PROCEEDINGS 2024

IADR Council, 102nd General Session
New Orleans, LA, USA • March 13–16, 2024

AADOCR Council, 53rd Annual Meeting
New Orleans, LA, USA • March 13–16, 2024

IADR
INTERNATIONAL ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

AADOCR
American Association for Dental, Oral, and Craniofacial Research

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The 102nd General Session & Exhibition of the IADR

The 102nd General Session of the IADR was held in conjunction with the 53rd Annual Meeting of the American Association for Dental, Oral, and Craniofacial Research (AADOCR) and the 48th Annual Meeting of the Canadian Association for Dental Research on March 13-16, 2024 .The event provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest cutting-edge research in New Orleans, LA, USA .

The meeting was attended by 4,280 total delegates representing 85 different countries .Those in attendance attending the meeting could choose from among 399 Oral Presentations, 2,147 Poster Presentations, 9 Lunch & Learning Sessions, 19 Hands-on Workshops, 7 Satellite Symposia, 85 Symposia, and three Distinguished Lecture Series plenary sessions .Delegates also had the opportunity to visit the exhibit hall, which had 19 Corporate booths and 64 Institutional booths .

The 2024 Distinguished Lecture Series speakers were Barbara Burtness, Anthony N .Brady Professor of Medicine, Yale Cancer Center, USA, Jukka Jernvall, Academy Professor, University of Helsinki, Finland, and Paul Whelton, Show Chwan Professor of Global Public Health, Tulane University, USA .

Satoshi Imazato was installed as IADR's President at the conclusion of the 2024 General Session .His inaugural address, "We Are the Ones Who Make a Brighter Day, So Let's Start Research," is published in the *Journal of Dental Research* .

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

- 3M for being a Gold Scientific Session Partner
- The Borrow Foundation in support of the IADR E W . Borrow Memorial Award
- CareQuest Institute for Oral Health for being a Bronze Scientific Session Partner and in support of an IADR Distinguished Scientist Award
- Church & Dwight Co , Inc .in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Gold Scientific Session Partner and in support of the IADR Council Dinner, the IADR/AADOCR Past Executives' Business Meeting, the IADR Colgate Research in Prevention Travel Awards, IADR Distinguished Scientist Awards, a Symposium, and an Industry-Sponsored Symposium
- Delta Dental for being a Bronze Scientific Session Partner
- Dentsply Sirona for being a Bronze Scientific Session Partner and in support of an IADR Distinguished Scientist Award
- GC Corporation in support of the Networking Center and an Industry-Sponsored Symposium
- Geistlich being a General Meeting Sponsor
- Haleon in support of a Symposium, an Industry-Sponsored Symposium, IADR Distinguished Scientist Awards, the Innovation in Oral Care Awards, and the Coffee Station
- The Henry Schein Cares Foundation in support of a Symposium
- The IADR Dental Materials Group in support of an IADR Distinguished Scientist Award
- IR Scientific in support of an Industry-Sponsored Symposium
- J .Morita in support of the IADR/AADOCR William J .Gies Award, the IADR Distinguished Service Award, and for being a General Meeting Sponsor
- Kenvue in support of an IADR Distinguished Scientist Award and the IADR Joseph Lister Award for New Investigators
- The Osteology Foundation in support of the IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of the IADR/AADOCR/CADR President's Reception, an Industry-Sponsored Symposium, and in support of an IADR Distinguished Scientist Award
- The Sarnat Family Foundation in support of an IADR Distinguished Scientist Award
- Shofu in support of an Industry-Sponsored Symposium
- Unilever Oral Care in support of an IADR Distinguished Scientist Award

Proceedings of the IADR Council Meeting

2024 IADR Council Meeting • March 12, 2024 • 1 p.m. – 5 p.m. CDT
New Orleans Convention Center, New Orleans, LA, USA

IADR Board of Directors: President, Ophir Klein; President-elect, Satoshi Imazato; Vice-President, Pamela Yelick; Immediate Past President, Brian O'Connell; Regional Board Members: Deema AlShammery, Olga Baker, Marcello Riggio, Gabriel Sanchez, Nobuhiro Takahashi; Young Representative, Fatemeh Momen-Heravi; and *Ex Officio* Board Members; *JDR* Editor-in-Chief, Nick Jakubovics; *JDR CTR* Editor-in-Chief, Jocelyne Feine; and Chief Executive Officer, Christopher Fox .

Treasurer, David Drake and Young Investigator, Richard Miron were unable to attend .

Incoming Vice-President, Jenny Gallagher; Incoming Treasurer, Alvaro Della Bona; Incoming Regional Board Member, Yong-Ouk You; and Incoming Young Investigator, Gustavo Nascimento were in attendance .

IADR Councilors from Groups/Networks: Behavioral, Epidemiologic and Health Services Research Group, Peter Milgrom; Cariology Research Group, Cinthia Tabchoury; Clinical and Translational Science Network, Theresa Madden; Craniofacial Biology Group, Lorri Morford; Dental Materials Group, Saulo Geraldeli; Diagnostic Sciences Group, Rutvi Vyas; Education Research Group, Man Hung; Evidence-based Dentistry Network, Nitesh Tewari; Geriatric Oral Research Group, Roberto Carlos Castrejón-Pérez; International Network for Orofacial Pain and Related Disorders Methodology (INfORM), Yoshihiro Tsukiyama; Lasers & Bio-photonics Group, Georgios Romanos; Microbiology/ Immunology Group, Gill Diamond; Minimally Invasive Dentistry Network, Athena Papas; Network for Practice-based Research, Linda Kaste; Neuroscience Group, Iacopo Cioffi; Nutrition Research Group, Ana Wintergerst; Oral Health Research Group, Patricia Lenton; Oral Medicine and Pathology Group, Kamran Awan; Pediatric Oral Health Research Group, Teng Naichia; Periodontal Research Group, Hatice Hasturk; Pharmacology/Therapeutics/Toxicology Group, Claudia Cotca; Pulp Biology and Regeneration Group, Ashraf Fouad; Salivary Research Group, Xinyun Su; Stem Cell Biology Group, Marina Miteva; Student Training and Research (STAR) Network, Ana Bedran-Russo; Women in Science Network, Effie Ioannidou .

IADR Councilors from Sections/Divisions: American Division, Effie Ioannidou, Alexandre Vieira, Jennifer Webster-Cyriaque, Jane Weintraub; Argentine Division, Angela Argentieri, Pablo Rodriguez; Australian/New Zealand Division, Paul Cooper, Sašo Ivanovski; Brazilian Division, Valentim Barão, Marcelo Bönecker; British Division, Paul Anderson, Simon Whawell; Canadian Division, Sonica Singhal; Colombian Division, Edgar Beltrán, Claudia Garcia Guerrero; Continental European Division, William Papaioannou, L .Sebnem Turkun; Indian Division, Subramoniam Balaji; Iraqi Division, Anwar Tappuni; Irish Division, Martina Hayes; Israeli Division, Galit Almoznino, Samer Srouji; Japanese Division, Mikako Hayashi, Keiji Moriyama; Korean Division, Kang-Ju Kim; Mexican Division, Maria Villanueva Vilchis; Nigerian Division, Oyinkansola Sofola; Scandinavian Division, Peter Lingström, Ulle Voog-Oras .

Non-voting Councilors and Observers: American Division, Raul Garcia and Maria Ryan; Brazilian Division, Katia Rode; Costa Rican Section, Daniel Chavarria-Bolaños; FDI World Dental Federation, Enzo Bondioni; IADR Annual Session Committee, Paulo Cesar; IADR Innovation in Oral Care Awards Committee, Jean-Francois Roulet; IADR Joseph Lister Award for New Investigators Committee, John Mitchell; IADR Regional Development Program Committee, Deema AlShammery; IADR/AADOCR Tellers Committee, Liran Levin; Indian Division, Amey Patil; International Network for Orofacial Pain and Related Disorders Methodology (INfORM), Adeyinka Dayo; Irish Division, Helen Whelton; Libyan Section, Arheiam Arheiam; Minimally Invasive Dentistry Network, Aylin Baysan; Nigerian Division, Olaniyi Taiwo; Oral Medicine and Pathology, Shankargouda Patil Pakistani Section, Niha Adnan; Palestinian Section, Elham Kateeb; Qatar Section, Faleh Tamimi; Tunisian Section, Latifa Berrezouga; World Health Organization, Nicole Rendell, Benoit Varenne .

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

The meeting was called to order at 1:10 p.m.

