenko, Grayson Marshall
1977-78	Marie U .Nylan*, E R .Costich	2000-01	Michael Barnett, Charles Bertolami*, A .Jon Goldberg
1978-79	William H .Bowen, George W .Burnett, Irwin D .Mandel*	2001-02	Kenneth Anusavice*, Beverly Dale-Crunk, Deborah Greenspan
1979-80	William H .Bowen* (Candidates proposed by the Nominating Committee were Solon A .Ellison, John A .Gray, and Irwin D .Mandel )	2002-03	Dominick DePaola*, Gregory King, Suzanne Michalek
1980-81	Herschel Horowitz, Roy C .Page*, James Shaw	2003-04	Mary MacDougall*, Thomas Van Dyke, James S .Wefel
1981-82	William D McHugh*, Juan Navia, Leo Sreebny	2004-05	David Cochran, E .Diane Rekow*, Harvey Schenkein
1982-83	James W .Bawden*, Robert Craig, Herschel Horowitz	2005-06	Marc Heft*, Grayson (Bill) Marshall, Susan Reisine
1983-84	Howard Bailit, Robert J .Genco*, John Hein	2006-07	Brian Clarkson*, No-Hee Park, Paulette Spencer
1984-85	John C .Greene*, Anthony Picozzi, Hans van Houte	2007-08	Grayson (Bill) Marshall*, Lynne Opperman, Thomas Van Dyke
1985-86	Thomas R .Dirksen, Walter J .Loesche*, John F .Goggins	2008-09	Pamela DenBesten, Timothy DeRouen, and David T W .Wong*
1986-87	Louis J .Boucher, Philias R .Garant, John S .Greenspan*	2009-10	Matthew J .Doyle, Jeffery L .Ebersole*, and Carla A .Evans
1987-88	Leon M .Silverstone, Martin A .Taubman*	2010-11	Rena D'Souza*, Mathilde (Tilly) C .Peters and Susan T .Reisine
1988-89	Judith Albino, Richard R .Ranney*, Harold C .Slavkin	2011-12	Pamela DenBesten, Mel L .Kantor and Peter J .Polverini*
1989-90	Barbara D .Boyan, Max A .Listgarten*, Thomas E .Van Dyke	2012-13	Timothy DeRouen*, Carla Evans and Ann Progulsk-Fox
1990-91	Dominick P .DePaola, Sally J .Marshall*, Christopher A .Squier	2013-14	Sharon M .Gordon, Paul Krebsbach* and Phillip Marucha
1991-92	Bruce J .Baum, Russell Nisengard, Harold C .Slavkin*	2014-15	Jack Ferracane*, Ira Lamster, Cun-Yu Wang
1992-93	Ian C .Mackenzie, John D .Rugh*, William B .Clark	2015-16	Raul I .Garcia*, Sharon M .Gordon and Paul C .Dechow
1993-94	John D B .Featherstone, Marjorie K .Jeffcoat*, Norman D .Mohl	2016-17	Yang Chai, Christopher W .Cutler and Maria Emanuel Ryan*
1994-95	Christopher A .Squier, Barbara D .Boyan*, Kenneth J .Anusavice	2017-18	Mina Mina, J .Timothy Wright* and Pamela Yelick
1995-96	Charles Bertolami, Samuel Dworkin, John Keller*	2018-19	Mark Herzberg*, Ann Progulsk-Fox, Jennifer Webster-Cyriaque
		2019-20	Jacques Nör*, Michael Reddy, Pamela Yelick
		2020-21	Keith Kirkwood, Jane Weintraub*
		2021-22	Yang Chai, Anh Le, Alex Vieira*
		2022-23	Effie Ioannidou*, Frank Scannapieco, Russell Taichman
		2023-24	John Bartlett, Jennifer Webster-Cyriaque*

## Appendix 14 — 2022-24 Canadian Association for Dental Research Officers

Belinda Nicolau, President  
Anil Kishen, Vice-president  
Amir Azarpazhooh, Secretary/Treasurer

Walter L Siqueira, Immediate Past President  
Mario Brondani, Councilor  
Leigha Rock .Councilor

## Appendix 15 — Past Presidents of the Canadian Association for Dental Research

Murray Hunt (1974-76)	H .James Sandham (1986-89)	Edward Putnins (2007-08)
Jim Lund (1976-77)	Barry C .McBride (1989-92)	Gilles Lavigne (2008-09)
Barry J .Sessle (1977-78)	Derek Jones (1992-94)	Edward Putnins (2009-10)
Colin Dawes (1978-79)	Luc Trahan (1994-96)	Debora Matthews (2010-13)
D .Carmichael (1979-80)	Edwin Yen (1996-98)	Michael Glogauer (2013-15)
Joseph Tonzetich (1980-82)	Hardy Limeback (1998-2000)	Joy Richman (2015-17)
Gordon Nikiforuk (1982-83)	Richard Ellen (2000-04)	Patrick Flood (2017-19)
John Stamm (1983-84)	Donald Brunette (2004-06)	Walter L .Siqueira (2019-21)
Arto Demirjian (1984-86)	S .Jeffrey Dixon (2006-07)	



## Appendix 16 — AADOCR Policy Statements

\* The American Association for Dental Research (AADR) expanded its name to the American Association for Dental, Oral, and Craniofacial Research (AADOCR) on July 26, 2021. These Policy Statements have been updated to include the expanded name.

### AADOCR DIVERSITY AND INCLUSION STATEMENT

Realizing the American Association for Dental, Oral, and Craniofacial Research's (AADOCR) vision of oral health through discovery and dissemination necessitates a commitment to principles and practices that honor the value of diversity and promote inclusion. Striving to continually improve the quality of scientific research, we acknowledge the critical role of appreciating diversity of race, ethnicity, gender identity, sexual orientation, ability, culture, religion, national origin, and the other characteristics that make us human. Further, we affirm that inclusivity of diverse perspectives strengthens our ability to study and develop solutions for a diverse society. Achieving the most rigorous and innovative research with the greatest impact requires operating from a lens of diversity applicable to both the AADOCR membership and society at large.