1. INTERACTIVE COUNCIL SESSION

1.1. IADR General Session

Dr .Klein led the discussion on the Board's observations regarding the quality of science presented at the meeting .He reviewed the 2023 post-meeting survey .Dr .Paulo Cesar was invited to discuss how the Brazilian Division handles poster presentations, building on Dr .Klein's thoughts and ideas for future action to build a more robust poster experience .Dr .Cesar emphasized the process of how poster presentations are evaluated and how presenters and evaluators are engaged .

He noted that the process includes a peer review process for abstracts, invitation of senior researchers and evaluation of each poster by at least two professors .Evaluators wear special vests and are instructed on how to evaluate abstracts and posters using a new app, with specific criteria and ratings . Evaluators navigate to each poster and work in roundtables and discuss and grade posters during a 3-day meeting; staff is available during this time for support and conflict resolution .He also noted that there is an award ceremony at the conclusion of the meeting in which winners of the poster contests receive prizes and sponsors give a few words .

Councilors emphasized the importance of valuing poster sessions and making them feel like a true oral presentation to attract attendees .

Dr .Klein noted that the IADR Board created a task force to address the three areas deemed important to elevate the quality of science at the General Sessions, which include increasing external speaker representation, improving poster sessions, and empowering the Annual Session Committee .

Councilors emphasized the importance of striking a balance between competition and collaboration and suggested the following:

- Creating a list of potential sister societies to share how their program committees construct their meetings .
- Assigning people to make sure each poster is visited .
- Adapting a strategy for evaluating posters based on feedback from reviewers .
- Grouping posters by career stage
- Incentivizing poster presentation judges to encourage commitment .

Overall, Councilors ranked the quality of science at IADR meetings as "good" or "very good" but noted concerns regarding attracting non-members to future meetings .

2. ADMINISTRATIVE

2.1. Council Attendees

It was ascertained that a quorum was present .Dr . Klein welcomed everyone to the meeting .

2.2. Approval of Council Agenda

Motion 1: That the March 12, 2024, IADR Council meeting agenda be approved .

Motioned: Jane Weintraub

Seconded: Alex Vieira

The motion passed unanimously .

2.3. Approval of June 2023 Council Minutes

Motion 2: That the June 2023, IADR Council meeting minutes be approved as submitted .

Motioned: Effie Ioannidou

Seconded: Ashraf Fouad

The motion passed unanimously .

2.4. Election Results – Tellers Report

Dr .Klein welcomed the councilors to congratulate Dr .Jenny Gallagher as the Vice President-elect .It was noted that 38% of eligible voters participated in the election, a 10-year high .

2.5. Regional Board Member Reports

2.5.1. Africa/Middle East Region

Prof .AlShammery reviewed the Africa/ Middle East Region report and highlighted the following:

- The African and Middle East Region (AMER) is comprised 16 Divisions/ Sections .
- The Qatari and Jordanian Sections became active, and the Palestinian Section was approved in 2023 .
- The African and Middle East Region (AMER) board members have held regular quarterly virtual meetings in 2023 .
- The meetings are supported by the IADR AMER office .
- Representatives in attendance at these meetings are from the following Divisions/ Sections: East and Southern Africa, Iran, Nigeria, Libya, Egypt, Iraq, Lebanon, Kuwait, U A E, Tunisia, Saudi Arabia, South Africa .The Qatari, Jordan and Palestinian Sections may attend the next meeting due to their newly active status .
- In this period, the Executive Board for the period 2023-2024 was elected; the new officers will be elected in the upcoming board meeting .

Prof, AlShammery encouraged Councilors to review the materials in the manual provided .

2.5.2. Asia/Pacific Region

Prof .Takahashi reviewed the Asia/Pacific Region report and highlighted the following:

- The Asia Pacific Region (APR) comprises 8 Divisions/Sections .
- The Asia Pacific Region (APR) board members have held regular virtual business meetings in 2024 .The most recent was held on January 16th, 2024 .
- Representatives in attendance at these meetings are from the following Divisions/ Sections: Australian/New Zealand Division, Chinese Division, Indian Division, Japanese Division, Korean Division, Pakistani Section, and Southeast Asian Division .
- The next IADR Regional Board Member will be Dr .Yong-Ouk You from the Korean Division .

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

Prof .Takahashi encouraged Councilors to review the materials in the manual provided .

2.5.3. Latin American Region

Prof .Sanchez reviewed the Latin American Region and highlighted the following:

- The Latin American Region (LAR) is composed of seven Divisions: Argentina, Brazil, Chile, Colombia, Perú, Uruguay and Venezuela and six Sections: Bolivia, Costa Rica, Caribbean, Ecuador, Guatemala, and Paraguay .Since April 2023, the region has over 750 members .
- LAR Board meetings: The annual meeting was held in person on June 23 in Bogotá, Colombia, and the 2024 meeting will be held in September in São Paulo, Brazil .
- Divisional/ Sectional annual meetings: In September, the Brazilian Division held the 40th Annual Meeting in Campinas, São Paulo, Brazil .More than 2,000 abstracts were presented and around 3,000 participants took part in the meeting .In November, the Argentine Division held the 54th Annual Meeting in Córdoba City, Argentina .More than 150 abstracts were presented and close to 250 dental researchers participated in the meeting .At both meetings, the upcoming 102nd GS&E was intensively promoted at the IADR booth .The divisional/sectional meetings provisional agenda for 2024 includes scientific meetings in Colombia in May 16-18, Uruguay in August, Brazil in September 4-7, Argentina and Bolivia in October .
- Regional Scientific Meeting 2024: The 10th LAR Regional Meeting will be held in September in São Paulo, Brazil .
- Regional Publications: The Region is updating the book "Handbook of Scientific Methodology .A guide for the dental researcher" published in 2009 .The updated version will be supported by Listerine© .The history of the IADR Latin American Region since its creation in 2004 is being written in e-book format with the same sponsorship .

Prof .Sanchez encouraged Councilors to review the materials in the manual provided .

2.5.4. North American Region

Dr .Baker reviewed the North American Region and highlighted the following:

- The 2023 AADOCR/CADR Annual Meeting & Exhibition provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest and most cutting-edge research at a 100% in-person gathering in Portland, Oregon .
- The meeting was attended by 2,054 total delegates representing 40 countries . Those attending the meeting could choose from among 1,132 Interactive Talk presentations, 3 Focused Learning Sessions, 9 Hands-on Workshops, 3 Satellite Symposia, 39 Symposia and 3 Distinguished Lecture Series presentations .Delegates also had the opportunity to visit the exhibit hall, which had 47 booths .
- As of October 2023, AADOCR has received more than $1 5 million in donations and planned gifts .
- The AADOCR recently 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 at AADOCR Annual Meetings through 2026 .

Dr .Baker encouraged Councilors to review the materials in the manual provided .

2.5.5. Pan European Region

Prof, Riggio reviewed the Pan European Region report and highlighted the following:

- The PER-IADR biennial congress in 2025 will be held jointly with the IADR General Session in Barcelona, Spain .In 2027 the PER-IADR biennial congress with be held in Riga, Latvia and initial meetings are taking place regarding meeting organization .While no final decision has yet been taken on the location of the 2029 PER-IADR congress, Glasgow (Scotland, UK) has already submitted a formal bid to PER-IADR to host the congress .
- Considerable work was done in 2023 to ensuring that the PER-IADR statutes became aligned with a new Belgian law before 31 December 2023 .One key change is the creation of a General Assembly (in addition to the existing PER-IADR Management Committee and

Board) .The legal process was finally completed on 12th December 2023, when documentation was signed off by representatives from CED, BSODR and NOF in Leuven .These changes to the PER byelaws have simplified the identification of the PER-IADR member representatives and harmonized the mandates of the PER-IADR Board .

Prof .Riggio encouraged Councilors to review the report provided in the manual for further detail .

2.6. President's Report

Dr .Klein noted that the President's Report is provided for information and took a moment to review his written report included 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 upcoming IADR/AADOCR/CADR General Session and Exhibition, specifically the Distinguished Lecture Speaker Series .

3. BOARD OPERATIONS COMMITTEE (BOC)

3.1. Nominations for IADR Vice President

Dr .Raul Garcia left the Council meeting for this discussion .

Dr .Klein gave a brief overview of Raul Garcia, Mutlu Özcan and Alastair Sloan's qualifications .Dr .Klein opened the floor for discussion .Councilors spoke on behalf of all three candidates .

Dr .Ioannidou suggested including pronouns during nominations and applications .

Motion 3: That Raul Garcia, Mutlu Özcan, and Alastair Sloan be considered as candidates for the IADR election of IADR Vice-President (2025-2026) .

Motioned: Jane Weintraub

Seconded: Anna Wintergerst

The motion passed unanimously .