**Diversity and inclusion are core values for the AADOCR.** We foster and support individual/organizational diversity and inclusion to advance equity in all facets of dental, oral, and craniofacial research. We value all participants of the research process and are committed to maintaining a creative, welcoming, and inclusive association. **We honor pluralism and encourage each other to explore, engage in, and embrace our own and others' distinctiveness.** Additionally, we support our members intentionally and comprehensively addressing issues of diversity and inclusion in their research. The appropriate design and implementation of research that incorporates diverse and inclusive perceptions and evaluations moves us closer to achieving our mission to drive dental, oral, and craniofacial research to advance health and well-being.

With over 3,400 individual and 107 institutional members working throughout dental, oral, and craniofacial research, our membership is a diverse community. Maintaining such a community allows us to celebrate individuality, continually learn from one another, and stimulate innovation. Therefore, as we continue to advance dental, oral, and craniofacial research in a rapidly changing world, **we are strengthened by and celebrate this diversity.** We continually invest in the power of people in our practices, programs, and relationships. **Action, a core component of our commitment, is incorporated in our leadership, professional development, advocacy, and strategic framework.** We champion the belief that inclusive organizations that embrace and advance diversity everywhere will be the most successful.

(adopted March 2022)

### COMMUNITY WATER FLUORIDATION

AADOCR supports community water fluoridation as a safe and effective, evidence-based intervention for the prevention of dental caries. While fluoride occurs naturally in water, fluoridation is the controlled addition of fluoride to community water systems to the level recommended for caries prevention. The practice of adding fluoride to community water supplies began after Dr. H. Trendley Dean—the first director of what later became the National Institute of Dental and Craniofacial Research—observed that residents of communities who drank from naturally fluoridated water supplies experienced less tooth decay than those living in communities without naturally fluoridated water. What began as a small trial of the controlled addition of fluoride to water in Grand Rapids, Michigan has now reached 75% of the United States population who drink

from a community water system and has resulted in a significant decrease in dental caries.<sup>1,2</sup>

Dental caries—the destruction of dental hard tissues—can result in pain, infection and tooth loss. Caries is caused by acidic byproducts produced from bacterial fermentation of sugar. Dental caries is a very common disease that affects both adults and children. Over one-third of children ages 2-8 experience caries in their primary teeth. One in 5 children ages 6-11 and over half of adolescents ages 12-19 experience caries in their permanent teeth. On average older adults can expect at least one new decayed tooth surface per year. Children with poor oral health are more likely to miss school and suffer academically. Parents may also accrue absences from school or work to seek treatment for their children. Both children and adults with caries may experience embarrassment, exhibit withdrawal, have difficulty eating and sleeping, and limit facial expressions and behaviors that facilitate social interaction.<sup>3-9</sup>

Many studies point to the effectiveness of community water fluoridation in decreasing dental caries. A systematic review of 20 studies by Cochrane, an independent group that reviews medical research to inform evidence-based policies and health guidelines, showed that water fluoridation decreased tooth decay in both the primary and permanent teeth of children and increased the number of children free of decay in primary and permanent teeth.<sup>10, 11\*</sup> Another review by the Community Preventive Services Task Force (CPSTF), an independent panel of public health experts appointed by the Director of the Centers for Disease Control and Prevention (CDC), found that starting water fluoridation decreased caries in children ages 4-17 by 30-50% and that stopping water fluoridation increased caries by 18%.<sup>12</sup> Furthermore, reducing childhood caries experience and severity may have benefits into adulthood by halting disease progression that can result in adult tooth loss. Lifelong exposure to fluoridated water has been associated with reduced tooth decay in adults.<sup>13, 14</sup>

Community water fluoridation is a cost-effective method of delivering caries prevention to a large population. A systematic review by the CPSTF compared the cost of fluoridation to the money saved on dental restorations in communities that drink from fluoridated water sources. CPSTF found that water fluoridation is cost saving. In other words, the savings from fewer dental restorations are greater than the cost of fluoridation for communities of greater than 1,000 people, and the larger the community, the greater the cost saving.<sup>15</sup> A 2016 analysis confirmed this finding.<sup>16</sup>

Community water fluoridation may also reduce oral health disparities. Children and adults from socioeconomically disadvantaged backgrounds are more likely to suffer from dental caries and are less likely to be treated for the disease.<sup>6, 17</sup> When added to drinking water, fluoride can be delivered to community residents regardless of socioeconomic status or ability to access dental services. Some studies have shown decreased inequalities in caries in communities that drink from a fluoridated community water source, revealing that children of a lower socioeconomic status who have access to a fluoridated water source have less severe tooth decay and require less expensive care than children of lower socioeconomic status who do not drink fluoridated water. More research is needed to determine the circumstances in which water fluoridation reduces disparities, as not all fluoridated communities show reduced disparities.<sup>10, 18</sup>



Community water fluoridation is a safe method of delivering fluoride on a population level. There have been numerous systematic reviews on claims of the potential adverse health effects of water fluoridation. None has concluded that there is a significant or consistent association between water fluoridation and the outcomes examined, including neurologic conditions, cancer or osteoporosis.<sup>19-23</sup> Dental fluorosis resulting in tooth discoloration is the only known adverse health effect of water fluoridation. Teeth are only at risk of fluorosis until about age 8 during enamel formation. The United States Public Health Service recommends a concentration of 0.7 milligrams of fluoride per liter of water to achieve caries prevention while minimizing the risk of dental fluorosis.<sup>24</sup> While people who drink from fluoridated water sources are at greater risk of dental fluorosis, most people who drink fluoridated water do not develop dental fluorosis. The cases of dental fluorosis that do develop are very mild, such that discoloration is not usually visible to the naked eye and does not affect the function of the teeth. Severe cases of dental fluorosis are rare. Some studies have shown that Black/African-American and Mexican-American children are at greater risk of developing dental fluorosis. However, this has not been clearly linked to fluoridated water and may be due to cumulative fluoride intake from various sources, such as toothpaste, supplements and food and beverages prepared with fluoridated water.<sup>10, 17, 25</sup>

Community water fluoridation is supported by various groups, including the American Association of Public Health Dentistry, the American Public Health Association, the American Dental Association and the American Academy of Pediatrics, among others. Additionally, in 1999, the CDC identified community water fluoridation as one of 10 great public health achievements of the 20<sup>th</sup> century because of its effectiveness and ability to distribute fluoride equitably and cost-effectively.<sup>26</sup> Information about the fluoride concentration of communities participating in water fluoridation can be found on the CDC website "My Water's Fluoride".<sup>27</sup>

While AADOOCR always welcomes research on water fluoridation safety and effectiveness in the current context of fluoride availability, the balance of evidence currently shows that community water fluoridation is safe, effective and cost-saving and in some communities, reduces oral health disparities. Therefore, AADOOCR supports community water fluoridation and recommends the fluoridation of community water sources to a level of 0.7 milligrams of fluoride per liter of water.

\*The authors of the Cochrane systematic review determined that the evidence for community water fluoridation for the prevention of dental caries was low quality and that many studies were conducted before 1975. The Cochrane review method considers randomized clinical trials as the gold standard of evidence and automatically rates common methods for evaluating public health interventions as low. However, randomized trials are usually not feasible for interventions at the population level. The authors noted this gap in their evidence grading system and that the evidence pointed in the same direction of fluoridation reducing tooth decay.

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(adopted 2018)

## IMPACT OF TOBACCO USE ON ORAL HEALTH

The AADOCR recognizes that use of tobacco in any form increases the risk for death and disease among people that use these products and those exposed to second-hand tobacco smoke .Cigarette smoking is causally related to chronic periodontitis, responsible for an estimated one-half of cases in the United States .Cigarette smoking is the major causal factor for cancers of the oral cavity and pharynx in the United States .Use of other combusted tobacco products — including cigars, pipes, and hookah — also increases the risk for these malignancies .Use of smokeless tobacco is causally related to oral cancer, increases the risk for localized gingival recession, and may increase the risk for root surface caries .Mounting evidence implicates exposure to second-hand tobacco smoke as a risk factor for early childhood caries .Smoking also reduces the success rates for surgical and non-surgical periodontal therapy, increases the risk of failure of dental implants, and increases the risk of complications following oral surgical procedures .

- 1 .Based on an extensive body of scientific literature on the negative impact of tobacco use on oral health, effective methods of reducing tobacco, and the inextricable link between oral health and overall health, it is recommended that:
- 2 .Oral health care professionals incorporate evidence-based approaches to tobacco use intervention into clinical practice and establish linkages with tobacco cessation resources in their communities .
- 3 . National, state, and local dental professional organizations advocate for adoption of health policies that incorporate best practices for comprehensive tobacco control .
- 4 .Research be supported and conducted to assess the oral health effects of established and newly emerging tobacco products in the United States .
- 5 .Dental educational institutions increase the competency of students and residents in providing behavioral interventions for tobacco use and appropriate use of pharmacotherapy .
- 6 .Oral health care professionals become active members of tobacco control coalitions in their communities .
- 7 .In choosing meeting sites, AADOCR give preference to cities that have enacted comprehensive clean indoor air policies that include restaurants, hotels, conference centers, and other public spaces

(adopted 2015)

## 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 .

Supportive References:

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(adopted 1991; revised 2009, revised 2015)

## ORAL DISEASE RELATED TO TOBACCO USE

Tobacco use is the principal risk factor for oral cancer .It also increases the risk for periodontal disease and decreases the ability of oral tissues to heal .Other oral effects include halitosis (bad breath), decreased ability to taste, and increased staining of the teeth .Smokeless tobacco (spit tobacco), snus and electronic nicotine delivery systems (ENDS) are, although considered harm reduction alternatives to smoked tobacco, are not without their risks .Tobacco use in any form is harmful to health and should be discouraged .The AADOCR urges oral health professionals to subscribe to practices that prevent initiation of tobacco use in any form among their patients and the public, and to facilitate and reinforce cessation among users and to carry out cessation programs in their offices using standard procedures and medications as appropriate .

(adopted 1996, revised 2015)

## THE USE OF TOBACCO

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) takes the following position regarding the use of tobacco by humans: Tobacco products come in many forms .Some are smoked and others are not, but none is safe for human consumption .In addition to their serious systemic effects, all have adverse oral health consequences, and risks usually are in proportion to the product used, its

intensity and the duration of tobacco use .The use of tobacco products is a major risk factor for oral and pharyngeal cancers (head and neck cancers) .Tobacco use also increases the risk of periodontal disease and decreases the ability of oral tissues to heal .Other oral effects include halitosis (bad breath), decreased ability to taste, and increased staining of teeth, gingival pigmentation, and a variety of mucosal lesions . Tobacco smoking during pregnancy increases the risk of developing fetal anomalies such as cleft lip and cleft palate .The AADOCR encourages continued research to further elucidate the health effects of tobacco use, identify the biological mechanisms and behavioral patterns and relative risks involved in producing these effects, and to develop and evaluate effective methods for prevention and cessation .The AADOCR further encourages the development of collaborations with other organizations and non-dental healthcare providers, public and for-profit institutions to help inform members and the public of research findings about harm reduction products and the conditions and risks associated with tobacco use .

(adopted 1996, revised 2015)

## TOPICAL FLUORIDES

Fluoride's predominant effect in caries prevention and management is post-eruptive and topical .However, as it relates to this statement, topical fluorides are those that are applied to erupted teeth, with the understanding that water fluoridation's and dietary fluoride's main effect is also topical .The American Association for Dental, Oral, and Craniofacial Research (AADOCR) strongly recommends twice daily use of fluoride-containing dentifrices as an effective means of reducing caries .