3.2. IADR Treasurer 2024-2027

Dr .Klein noted that after reviewing candidates for the position of IADR Treasurer 2024 – 2027, the BOC recommended to the IADR Board the selection of Alvaro Della Bona .At the December Board meeting, the IADR Board approved the selection of Alvaro Della Bona as IADR Treasurer 2024 – 2027 .

3.3. Approval of Committee Appointments

Dr .Klein reviewed the Committee Appointments presented in the manual .

Motion 4: To accept the 2024-2025 IADR and Joint (IADR/AADOCR) Committee Appointments as presented by the IADR Board of Directors .

Motioned: Cinthia Tabchoury

Seconded: Anna Wintergerst

The motion passed unanimously .

3.4. Approval of Oral Malodor Scientific Network Application

Dr .Klein noted that IADR received an application from Sushma Nachnani to form a new IADR Scientific Network focused on Oral Malodor .If approved by the IADR Council in 2024, it will be added to the membership renewal cycle for 2025 .

Councilors questioned the sustainability of fragmentation within the Association with so many groups .They also questioned the criteria for creating scientific groups and networks and noted the need to educate members on the differences between groups and networks within the organization .

Prof .O'Connell noted that he was part of the task force that looked at the Scientific Groups and Networks and their structure .He also noted that the survey they sent out to the membership indicated that members understood the difference between groups and networks .

Motion 5: To approve the formation of the IADR Oral Malodor Scientific Network as recommended by the IADR Board of Directors .

Motioned: Georgios Romanos

Seconded: Cinthia Tabchoury

The motion passed unanimously .

3.5. Costa Rican Division Application

Motion 6: To approve the transition of the IADR Costa Rican Section to a Division as recommended by the IADR Board of Directors .

Motioned: Valentim Barão

Seconded: Alex Vieira

The motion passed unanimously .

3.6. Revised IADR/AADOCR MOU

Dr .Klein reviewed the materials and highlighted the following:

- The relationship between the IADR and the AADOCR is governed by a Memorandum of Understanding (MOU) which was last updated in 2005 .In the intervening nearly 20 years, the regional structure was adopted, the Associations have expanded their names, there is a new jointly owned *JDR CTR* publication, the title of the chief staff officer has changed, and the business office is now referred to as the Global Headquarters .In

addition to these overdue housekeeping changes, a change to the formula for sharing a General Session Meeting Dividend is proposed .Previously, a Meeting Dividend was shared regardless of an overall General Session surplus or deficit .The business environment for General Sessions has changed considerably since 2005, most notably since COVID in 2020, and recent General Sessions have failed to generate a surplus .Both the IADR and AADOCR Boards have agreed it is fiscally prudent to only share a Meeting Dividend when the General Session generates a surplus .

Motion 7: That the Council approve the revised MOU as recommended by the IADR and AADOCR Boards of Directors .

Motioned: Kamran Anwan

Seconded: Jane Weintraub

The motion passed unanimously .

4. PERFORMANCE MONITORING/AUDIT COMMITTEE (PMAC)

4.1. IADR 2022 Independent Auditors' Report

Prof .O'Connell gave a thorough review of the Auditors' report included in the materials .He noted that the Independent Auditor provided an unqualified opinion which is the best possible outcome .

He also highlighted the following:

- IADR Assets totaling $16 4M at the end of 2022 are primarily made up of the investment portfolio (86%) . Other assets include Cash & Cash Equivalents, Receivables, Prepaids and Fixed Assets .
- Liabilities are small in comparison to assets . Mostly made up of Accounts Payable and other accrued expenses, holding accounts for the Divisions & Sections, Deferred Revenues and Deferred Compensation Payable .
- Net Assets were just under $14 8 Million at the end of 2022 (down $3 2M from the prior year) .
- The financial position of IADR continues to be strong despite the large negative investment returns in 2022 .
- The main sources of IADR's Revenues are typically Meetings, Dues, Publications, and Contributions and Sponsorships .
- Expenses are primarily related to the General Session, Awards & Fellowships, and Management Costs .
- The Change in Net Assets from Operating Activities in 2022 was an increase of $104,000 . When the negative investment returns of ($3,368,000) are included, Net Assets decreased by ($3,264,000) .
- In summary, because investments make up a large portion of our total assets, changes in net assets are driven primarily by investment returns (for example, 2017, 2019, 2020 and 2021 saw a large increases in Net Assets due to strong investment returns, 2018 and 2022 saw a decrease due to investment losses) .
- Tight budgets have kept Operating Net Income relatively low each year, so that does not have as significant of an impact on Net Assets as investment returns do . The exception being in 2020 when a large operating loss of $1 2 was realized due to the meeting cancellation .

Motion 8: That the IADR Council approves the IADR 2022 Independent Auditors' Report as presented .

Motioned: Rutvi Vyas

Seconded: Fatemeh Momen-Heravi

The motion passed unanimously .

4.2. Investment Portfolio Report

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

- The IADR investment portfolio balance was relatively unchanged at the end of 2023 as compared to the end of 2022 at $14 0M .
- This balance is the net of a 15 4% investment return in 2023, offset by the sale of $2,015,000 of investments in 2023 to fund operations, primarily due to the large meeting deficit .
- The portfolio continues to screen for both SSB and tobacco companies .
- The portfolio continues to fund various projects, awards, and grants . Withdrawals from the portfolio used to be infrequent .Due to strong operating net income, investment returns and cash flows, no actual portfolio withdrawals were needed between 2009 and 2019 . However, in 2020, withdrawals totaling $1,098,000 were necessary to fund operations after the cancellation of the joint IADR/AADOCR meeting .$370,000 of investments were sold in 2021, $560,000 of investments were sold in 2022 and as mentioned above $2,015,000 of investments were sold in 2023 to fund operations .

4.3. 2024 Unaudited 2023 Year-End Estimate

Prof .O'Connell reviewed the Unaudited 2023 Year-End Estimates and highlighted the following:

- The materials show the expected ($1,487,000) operations deficit per budget .The actual results for 2023 show a ($1,994,000) deficit for 2023 .
- The 2023 results were unfavorable to budget due to a larger than expected General Operations

deficit and a larger than expected General Session deficit of ($1,191,000) versus a ($772,000) deficit that was budgeted .

- The General Operations deficit was larger than budgeted primarily due to the return of Chinese membership to more historical levels in 2023 after the extraordinary peak in Chinese membership in 2022 .This was partially offset by an increase in other Division and Section membership .This decrease resulted in lower membership dues revenue that was $98,000 less than budget .
- General Operations expenses were $53,000 greater than budget, primarily due to $48,000 in unbudgeted consulting costs associated with the name expansion work .
- The General Session deficit was due to lower-than-expected registration, sponsorship and exhibitor revenues as well as higher than budgeted convention center and setup costs .
- *JDR/JDR-CTR* results for 2023 were better than budget expectations due to significantly better than expected *JDR* royalties .

5. STRATEGIC AND OPERATIONAL PLANNING COMMITTEE (SOPC)

5.1. 2024 IADR and Joint IADR/AADOCR Budgets

Prof .Imazato reviewed the 2024 IADR and Joint IADR/AADOCR Budgets and highlighted the following:

- The manual compares 2023 expected actual net income to 2024 – 2026 budgeted net income for each of the main budget departments .
- General Operations are typically budgeted as a deficit, these deficits will continue in 2024 – 2026 due to the costs of staff salaries, benefits, global HQ overhead, Board costs and continued regional support staff costs, partially offset by expected increases in membership dues revenues . In joint meeting years, like 2024, the percentage of GHQ costs allocated is slightly greater than in stand-alone meeting years .
- Meeting budgets are generally strongest for Joint IADR/AADOCR meetings (2021 and 2022 during Covid being the exceptions) . A modest surplus is budgeted for the New Orleans meeting . Registration, sponsorship & exhibit revenues have improved from 2023, but continued high costs for catering and AV make attaining a surplus challenging .
- Overall, 2024 shows an expected ($909,000) deficit due to the General Operations deficit, partially offset by a modest General Session surplus and a continued Publications surplus .
- The 2025 and 2026 budgets include calculated target meeting surpluses needed for the Association's Operating Deficit to be equal to the expected investment spending policy allocation for operations in those years .
- The *JDR* surplus is budgeted to continue but is budgeted to decline 5% from the prior year expected results .
- Approval of the 2024 budgets also includes approval of the 2025 subscription, dues, and registration rates shown in the executive summary .
- IADR dues increases were approved by the Board along with an adjustment to relink student/retired dues rates . Student dues had fallen behind . Student/retired dues will once again be 35% of Tier 1 (High Income) dues .Middle Income dues are 60% and Low-Income dues are 35% of High-Income Dues .

Councilors expressed concern over the decision to eliminate recording meetings and decreasing the value of membership .