Furthermore, based on current evidence, the AADOCR also strongly recommends that fluoride-containing dentifrices should be used in small amounts in pre-school-aged children in order to reduce the risk of dental fluorosis through unintentional ingestion .It is important to note that professionally applied gels and varnishes also reduce caries incidence .Studies show that application at six-monthly intervals is appropriate for patients at increased caries risk, but application frequency may be decreased or increased according to risk status and degree of exposure to other sources of fluoride .Higher-risk patients should receive applications at three to six-month intervals .In addition, the AADOCR recommends the use of daily or weekly fluoride mouth rinses and gels for this group .The AADOCR makes the following caveat: Because of their high fluoride concentration, mouthrinses and prescription gels are not recommended for pre-school-aged children .

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J Am Dent Assoc 2014 Feb;145(2):182-9 .doi: 10.14219/jada.2013.37 . (adopted 1996; revised 2009, revised 2015)

## 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

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(adopted 1996, revised 2010, reaffirmed 2015)

## USE OF STEM CELLS IN DENTAL RESEARCH

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) supports the use of stem cells in dental, oral, and craniofacial research and the development of stem cell related therapies that are efficacious and safe. Basic research and the development of future applications of stem cell research require the ongoing commitment to scientific integrity and social responsibility. AADOCR supports a periodic review of issues that may arise from innovation in the use of stem cells in research and promotes an open, national dialogue on the scientific, ethical and policy issues raised by such advances .

(adopted 2007, revised 2016)

## USE OF ANIMALS IN RESEARCH

The AADOCR recognizes the major contributions made to human and animal health through the responsible use of animals in biomedical research. Therefore, the AADOCR strongly supports the ethical use of animals by scientists worldwide. The AADOCR also endorses systematic research in validating

alternatives to animal models. AADOCR supports use of the published *Animals in Research: Reporting In Vivo Experiments (ARRIVE) Guidelines for Reporting Animal Research* .

(adopted 1991, revised 2004, revised 2016)

## USE OF FLUORIDE SUPPLEMENTS

Fluoride treatment of the dental surfaces is one of the most effective means of dental caries prevention. A preventive level of fluoride can be acquired through consumption of fluoridated water, use of fluoride-containing toothpastes, and application of fluoride varnish during regular preventative dental cleanings. However, for children and adolescents who do not live in fluoridated-water communities, do not have access to topical fluorides, and may be at high risk of developing dental caries, AADOCR supports the recommendations of the American Dental Association (ADA), American Academy of Pediatric Dentistry (AAPD), and the Indian Health Service to administer fluoride supplements according to the supplementation schedule recommended by ADA<sup>1-4</sup>

Dental caries is the destruction of the dental hard tissues by the acidic byproducts of bacterial fermentation of sugar. The consequences of tooth decay include pain, infection, and tooth loss<sup>5, 6</sup>. Dental caries is the most common chronic disease in children and is five times more common than asthma, the second most common chronic childhood ailment. Racial minorities and children from socioeconomically disadvantaged families disproportionately suffer from dental caries and are less likely to be treated for it<sup>7</sup>.

This highly preventable disease is especially disturbing in children because of studies showing that children with toothaches and generally poor oral health are more likely to miss school and exhibit poor academic performance. Specifically, caries is known to cause parents to miss school or work to attend to their child's dental needs<sup>8, 9</sup>. Children with caries may experience embarrassment, exhibit withdrawal, have difficulty eating and sleeping, and limit facial expressions and behaviors that facilitate social interaction<sup>7, 10, 11</sup>. Furthermore, treatment of caries can be expensive in very young children who may require sedation due to their inability to remain still or manage the stress of the procedure<sup>12</sup>. Given the health, quality of life, and economic impacts of dental caries, prevention is the best approach to addressing the epidemic of dental caries in children and adolescents .

The recommended fluoride supplementation schedule was created to maximize the caries-preventive effect of fluoride while minimizing the risk of fluorosis. A systematic review of fluoride supplement research by a panel of experts convened by ADA showed that dietary fluoride supplements are effective in preventing dental caries in children and adolescents, and when used correctly, do not cause severe fluorosis<sup>4</sup>.

Fluoride supplements are only available by prescription. Before prescribing supplements, providers should estimate the patient's total fluoride intake and risk of caries development. The supplementation schedule provided by ADA is according to the level of fluoridation of the child's primary drinking water source. Providers can find water fluoride levels from the water supplier, health departments, the Environmental Protection Agency (<https://www.epa.gov/ccr>), and the Centers for Disease Control and Prevention ([https://nccd.cdc.gov/DOH\\_MWF/Default/Default.aspx](https://nccd.cdc.gov/DOH_MWF/Default/Default.aspx)). Providers can assess caries risk development by using any one of the risk assessment tools recommended by the ADA or AAPD<sup>3, 4, 9, 13-16</sup>.

## Supportive References:

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- <sup>2</sup> Formulary Brief: Nutritional Supplements in Oral Health 2016 . Rockville, MD: National Pharmacy and Therapeutics Committee, Indian Health Service, Department of Health and Human Services; [accessed 9 September 2016] [https://www.ihs.gov/nptc/includes/themes/newihstheme/display\\_objects/documents/guidance/NPTC-Formulary-Brief-NutritionalSupplementsinOralHealth.pdf](https://www.ihs.gov/nptc/includes/themes/newihstheme/display_objects/documents/guidance/NPTC-Formulary-Brief-NutritionalSupplementsinOralHealth.pdf) .
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- <sup>10</sup> Low W, Tan S, Schwartz S .1999 .The effect of severe caries on the quality of life in young children .Pediatr Dent .21(6):325-326 .
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- <sup>12</sup> Cost of Treating ECC .2015 .Amsterdam, The Netherlands: Elsevier; [accessed 15 September 2016] <http://earlychildhoodcariesresourcecenter.elsevier.com/content/cost-treating-ecc> .
- <sup>13</sup> Featherstone JD, Domejean-Orliaguet S, Jenson L, Wolff M, Young DA .2007 .Caries risk assessment in practice for age 6 through adult .J Calif Dent Assoc .35(10):703-707, 710-713 .
- <sup>14</sup> Caries Risk Assessment Form (Age 0-6) .2011 .Chicago, IL: American Dental Association; [accessed 15 September 2016] . [http://www.ada.org/~media/ADA/Member%20Center/Files/topics\\_caries\\_under6.ashx](http://www.ada.org/~media/ADA/Member%20Center/Files/topics_caries_under6.ashx) .
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- <sup>16</sup> Guideline on Caries-risk Assessment and Management for Infants, Children, and Adolescents .2015-2016 Definition, Oral Health Policies, and Clinical Practice Guidelines .Chicago, IL: American Academy of Pediatric Dentists p .132-139 .
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(adopted 2017)

## IADR PROFESSIONAL CONDUCT AT MEETINGS POLICY

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## HEALTHY MEETINGS POLICY

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## SUGAR-SWEETENED BEVERAGES

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[See page 89](#)



## Appendix 17 — AADOCR Corporate Support

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- 3M for being a Silver Scientific Session Sponsor
- Colgate Oral Pharmaceuticals for being a Gold Scientific Session Sponsor and in support of AADOCR Student Research Fellowships
- Dentsply Sirona for being a Silver Level General Session Sponsor and in support of the SCADA competition and AADOCR Student Research Fellowships
- GlaxoSmithKline for being an Annual Meeting Sponsor and in support of AADOCR Student Research Fellowships and AADOCR Distinguished Scientists Awards .
- J .Morita for being an Annual Meeting Sponsor and in support of the IADR/AADOCR William J .Gies Awards
- Johnson & Johnson Consumer, Inc .for being an Annual Meeting Sponsor and in support of the AADOCR/CADR Joseph Lister Award for New Investigators
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Level General Session Sponsor and in support of AADOCR Student Research Fellowships, the AADOCR William B .Clark Fellowship, and the AADOCR P&G Underrepresented Faculty Research Fellowship .

## Appendix 18 — AADOCR Institutional Support

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- The ADA Science & Research Institute for being a Silver Scientific Session Sponsor
- The American Academy of Periodontology for being an Annual Meeting Sponsor and in support of the AADOCR Student Research Fellowships
- CareQuest Institute for Oral Health for being an Annual Meeting Sponsor and in support of a Distinguished Lecture Series Speaker
- The IADR Dental Materials Group in support of AADOCR Student Research Fellowships
- The National Institute of Dental and Craniofacial Research in support of the AADOCR Bloc Travel Grant

## Appendix 19 — *In Memoriam* (AADOCR Members who passed January 2022 – December 2022)

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Allen Firestone	Linda Hemphill	E .Dianne Rekow	George Stookey
Benjamin Hammond	William McHugh	Paul Robertson	

# AADO CR Constitution and Bylaws

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## CONSTITUTION

*Adopted March 24, 1957; Revised through July 24, 2021  
American Association for Dental, Oral, and Craniofacial Research  
A Division of the International Association for Dental Research*

### ARTICLE I. NAME

This organization is named: The American Association for Dental, Oral, and Craniofacial Research, a Division of the International Association for Dental Research, hereinafter called the Division .

### ARTICLE II. OBJECTIVES

The Division exists to promote the advancement of research in all sciences pertaining to the oral cavity, its adjacent structures, and their relation to the body as a whole; the utilization of this knowledge for the promotion of better approaches to the prevention and treatment of oral diseases and other diseases of the head and neck; and the improvement of communication and cooperation among all investigators to share this knowledge for the benefit of all people .

### ARTICLE III. ORGANIZATION

The organization of the Division shall be in conformity with the Constitution of the parent body, the International Association for Dental Research, hereinafter called the Association .

### ARTICLE IV. CORPORATE STATUS

This Division is a non-profit corporation organized under the laws of the Commonwealth of Virginia, United States of America .If the corporation shall be dissolved at any time, no part of its funds or property shall be distributed to its members; but, after payment of all indebtedness of the corporation, its surplus funds shall be used for dental, oral, and craniofacial research in such manner, as the then-governing body of the Division shall determine .

### ARTICLE V. SECTIONS

**A. SECTIONS.** Sections, except the Institutional and Corporate Sections, shall be an organization of the Association and the Division in a locality or contiguous localities .Each Section, except the Institutional Section, shall consist of ten or more members .New Sections may be organized only with the approval of the Division .

**B. INSTITUTIONAL AND CORPORATE SECTIONS.**

One Section shall consist of all Institutional Members of the Division and a second Corporate Section shall consist of all Corporate Members .Each Institutional and Corporate Member will designate one representative from its institution or corporation to represent it in the appropriate Section .Institutional and Corporate Members will have representation in the Council through one Councilor elected by each the Institutional Section and the Corporate Section .Institutional and Corporate Members will have no other voting or nominating privileges .The representatives of Institutional and Corporate Members must be members of the Division and the Association, in accordance with the Bylaws .

**C. MANAGEMENT.** Sections shall be managed in consonance with the Constitution and Bylaws of the Association and the Division .

**D. SUSPENSION OR REVOCATION.** Approval of a

Section may be revoked or suspended for non-maintenance of the minimum number of members required for formation, failing to hold a meeting for two consecutive years, failing to report its activities and its membership, non-compliance with the Association's Constitution, or for other good cause shown .Suspension or revocation will be determined at an Annual Meeting of Council by a two-thirds vote of the Council members present and voting .The Section threatened with suspension or revocation shall be so notified by the Chief Executive Officer at least 120 days before the Annual Meeting and shall be entitled to appear before Council in the form of a delegation of members or Officers, or by submission of a written statement to defend its right to exist ..

### ARTICLE VI. MEMBERSHIP

#### A. ELIGIBILITY

- 1. INDIVIDUAL MEMBERSHIP.** Any individual, without any considerations of color, caste, race, religion, age, gender, national or ethnic origin, or disability, who is interested in dental, oral, and craniofacial research, shall be eligible for membership in this Division in accordance with the Bylaws of the Division .
- 2. INSTITUTIONAL MEMBERSHIP.** Any educational institution, research institution or center, or Government agency in dental, oral, and craniofacial related research shall be eligible for membership in the Institutional Section of this Division, subject to the limitations of Article V B .
- 3. CORPORATE MEMBERSHIP .**Any corporation engaged in dental, oral, and craniofacial related research shall be eligible for membership in the Corporate Section of the Division, subject to the limitations of Article V B .