Councilors also expressed concern over the financial burden of attending conferences and suggested finding ways to make the meeting more appealing to attendees .

Various Councilors noted that costs are difficult to contain but suggested focusing on what the meeting offers to make it worth attending .

Motion 9: That the IADR Council approves the 2024 IADR Budget, which includes the Joint Budget with AADOCR and 2025 member dues, subscriptions and meeting registration rates .

Motioned: Georgios Romanos

Seconded: Anna Wintergerst

The motion passed unanimously .

5.2. 2028 IADR General Session Site Selection

Prof .Imazato reviewed the proposed 2028 IADR General Session Site Selection and highlighted that the IADR SOPC and IADR Board reviewed several sites for the 2028 IADR General Session and selected Baltimore, Maryland based on the cost of the convention center, cost to delegates, and ease for travel for international delegates .

Motion 10: That the 2028 IADR General Session be held in Baltimore, Md .USA, as recommended by the IADR Board of Directors .

Motioned: Rutvi Vyas

Seconded: Jane Weintraub

The motion passed unanimously .

5.3. *JDR* Editor-in-Chief's Report

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

- In the latest metrics, published in June 2023, the *JDR* achieved another high 2-year Journal Impact FactorTM (JIF) of 7 6 ranking #3 of 91 journals in "Dentistry, Oral Surgery & Medicine" .The journal remains #1 in terms of total citations at 25,849 and continues to perform strongly in other metrics such as Article Influence Score and Eigenfactor .
- *JDR* has a broad international reach, with papers accepted from 26 different countries .

Dr .Jakubovics encouraged Councilors to review the report included in the manual .

5.4. *JDR CTR* Editor-in-Chief's Report

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

- The *JDR CTR* is in its 8th year of existence (January 2024 issue),
- After 7 years of publishing 4 issues/year, our first impact factor was announced at 3 0, which is an exceptionally high rating for such a new journal with only 4 issues/year .
- Experienced researchers are often not able or willing to act as reviewers; thus, we have been taking steps to train graduate students and early career investigators students in how to carry out proper reviews, as well as to encourage and empower them to participate as reviewers:
  - Following up on Effie Ioannidou's initiative, our Associate Editor, Vanessa Muirhead, is now spearheading the latest iteration of the yearly NSRG Reviewer Workshop titled "Becoming an Effective Peer Reviewer" to be held on March 14th from 8:00 to 9:30am in Room 276 .
- Vanessa Muirhead and Jocelyne Feine also plan to provide reviewer workshops for our SAB members who will then use the material to train future reviewers in their countries .

5.5. Philanthropic Update

Prof .Imazato reported that 2023 marked the first full year of IADR's formal fundraising efforts .The IADR fundraising campaign allows members of both associations to donate to either organization, or to whichever programs they are most passionate about .

As of February 1, 2024, IADR has received more than $124,285 in individual donations and pledges since 2022 .In addition, an estate gift of $250,000 was pledged in May 2022 .

5.6. Approval of IADR Diversity, Equity, Inclusion, Accessibility, and Belonging Statement

Prof .Imazato noted that the IADR SOPC recommended a IADR Diversity, Equity, Inclusion, Accessibility, and Belonging Statement be drafted .The IADR Board has reviewed and has recommended it to the Council .

Motion 11: That the IADR Diversity, Equity, Inclusion, Accessibility, and Belonging Statement be approved by the IADR Council as submitted .

Motioned: Cinthia Tabchoury

Seconded: Georgios Romanos

The motion passed unanimously .

6. MEMBER/STAKEHOLDER RELATIONS COMMITTEE (MSRC)

6.1. Approval of IADR/AADOCR Tobacco Funded Research Policy Statement

Dr .Yelick noted that the IADR and AADOCR Boards jointly requested the creation of a task force to draft a policy statement that will govern how the Association deals with abstracts and manuscripts funded by tobacco companies .This policy will apply to both meetings and publication journals (*JDR* and *JDR CTR*) .AADOCR has Tobacco and Electronic Nicotine Delivery Systems position statements that were adopted in 2023, but up till now, not a policy statement dealing with tobacco-funded research . The task force drafted a statement which was shared with the IADR Community for their comments over a 30-day period .The task force met and addressed all the comments and submitted them to IADR and AADOCR Governance Committees .Both Associations' MSRC and BOC committees reviewed and recommend to their respective Councils to adopt .

Motion 12: That the Tobacco Funded Research Policy Statement be approved by the Council as submitted .

Motioned: Joseph Ghafari

Seconded: Jennifer Webster-Cyriaque

The motion passed unanimously .

6.2. Science Information Committee Update

Dr .Yelick reviewed the Science Information Committee Update and encouraged Councilors to review the report included in the manual .

7. IN MEMORIAM

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

There being no further business, the meeting was adjourned 3:25 p.m.

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

Satoshi Imazato
Osaka University, Japan

IADR Presidential Address by Satoshi Imazato at the 102nd General Session & Exhibition of the IADR/AADOCR/CADR

IADR president Klein, AADOCR president Vieira, CADR president Kishen, honored guests, dear colleagues, and friends .It is a great honor for me to speak to you as an incoming president of IADR .

Last year, we had an in-person meeting in Bogota after almost 4 years of canceled or virtual meetings .Now, seeing that such a big number of people from various parts of the world gather and smile here, I am very impressed and reacknowledge how wonderful it is to get together for the meeting .On this occasion, I would like to express my sincere appreciation to the past presidents Pamela DenBesten, Eric Reynolds, and Brian O'Connell and the president Ophir Klein for their great effort to maintain the programmatic activities of IADR during these challenging years .Needless to say, special thanks go to CEO Christopher Fox and all IADR global headquarters staff for their excellent job maintaining the society with great patience .

IADR celebrated its 100-year anniversary in 2020 .How has IADR continued to thrive for more than 100years? Of course, it is because all of you are good researchers and do good research .However, it is not the only reason .To globally advance health and well-being, IADR values scientific excellence, social responsibility, and the scientific community .Those three values are the indispensable foundation to drive the international scientific society .Especially, what we need to keep in our minds on is that we can connect with many outstanding people and we can make interdisciplinary science network through this worldwide association .Such "human bonding" with a noble spirit and high sense of social responsibility enables production of cutting-edge research and rightful advancement of dental, oral, and craniofacial science .Integration of wisdom, passion, and potential of members is essential for the prosperity of IADR for another 100years .

Looking back, I have thankfully reaped a great benefit as a dental researcher from IADR .Since joining in 1989, IADR has been the best and the most important research platform in my academic career .Therefore, my role as an incoming president is to make IADR further productive, attractive, sound, and a meaningful organization for the researchers, clinicians, and stakeholders all over the world .In particular, recovery of the membership and the number of attendees to the General Session to the level before the pandemic of COVID-19, and elevating the level of science of the whole society are the targets in driving IADR. To achieve substantial reactivation and step forward to the new era, I would propose the "**growing APPLE policy.**" It means promotion of:

"**A**ctive communication among the members,"
"**P**roper support of all members,"
"**P**artnership with related organizations,"
"**L**ink of regions/divisions/sections," and
"**E**ncouragement of next-generation researchers ."

I will try my best to grow **APPLE** based on the existing structure and systems and sometimes modify them if needed .

Now, we know that the living environment is not steady . However, the importance of discovery and the dissemination of dental, oral, and craniofacial research never changes .I believe that IADR has enormous power to support people's health and happiness throughout the world .You may know a famous song called "We Are the World ." It includes a line saying that, "We are the ones who make a brighter day." I would tell you that we can make a brighter day by doing dental, oral, and craniofacial research. So, please join me to sing a chorus part of "We Are the World" with modified lyrics:

We are the ones who make a brighter day, so let's start research .

Thank you very much .

Author Contributions

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

Declaration of Conflicting Interests

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

Funding

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

Editor's Report for the *Journal of Dental Research*, December 2024

I am pleased to provide my report as Editor-in-Chief of the *Journal of Dental Research* to the Joint Boards of the IADR and AADOCR . In the latest metrics, published in June 2024, the *JDR* achieved a high 2year Journal Impact FactorTM (JIF) of **5.7** (Tables 1 and 2), ranking #4 of 158 journals in "Dentistry, Oral Surgery & Medicine" . The journal remains #1 in terms of total citations at 24,426 and continues to perform strongly in other metrics such as Article Influence Score and Journal Citation Indicator (JCI) .

Table 1. Key metrics for the *JDR* (2023).