#### B. TERMINATION.

1. Termination of membership shall be in accordance with the Bylaws .
2. An individual's membership may be terminated or suspended for reasons of non-payment of dues, proven scientific misconduct, non-compliance with the Association's Constitution, or for other good cause shown .Termination of membership other than for non-payment of dues will be determined at an Annual Meeting of Council by a two-thirds vote of the Council members present and voting .The person whose membership is threatened with termination shall be so notified by the Chief Executive Officer at least 120 days before the Annual Meeting and shall be entitled to appear before Council in person, by representation, or by submission of a written statement to defend his/her right to membership .

## ARTICLE VII. GOVERNMENT

- A. COUNCIL.** The legislative body of this Division shall be a Council that shall exercise the functions set forth for it in this Constitution and in the Bylaws of the Division, the functions assigned to it by vote of the Division, and such other functions as may be necessary in the conduct of the business of the Division .
- B. COUNCIL MEMBERSHIP.** The Council of the Division shall consist of the President, the Immediate Past President, the President-elect, the Vice-president, the Treasurer, the Editor-in-Chief of the *Journal of Dental Research* (hereinafter called Editor-in-Chief), the Editor of the *JDR Clinical & Translational Research* (hereinafter called Editor), the Chief Executive Officer, and one Councilor from each Section . Each IADR Scientific Group and Network, the Institutional and Corporate Sections may be represented in the Council by a Councilor provided the representative is a member of the Division .Each Councilor shall be elected for a term as stated in the Bylaws .The Chief Executive Officer, Editor-in-Chief, and Editor shall have no vote .
- C. BOARD OF DIRECTORS.** During the periods between meetings of the Council, the executive management of the Division shall be the duty of the Board of Directors .The Board shall consist of the President, the Immediate Past President, the President-elect, the Vice-president, the Treasurer, two student representatives, the Editor-in-Chief, Editor, and Chief Executive Officer, three additional members to be designated by the Council from its own membership to serve three-year staggered terms and the Board may appoint up to three additional members as defined in the Bylaws to serve three-year staggered terms .The Chief Executive Officer, Editor, and Editor-in-Chief shall have no vote .

## ARTICLE VIII. OFFICIALS

- A. OFFICERS.** The Officers of the Division shall be (1) elective Officers from among the active members by ballot of the membership, and (2) appointive Officers appointed by the Council as prescribed in the Bylaws .
- 1. ELECTIVE OFFICERS.** The elective Officers of this Division shall be a President, a President-elect, a Vice-president, and a Treasurer .The incumbent President-elect and Vice-president shall be advanced automatically to the next higher office at the end of their then-current terms of office .All shall be members of the Association and of this Division .
- 2. APPOINTIVE OFFICERS.** Appointive Officers of this Division shall be a Chief Executive Officer, the Editor-in-Chief of the *Journal of Dental Research*, and the Editor of the *JDR Clinical & Translational Research*, all of whom shall be selected and appointed by the Council of this Division . The Chief Executive Officer shall also serve as Secretary of the Division .
- B. TERM OF OFFICE.** The term of office for each Officer of the Division shall be as set forth in the Bylaws .Each elected Officer shall serve until the installation of his/her duly elected successor .
- C. VACANCIES.** An *ad interim* vacancy in any office shall be filled according to the rules outlined in the Bylaws .
- D. QUALIFICATIONS.** All Officers and officials of the Division, Sections shall be active members of the Division and the Association .

## ARTICLE IX. MEETINGS

- A. ANNUAL.** The Division shall hold an Annual Meeting at least once each year unless prevented by circumstances not under the control of the members .
- B. SPECIAL.**
1. Special meetings of the Division or the membership in General Assembly may be convened by the Board of Directors or the Council .
  2. Upon petition from at least 50 members of the Division at least two weeks prior to the Annual Meeting, the Chief Executive Officer shall arrange for the Division to meet in General Assembly during the Annual Meeting .
- C. SECTIONS.** Each Section shall meet at least once each year unless prevented by circumstances not under the control of the members .

## ARTICLE X. JOURNAL

- A. NAME.** The official publication of the Division is the *Journal of Dental Research*. The journal is a joint publication of the IADR and AADOCR .
- B. MANAGEMENT.** An IADR/AADOCR Publications Committee (whose membership is described in Section H of the Bylaws) shall oversee the affairs of the *Journal of Dental Research* and other journals owned jointly by the IADR and AADOCR .

## ARTICLE XI. NOMINATIONS AND ELECTIONS

- A. NOMINATIONS BY THE COUNCIL.** One or more nominations for Vice-president, Treasurer, and IADR/AADOCR Publications Committee members shall be made by the Council, in accordance with the Bylaws . Announcement of the nominations shall be mailed to each member of the Division at least three months before the date of the next Annual Meeting, and in a form to indicate that other nominations may be made by petition .
- B. NOMINATIONS BY PETITION.** Additional nominations may be made by petition signed by 50 members of the Division and received by the Chief Executive Officer within 30 days after the mailing of the announcement of the Council nominations .
- C. NOTICE OF NOMINATIONS.** Before the next Annual Meeting, the nominations for each office shall be sent by the Chief Executive Officer to all members of the Division on an official ballot for a vote by mail to be reported at that meeting .The nominations shall be sent no less than two months before the due date for the return of the ballots to the Chief Executive Officer .
- D. ELECTION.** The nominee receiving a plurality of the votes cast shall be elected to each office, in accordance with the Bylaws .

## ARTICLE XII. FINANCES

- A. FEES.** Membership dues, subscription fees for the *Journal*, and registration fees for the Annual Meeting shall be established annually by the Council .
- B. AUDITS.** All accounts of assets belonging to the Division shall be audited annually by a Certified Public Accountant .
- C. BONDING AND REPORTS.** All Officers and others collecting, disbursing, or holding in trust assets of the Division shall be bonded by a reliable bonding company .

These Officers shall report annually to the Council and the Division in written form .

### ARTICLE XIII. QUORUM

The quorum for Council meetings and for Assemblies of the Division shall be as stated in the Bylaws .

### ARTICLE XIV. BYLAWS

Bylaws and amendments to Bylaws may be proposed and adopted at any meeting of the Council by a vote of two-thirds of the Council members present and voting, the Bylaws and amendments taking effect at the close of the meeting .Proposed Bylaws and amendments to Bylaws shall normally be reviewed by the Constitution Committee before presentation to Council .

### ARTICLE XV. AMENDMENTS TO THE CONSTITUTION

**A. PROPOSAL.** A proposed amendment to this Constitution, formally endorsed by at least 50 members and accompanied by a statement of reasons for adoption, may be presented at any Annual Meeting of the Council, and thereupon becomes a special order of business for a vote by mail by the membership prior to the succeeding Annual Meeting .Proposed amendments to this Constitution shall normally be reviewed by the Constitution Committee before presentation to Council .

**B. VOTING PROCEDURE.** The Chief Executive Officer shall mail to each member of the Division, at least one month before the next Annual Meeting: (1) a copy of the amendment, (2) the stated reasons for its adoption, (3) the names of the sponsors, (4) a ballot for a vote on the amendment, and (5) a copy of this Article XVI of this Constitution .The results shall be reported at the Annual Meeting .

**C. ADOPTION.** A proposed amendment shall be adopted by a vote of not less than two-thirds of the members voting on the question and shall become part of the Constitution at the close of the meeting at which it is adopted .

## BYLAWS

*Adopted March 24, 1957; Revised through July 24, 2021*

### SECTION A. MEMBERSHIP

1. **APPLICATION.** New members may immediately receive a probationary membership upon submission of application and payment and will become official members upon review of their application .
2. **ELIGIBILITY.** A prerequisite for active membership in the Division is residence in the United States .Membership eligibility shall follow the same regulations as in the Bylaws of the International Association for Dental Research .

The words “individual who is interested in craniofacial, oral or dental research” in Article VII (A) of the Constitution shall be interpreted as follows:

- (a) **MEMBER:** A person who is conducting, has conducted, or who is interested in the furtherance of research in any branch of science or in fields related to craniofacial, oral, and dental science . Members shall have the full rights and privileges of membership and are eligible to vote and to hold office in the Association .

- (b) **AFFILIATE MEMBER:** A person who is not primarily involved in research but has an interest in keeping up with the latest research, e.g., a practicing healthcare professional, a dental professional involved in PBRNs or evidence-based dentistry, patient advocates, or healthcare educators with primary teaching responsibility . Affiliate members receive limited benefits and are not eligible to vote or hold office in the Association .

- (c) **STUDENT MEMBER:** A person who is a student currently enrolled in a recognized academic institution who does not hold an academic appointment and who is interested in craniofacial, oral, and dental research . Student members must become Members when eligible or be dropped from membership . Individuals may be classified at the Student level for no more than 8 years .The Student Member shall have all the rights and privileges of membership but shall have no vote or be eligible to hold office in the Association .

- (d) **RETIRED:** A person who has been a member of the Association in good standing for at least 25 years and no longer works on a full-time basis for remuneration .The Retired Member shall have all the rights and privileges of membership but shall receive the *Journal of Dental Research* only upon payment of the Journal subscription fee .

**3. APPROVAL OF APPLICATIONS.** The applications of eligible applicants who conform to the recognized standards of professional ethics may be processed and approved routinely by the Chief Executive Officer .Applications in question shall be referred to the Council .

### 4. SECTIONS AND GROUPS/NETWORKS.

Membership in a Section shall be optional .Members are represented on the Council through Sections and/or Divisional representation of the IADR Scientific Group or Network . Any Division member who is not a member of a Section, Group or Network shall be represented by the Section nearest the member .

### 5. TERMINATION OF MEMBERSHIP.

- (a) Membership may be terminated automatically by a member upon delivery of a formal notice to the Chief Executive Officer of that member’s resignation .
- (b) Members are terminated from membership after 90 days of non-payment of dues .

### 6. HONORARY MEMBERSHIP.

- (a) Honorary membership may be bestowed each year by unanimous recommendation of the most recent three living Past Presidents of the Division that are no longer serving on the Board of Directors and approved by Council .Such Honorary Members shall have all the rights and privileges of membership but shall receive the Journal only upon payment of the Journal subscription fee .
- (b) An Honorary Member shall be selected on the basis of the candidate’s significant contributions to craniofacial, oral, and dental research .
- (c) Honorary Membership may not be conferred posthumously .

## SECTION B. PAYMENT OF DUES

1. **DUES**, including subscription fee to the *Journal*, shall be paid by members of the Division to the IADR Central Office .
2. **EXCEPTIONS**. Honorary Members shall pay no dues .
3. **FEES**. At each Annual Meeting of the Division, the Council shall determine and announce the amount of the annual dues for members and institutions of the Division, and the subscription fee for the *Journal of Dental Research* .There shall be a minimum and maximum amount for the dues for institutions .In case no Annual Meeting is held, this function shall be exercised by the Board of Directors of the Division . At least 75 percent of the dues from the institutions must be applied to development and promotion of projects beneficial to the advancement of craniofacial, oral and dental research .

## SECTION C. MEETINGS

### I. ANNUAL MEETINGS.

The time and place of, and the registration fee for, each Annual Meeting shall be determined by the Council on the recommendation of the Board .

- (a) The Council shall meet in conjunction with each Annual Meeting .
- (b) In years where the Annual Meeting is unable to be held for any reason, the Council shall meet by electronic means and this meeting shall serve as the conclusion of the Division year .

### 2. SCIENTIFIC SESSIONS.

- (a) Arrangements for the scientific sessions of the Division shall be made in accordance with the instructions from the Division or the Council by an Annual Session Committee of five members who have served as AADOCR Annual Session Group Program Chairs or a similar experience to manage the overall planning of the Annual Meeting program, including the timing and sequence of activities, assist in the identification of potential meeting sites, establishing the theme, symposia, workshops, etc , for the Annual Meeting .This committee may include the Chair of the Local Organizing Committee and a representative of the host/sponsoring Division . Appointments are made for a three-year term with the Board's recommendation and shall be transmitted to the Council for action .