Impact Factor w/o Self-Cites	Total Cites	Impact Factor	5-Year Impact Factor	Immed. Index	Citable Items	Cited 1/2-Life	Eigenfactor Score	Article Influence Score
5 5	24,426	5 7	7 6	1 1	134	10 2	0 01265	1 771

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

Rank	JCR Abbreviation	Total Citations	2023 JIF	2023 JCI	% of Citable OA
1	PERIODONTOL 2000	9,590	17 5	4 30	54 27%
2	INT J ORAL SCI	3,639	10 8	5 59	100 00%
3	J CLIN PERIODONTOL	21,117	5 8	2 69	38 32%
4	J DENT RES	24,426	5 7	2 86	19 13%
5	JPN DENT SCI REV	1,192	5 7	1 54	97 12%
6	INT ENDOD J	11,468	5 4	1 91	25 87%
7	J DENT	14,129	4 8	1 97	26 06%
8	CLIN ORAL IMPLAN RES	15,754	4 8	1 47	38 41%
9	DENT MATER	17,995	4 6	1 61	18 85%
10	J PROSTHET DENT	19,174	4 3	1 90	5 74%
11	J PERIODONTOL	18,340	4 2	1 97	24 57%
12	J EVID-BASED DENT PR	1,365	4 1	1 34	13 99%
13	ORAL ONCOL	13,306	4 0	1 18	13 82%
14	CLIN IMPLANT DENT R	5,765	3 7	1 61	25 26%
15	J ENDODONT	20,873	3 5	1 86	6 60%
16	PROG ORTHOD	2,027	3 5	1 67	100 00%
17	J PROSTHODONT	5,857	3 4	1 60	14 50%
18	J DENT SCI	2,583	3 4	1 47	97 98%
19	J PERIODONTAL RES	5,636	3 4	1 45	17 70%
20	J PROSTHODONT RES	2,891	3 2	1 64	97 24%

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

1. MANUSCRIPT PROCESSING

Article types and acceptance

- We have received consistently high submissions throughout 2024 and have already exceeded 2022 or 2023 (Table 3) .
- The accept ratio is low, which enables us to keep within the agreed page budget .
- 88% of original submissions and 71% of accepted papers were original research reports (Figure 1-2) .
- 73% of original submissions were triaged on entry through rejection w/o peer review (57%) or recommended transfer to *JDR CTR* (16%) (Figure 3) .
- Most revised manuscripts are eventually accepted, sometimes with further rounds of revision (Figure 4) .

Table 3. Total submissions and acceptance rate.

	2021	2022	2023	2024 YTD*
Original submissions	1,264	1,095	1,083	1,165
Accept	199	161	146	146
Accept ratio	15 7%	14 7%	13 5%	12 5%

*To October 29th 2024 .

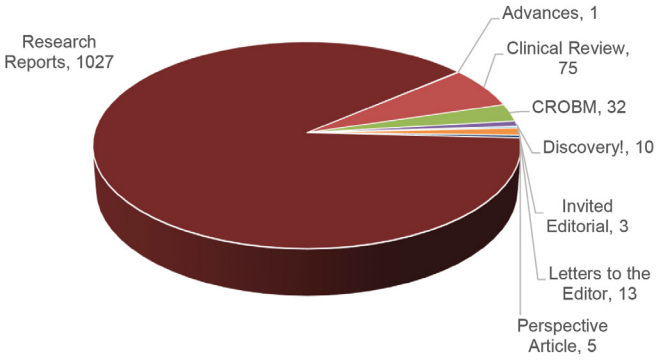


Figure 1. *JDR* original submissions by type, 2024 YTD (Jan 1st – Oct 29th)

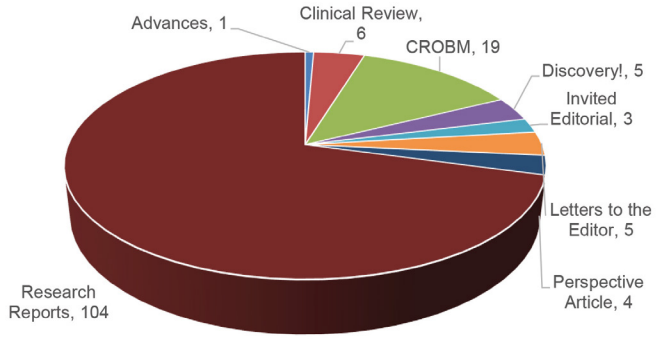


Figure 2. *JDR* accepted papers by type, 2024 YTD (Jan 1st – Oct 29th)

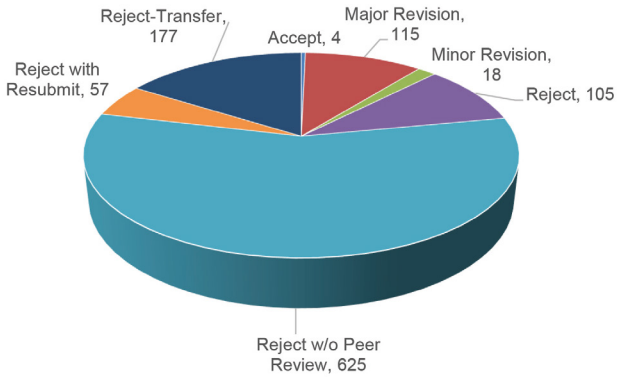


Figure 3. First decision on original manuscripts, 2024 YTD (Jan 1st – Oct 29th)

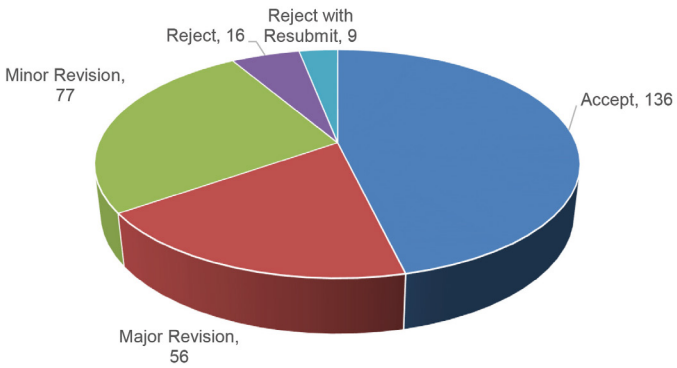


Figure 4. Decision on revised manuscripts, 2024 YTD (Jan 1st – Oct 29th)

Processing times

- Submission to acceptance time increased slightly in 2023 and remains high in 2024 (Table 4) .
- Acceptance to online publication has reduced slightly from a peak in 2023 .
- Acceptance to print publication has declined in 2024 as we have been running with little or no backlog of accepted papers .
- Time from submission to first decision is 18.3 days.

Table 4. Average *JDR* Turnaround Times.

	2019	2020	2021	2022	2023	2024 YTD
Submission to Acceptance	79 Days	89 Days	79 Days	106 Days	115 Days	113 Days
Acceptance to Online Publication	42 Days	32 Days	36 Days	54 Days	70 Days	64 Days
Acceptance to Print Publication	88 Days	100 Days	147 Days	175 Days	107 Days	95 Days

JDR average days from submission to first decision (Prior 12 months)å	18 3 Days

2. HIGHLY READ AND CITED RESEARCH

- Articles published in the *JDR* remain of interest for many years, evidenced by the long citation half life (10 2 y) and the top-5 most read papers in the last 6 months, which date from 2018-2021 (Table 5) .
- The most heavily cited papers include broad-ranging review articles, a 'Global Burden of Diseases' study and two papers on COVID-19 (Table 6) .

Appendix I *(continued)*

Table 5. Most read articles in the last 6 months

(https://journals sagepub com/action/showMostReadArticles?journalCode=JDR)

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

Artificial Intelligence in Dentistry: Chances and Challenges

F. Schwendicke, W. Samek, J. Krois

Open Access | Review article | First published Mar 2, 2020

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

, E. Bernabe, W. Marcenes, C.R. Hernandez, J. Bailey, L.G. Abreu, V. Alipour, S. Amini, [...] View all

Open Access | Review article | First published May 26, 2021

Oral Cancer Screening: Past, Present, and Future

S. Warnakulasuriya, A.R. Kerr

Open Access | Research article | First published Aug 20, 2021

Caries Detection on Intraoral Images Using Artificial Intelligence

J. Kühnisch, O. Meyer, M. Hesenius, R. Hickel, V. Gruhn

Open Access | Review article | First published Oct 5, 2018

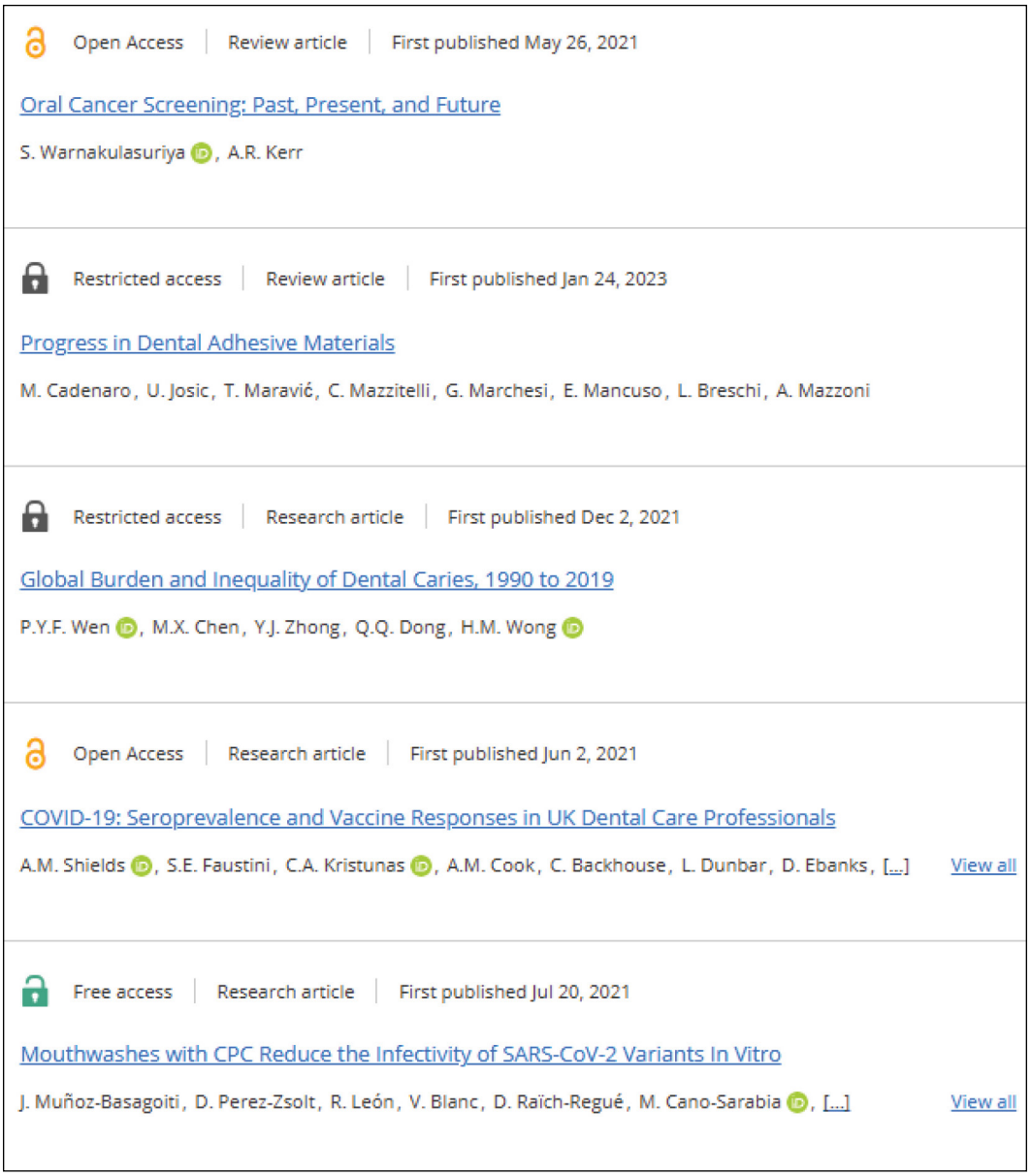
Nonrestorative Treatments for Caries: Systematic Review and Network Meta-analysis

O. Urquhart, M.P. Tampi, L. Pilcher, R.L. Slayton, M.W.B. Araujo, M. Fontana, [...] View all

Appendix 1 *(continued)*

Table 6. Most cited articles in the last 3 years

(https://journals sagepub com/action/showMostCitedArticles?journalCode=JDR)



Open Access | Review article | First published May 26, 2021

Oral Cancer Screening: Past, Present, and Future

S. Warnakulasuriya, A.R. Kerr

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

Progress in Dental Adhesive Materials

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

Restricted access | Research article | First published Dec 2, 2021

Global Burden and Inequality of Dental Caries, 1990 to 2019

P.Y.F. Wen, M.X. Chen, Y.J. Zhong, Q.Q. Dong, H.M. Wong

Open Access | Research article | First published Jun 2, 2021

COVID-19: Seroprevalence and Vaccine Responses in UK Dental Care Professionals

A.M. Shields, S.E. Faustini, C.A. Kristunas, A.M. Cook, C. Backhouse, L. Dunbar, D. Ebanks, [...] View all

Free access | Research article | First published Jul 20, 2021

Mouthwashes with CPC Reduce the Infectivity of SARS-CoV-2 Variants In Vitro

J. Muñoz-Basagoiti, D. Perez-Zsolt, R. León, V. Blanc, D. Raïch-Regué, M. Cano-Sarabia, [...] View all

3. PROMOTION AND ENGAGEMENT

- Press releases are available at this link: https://www.iadr.org/about/news-reports/iadr-pressreleases .
- The JDR X (formerly Twitter) feed (@JDentRes) has amassed more than 2,500 followers to date and remains very active .
- *JDR* editors frequently give talks and training, aiming to promote the journal and to increase engagement with peer review .Selected recent examples include:
  - Canadian Oral Health Summit, Halifax, NS (June 2024
  - IADR APR Mentor mentee programme, Online (August, 2024)
  - Methods in Oral Health Research, Bern, Switzerland (September, 2024) .
  - British Society for Periodontology, Newcastle, UK (September, 2024)
  - Japanese Association for Dental Research, Kagoshima, Japan (November, 2024) .

4. SPECIAL ISSUES IN THE *JDR* AND *ADVANCES*

- The 2024 special issue on *Advanced Imaging in Dental, Oral and Craniofacial Research* is published as the December issue .
  - Editors Dana Graves and Sergio Uribe .
  - We had around 34 submissions, of which 13 will be published in this issue .
- The next special issue is being planned, aiming for a submission deadline in Q1, 2025 .
- An *Advances in Dental Research* issue has been published on the AADOCR Meeting within a Meeting at New Orleans (March 2024) on 'Women in Dental Clinical and Translational Research' .
- Another *ADR* issue to celebrate the 75th anniversary of NIDCR is in progress .

5. ACKNOWLEDGMENTS

- Firstly, a special 'thank you' to Lily Knol who worked tirelessly behind the scenes as Editorial Assistant for 17 years and retired at the end of October .
- Many thanks also to Dr .Christopher Fox, Denise Streszoff, Matt Niner, and Kourtney Skinner at the IADR/AADOCR Headquarters in Alexandria for their continued dedication and work on the *Journal* .
- We are very grateful to the staff at SAGE Publishing, including Lauren Hunt, Alex Moersen, Alisia Lemos, Nahda Tahsin and Isaac Hirsch, who work closely with the editors and the team at *JDR* Headquarters to ensure the smooth-running of the journal .
- Michaila Patterson is the local editorial assistant at Newcastle University where she is supporting the journal by managing the page proofs, working with the authors, the IADR office, and SAGE.
- I am very grateful for the hard work and diligence of our team of Associate Editors: Professors Ana Paula Colombo, Gustavo Garlet, Dana Graves, Jacques Nör, Joy Richman, Falk Schwendicke and Carmem Pfeifer .
- We gratefully acknowledge the members of the Editorial Board and the many reviewers, who give up their time and efforts to critique papers and contribute to the *JDR* .
- Thanks also to the authors, without whom the *JDR* would not exist .

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

Yours faithfully,

Nicholas S .Jakubovics
Newcastle University, UK

Editor's Report for the *JDR Clinical and Translational Research*, December 2024

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

***Journal Citation Reports*™ results for the *JDR CTR*:**

- Journal Impact Factor™: 2 .2,ranking #52 of 158 journals
- Eigenfactor™: 0 .00142
- Immediacy Index: 0 .300
- Acceptance ratio (2022): 41 .5%
- Acceptance ratio (2023): 25 .2%
- Average Turnaround Times (2023):
  - Submission to first decision: 35 days
  - Submission to acceptance: 138 days
  - Acceptance to online publications: 40 days
  - Acceptance to print publication: 383 days

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

1 .MANUSCRIPT PROCESSING

Table 1. Acceptance ratio Jan - October 2024 is 34.6%.