## SECTION D. GOVERNMENT

### I. COUNCIL: Power and Duties.

- (a) As the legislative body of the Division, the Council must consider all proposals concerning amendments to the Constitution and the Bylaws .
- (b) The Council shall receive reports from all Division Officers and committees and shall act upon the recommendations and resolutions contained in these reports .
- (c) The Council has the power to approve the formation of new Sections .
- (d) The Council appoints Division representatives to other organizations, which require such representation .

- (e) The Council appoints the members of the Division's standing committees except as stated in Section D, paragraph 2, of the Bylaws .
- (f) The Council establishes the level of fees for the Division and adopts the annual budgets .

2. **BOARD OF DIRECTORS**. Vacancies on standing committees may be filled by the Board of Directors for the remainder of the Division year .The Board shall also act on proposals by the President for membership on ad hoc committees .The three (3) Board appointed members shall be (1) patient advocate and two (2) additional members selected from one or more of the following categories; investigators from the corporate sector, investigators less than 10 years past their terminal degree, investigators based outside of dental institutions, or any other category important to the Board in fulfilling the objectives of the Division .

3. **CODE OF ETHICS**. The Division has adopted the Principles of the IADR Code of Ethics .

## SECTION E. QUORUM/RULES

1. **COUNCIL**. The presence of Councilors or Alternate Councilors from one-third of all Sections and Divisional representation from IADR Scientific Groups and Networks, Institutional and Corporate Sections shall constitute a quorum .
2. **RULES**. The Division shall operate under the rules of Parliamentary procedure as outlined in "Roberts' Rules of Order" .In the event of a tied vote for an Officer position, the Council will determine the outcome by ballot .

## SECTION F. OFFICIALS

1. **PREREQUISITES**. The elective Officers of this Division shall be members who have authored scientific papers at no fewer than seven Annual Meetings of the Division or parent body, and have had active service as a Councilor or as a Section Officer in the Division .All student representatives and appointive members of the Board shall be members .
2. **TERM OF OFFICE**. The terms of President, President-elect, Vice-president, and student representatives shall be one Division year; for the Treasurer, Members-at-Large and Board appointed members shall be three Division years .The terms of the Editors-in-Chief and Chief Executive Officer shall be five years except that under special circumstances either may be appointed for a shorter period .
3. **SUCCESSION**  
In the event that an officer vacates his/her office prior to the completion of his/her term of office, an ad interim officer assumes responsibilities as follows: President – Immediate Past President; President-elect – Vice-president; Vice-president – Vice-president-elect; Immediate Past President – President; Treasurer – to be decided by the Board until a new election can be held .

### 4. DUTIES

- (a) The duties of the Officers shall be those ordinarily associated with the official titles, and such other duties as the Division or the Council may assign .



- (b) The President, President-elect, and Vice-president shall also serve during their incumbencies as representatives to the Council of the International Association for Dental Research .If the Division becomes eligible for additional representation in the International Association for Dental Research, the Immediate Past President and/or Treasurer shall also serve .
- (c) The Treasurer shall maintain surveillance over the Division's finances and assist the Board in the development of budgets .
- (d) Each Officer shall report annually in writing to the Council on the conduct of his/her office .

**5. INSTALLATION** .At the Annual Meeting of the Division, an appropriate ceremony of installation shall inaugurate the terms of service of the Officers of the Division .

## SECTION G. COUNCILORS

Each Section, Institutional and Corporate Section and IADR Scientific Groups and Networks shall elect a Councilor and an Alternate Councilor to serve on the Council for a period of three years .If either for some reason is unable to fulfill the obligations, the remainder of the term of office shall be canceled, and a new Councilor and/or new Alternate Councilor shall be elected .The terms of office shall be so staggered that one-third of the Council is elected each year .The Councilor and the Alternate Councilor may succeed themselves for a second term .

## SECTION H. JOINT PUBLICATIONS

### 1. MEMBERS OF THE IADR/AADOCR PUBLICATIONS COMMITTEE.

The IADR/AADOCR Publications Committee's role is to review the quality and financial status of the *Journal of Dental Research* and other journals owned jointly by IADR/ AADOCR .Membership consists of: three representatives from IADR; three representatives from AADOCR; the most recent Past Presidents of IADR and AADOCR no longer serving on the Boards, who alternately serve as Chairs of the Committee .The Editors-in-Chief and Associate 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

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1. **BANK(S).** Funds of the Division shall be deposited in a bank or banks approved for the purpose by the Board of Directors .Authorized expenditures from the general funds of the Division shall be made by checks, each of which must be signed by the President, the Treasurer, or the Chief Executive Officer, provided each expenditure is within the limit of each budgeted item .
2. **EXPENDITURES.** Funds of the Division may be expended only on general or specific authorization by the Council, except that if the Annual Meeting of the Division cannot be held, the Board of Directors may also authorize expenditure of funds .The Board of Directors may also authorize expenditure of funds of the Division to defray expenses for the business of the Division not foreseen at the time of the Annual Meeting .

## SECTION K. DEFINITIONS

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1. Members of this Division for purposes of notice or other communications or actions are those persons who are members according to the latest information available to the Chief Executive Officer at the time of mailing of the notice or communication, or at the time of the action .
2. Notice shall be considered to have been given to a member when written notice has been mailed to the member at the latest address for the member known to the Chief Executive Officer at the time of the mailing .
- 3 . In this Constitution & Bylaws, “mail” is understood to mean any form of communication from the Association to the members, including traditional mail and electronic mail .
4. The term “Joint Boards” is understood to mean the Board of Directors of the IADR functioning jointly with the Board of Directors of the AADOCR to carry out duties pertaining to the joint activities mentioned in this Constitution & Bylaws or otherwise agreed to .
5. The Student Representatives on the AADOCR Board of Directors shall be the National Student Research Group President and President-elect .