2023	Submitted Directly	Transferred In	Accepted	Published
January*	4	2	1	11
February	6	1	2	
March	14	2	3	
April*	4	1	4	11
May	10	1	2	
June	7	3	0	
July*	10	1	10	11
August	13	6	4	
September	10	6	3	
October*	7	4	1	11
November	8	4	2	
December	6	5	2	
Summary	**99**	**36**	**34**	**44**

2024	Submitted Directly	Transferred In	Accepted	Published
January*	14	5	3	10
February	6		2	
March	7	5	5	
April*	9	6	9	12
May	22	7	3	
June	10	2	7	
July*	13	2	4	14
August	14	5	9	
September	7	8	4	
October*	15	5	10	9
November				
December				
Summary	**117**	**45**	**56**	**45**

2. SUBMITTED AND ACCEPTED MANUSCRIPTS

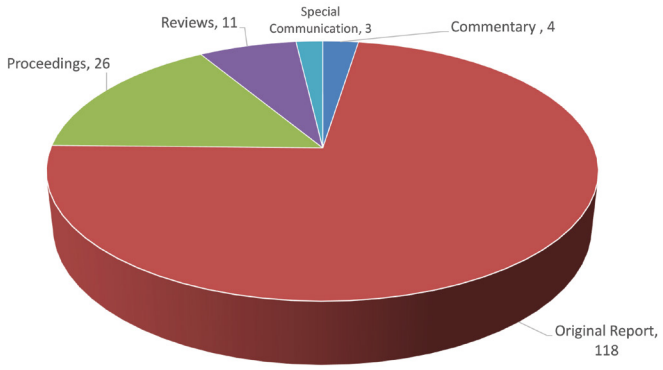


Figure 1. Papers Submitted by Type Between Jan 1, 2024 and October 31, 2024

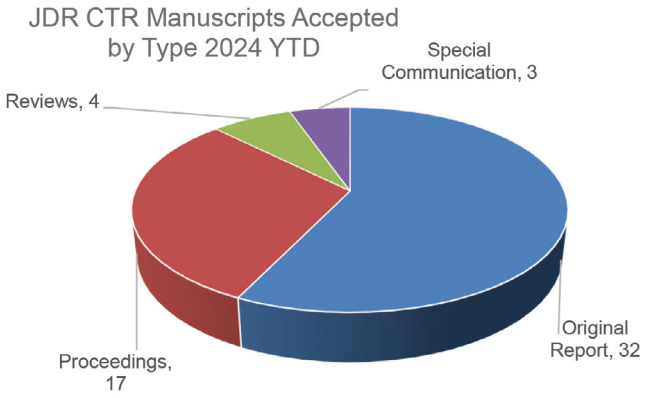


Figure 2. Accepted Manuscripts
75% of accepted submissions were original research reports.

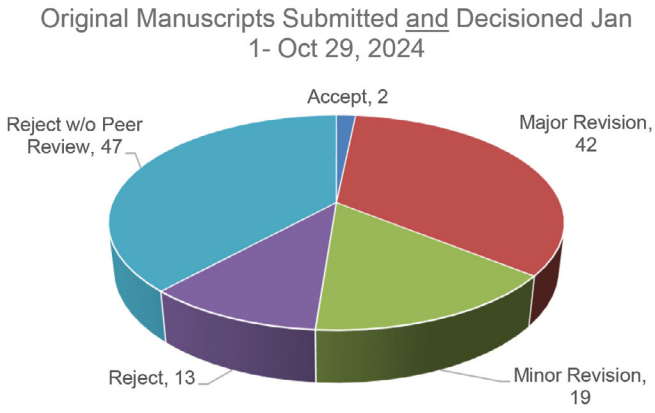


Figure 3.
35.3% of submissions were rejected without peer review.

Appendix I *(continued)*

Table 4. Average Days from Submission

Average *JDR CTR* Turnaround Times	2018	2019	2020	2021	2022	2023	2024 YTD
Submission to Acceptance	119 Days	118 Days	105 Days	92 Days	101 Days	138 Days	151 Days
Acceptance to Online Publication	28 Days	43 Days	26 Days	27 Days	41 Days	40 Days	56 Days
Acceptance to Print Publication	107 Days	156 Days	236 Days	269 Days	357 Days	383 Days	315 Days
JDR CTR average days from submission to first decision (Prior 12 months)*		53 Days					

Most Read Articles (in the last 6 months):

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

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

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

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

Open Access | Review article | First published Nov 15, 2023

A Scoping Review of Oral Health Outcomes and Oral Health Service Utilization of 2SLGBTQ+ People

I. Fakhrjahani, T. Tiwari, A. Jessani

Restricted access | Review article | First published Dec 21, 2020

Tooth Loss and Nutritional Status in Older Adults: A Systematic Review and Meta-analysis

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

Open Access | Review article | First published Mar 8, 2023

Exploring Oral Function, Protein Intake, and Risk of Sarcopenia: A Scoping Review

P.J. Moynihan, J-L. Teo

Free access | Research article | First published Sep 19, 2022

The Forefront of Dentistry—Promising Tech-Innovations and New Treatments

A.F. DaSilva, M.A. Robinson, W. Shi, L.K. McCauley

Appendix I *(continued)*

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

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

Restricted access | Review article | First published Dec 21, 2020

Tooth Loss and Nutritional Status in Older Adults: A Systematic Review and Meta-analysis

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

Restricted access | Review article | First published Apr 2, 2021

Does Dental Caries Increase Risk of Undernutrition in Children?

L. Tanner, D. Craig, R. Holmes, L. Catinella, P. Moynihan

Open Access | Research article | First published Dec 10, 2020

Amalgam Phase-Down Part 1: UK-Based Posterior Restorative Material and Technique Use

O. Bailey, C.R. Vernazza, S. Stone, L. Ternent, A.-G. Roche, C. Lynch

Restricted access | Review article | First published Oct 8, 2020

Association between Dental Anomalies and Orofacial Clefts: A Meta-analysis

T. Marzouk, I.L. Alves, C.L. Wong, L. DeLucia, C.M. McKinney, C. Pendleton, B.J. Howe, [...] View all

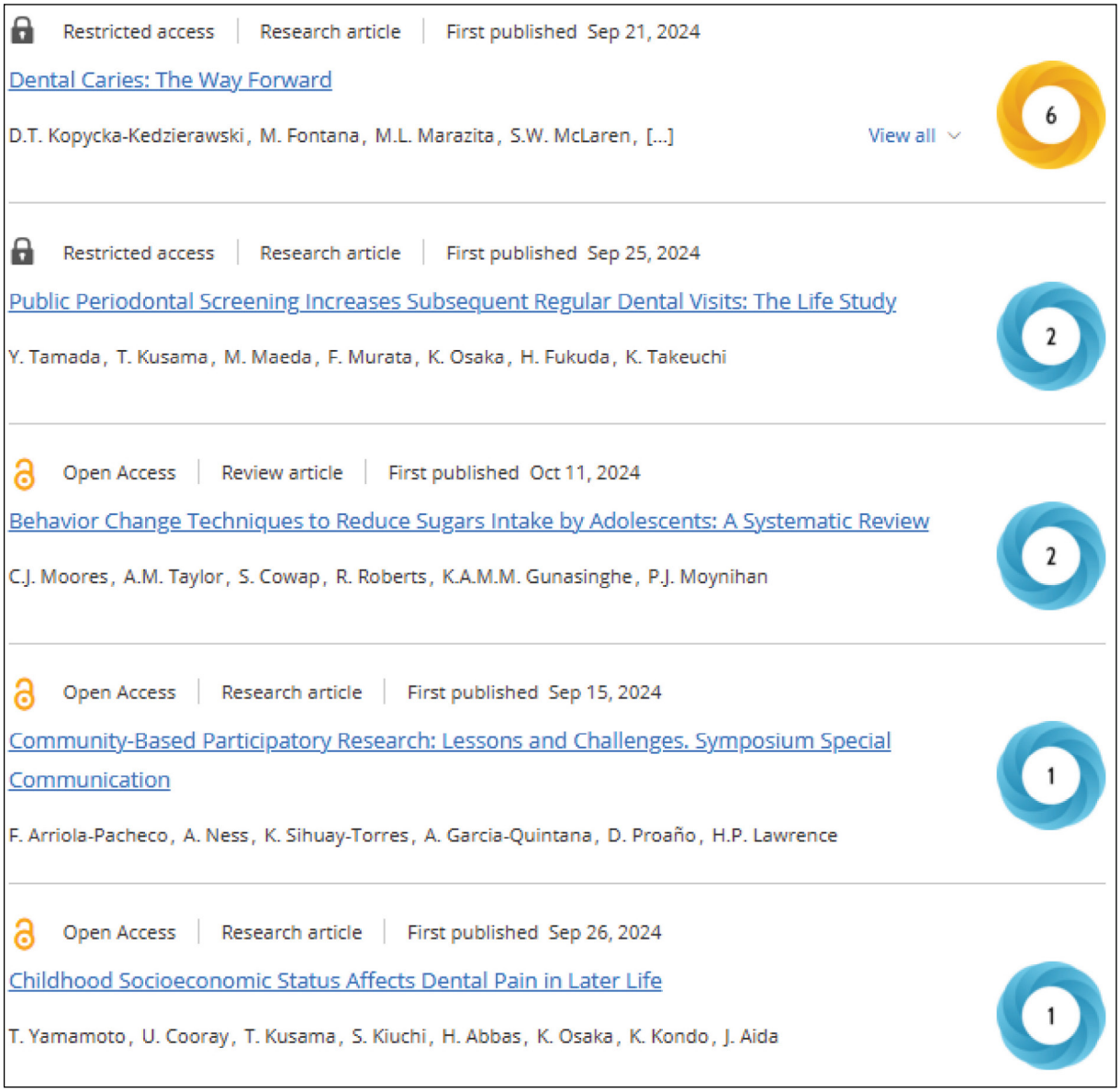
Open Access | Article commentary | First published Feb 25, 2021

The Relevance of Power in Dentistry

R. Lala, B.J. Gibson, L.M. Jamieson

Appendix I *(continued)*

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



Present and Future activities:

A. Supplements:

1 . *Whole Person Health and Medical Dental Integration*

Drs .Tamanna Tiwari, Eric Tranby, and Lisa Heaton at CareQuest on this Supplement .All reports have been accepted and it is presently in production with SAGE .

2 . *Dental Profession and Interprofessional Primary Care: Intersection of Research, Education, and Communities*

Drs .Linda Rasubala and Yanfang Ren are moving things along for Dr .Walter Psoter .Reports are in the submission stage .

B. Editorial Advisory Board (EAB):

1 . Aiming to increase representation, Vanessa and I mapped submissions from various countries and sought individuals who have the necessary expertise and interest to participate as members of our next EAB, beginning in 2025 .We now have a more equitable geographic representation .

2 . We are presently identifying reviewers who can lead others in their geographic area as they carry out online reviewer training .

C. Reviewer Training

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

D. Acknowledgements

The journal is now almost 9 years old, and we have made considerable progress, thanks to many people whom I wish to acknowledge here .

- We greatly appreciate the daily dedication and support of many at GHQ, in particular **Lily Knol**, **Kourtney Skinner**, **Denise Streszoff** and **Chris Fox** .Best wishes to Lily on her retirement!
- Our *JDR CTR* Associate Editor, **Vanessa Muirhead**,
- Of course, our **reviewers** are the lifeblood of the journal .For little recognition and no reimbursement for their efforts, they consistently make considerable efforts to improve our publication .
- Our progress would not have been nearly as rapid had we not been the fortunate recipients of referred manuscripts from **Nick and his team of Associate Editors** .The *JDR* has generously "fed" the *JDR CTR* from the start, and our journal standing has been greatly aided due to their active and continuous support .

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

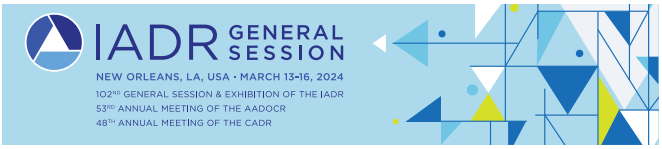
Sincerely yours,

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

Chief Executive Officer's Report

OVERVIEW

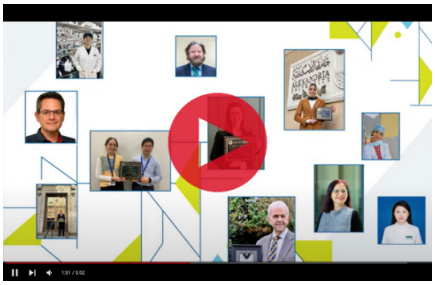
The 102nd General Session of the IADR was held in conjunction with the 53rd Annual Meeting of the American Association for Dental, Oral, and Craniofacial Research (AADOCR) and the 48th Annual Meeting of the Canadian Association for Dental Research on March 13-16, 2024 .The event provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest cutting-edge research in New Orleans, LA, USA .



The meeting was attended by 4,280 total delegates representing 85 different countries .Those in attendance attending the meeting could choose from among 399 Oral Presentations, 2,147 Poster Presentations, 9 Lunch & Learning Sessions, 19 Hands-on Workshops, 7 Satellite Symposia, 85 Symposia, and three Distinguished Lecture Series plenary sessions .Delegates also had the opportunity to visit the exhibit hall, which had 19 Corporate booths and 64 Institutional booths .

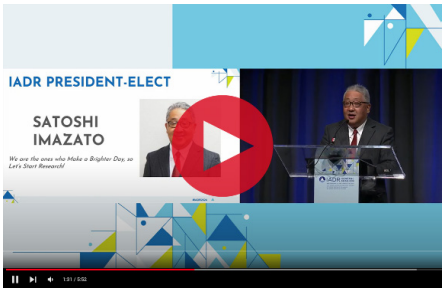
The 2024 Distinguished Lecture Series speakers were Barbara Burtness, Anthony N .Brady Professor of Medicine, Yale Cancer Center, Jukka Jernvall, Academy Professor, University of Helsinki, and Paul Whelton, Show Chwan Professor of Global Public Health, Tulane University .

IADR Awards Presentations



View the 2024 awards that were announced during the Opening Ceremonies of the 2024 General Session .Congratulations to all the winners!

IADR President's Inaugural Address



Satoshi Imazato was installed as IADR's President at the conclusion of the 2024 General Session .View his inaugural address, "We Are the Ones Who Make a Brighter Day, So Let's Start Research!"

PUBLICATIONS

The *Journal of Dental Research* (*JDR*) 2-Year Journal Impact Factor™ is now 5 7, ranking it tied for #4 of 157 journals in the "Dentistry, Oral Surgery & Medicine" category .The *JDR Clinical & Translational Research* (*JDR CTR*) Journal Impact Factor™ is now 2 2, ranking tied for #52 in the same category .The *JDR* 5-year Journal Impact Factor™ is again 7 6, ranking #4 of 157 journals .Its new Immediacy Index of 1 1 is ranked #13 of 157, and its Article Influence score of 1 771 is ranked #4 of 157 .The *JDR* ranks #1 of 157 journals in total citations, with a total of 24,424 in 2023, and ranks #3 in Eigenfactor with a score of 0 01265 .The *JDR CTR* now has an Immediacy Index of 0 3 and an Eigenfactor score of 0 00142 .This news comes from the 2023 Journal Citation Reports® (Clarivate™, 2024) .

IADR announced the publication of revised guidelines for adequately reporting findings from oral health research .The new guidelines, called the "OHStat Guidelines," were published in *JDR* in July as part of a collaborative effort with *The Angle Orthodontics, Journal of Endodontics, Journal of the American Dental Association,* and *Journal of Oral and Maxillofacial Surgery* .On July 12, *JDR* Editor-in-Chief Nick Jakubovics hosted an informational webinar, "OHStat: Introducing New Statistical Guidelines for Oral Health Research," which was broadcast in the IADR Webinar & CE On Demand Library .A companion paper was also published in *JDR CTR* in July .

Another key study published in *JDR* this year highlights the global economic impact of oral diseases, which reached an estimated $710 billion in 2019 due to treatment costs and productivity losses .The study reveals stark spending disparities, with high-income countries averaging $260 per capita on dental care versus $0 52 in low-income countries .These findings emphasize the need for prioritized, cost-effective oral health programs and improved data monitoring, as supported by recent WHO oral health initiatives .

A special issue of *JDR* in late 2024 will highlight the innovations and applications of advanced imaging techniques for the benefit of dental, oral, and craniofacial health .The guest editors are Dana Graves, University of Pennsylvania School of Dental Medicine, and Sergio Uribe, Rīga Stradiņš University, Latvia .

An upcoming supplement to *JDR CTR* entitled, "Medical-Dental-Behavioral Integration: Embracing Whole Person Health in Research and Practice" emphasizes and supports establishing and maintaining integrated health care systems that address all aspects of a person's health, given the complex links between oral, behavioral, and systemic health .

JDR Featured Editor's Collection Articles

Every month, the *Journal of Dental Research* highlight 2-3 articles to be included in the Featured Editor's Collection and offers free access to these papers for 30 days after the publication of the issue .Included in 2024 are:

- "Injectable Tissue-Specific Hydrogel System for Pulp–Dentin Regeneration" by Y .Han, J .Xu, and M C .Bottino .

Journal of Dental Research
https://doi org/10 1177/00220345241226649

- "The Essential Role of Proteoglycans and Glycosaminoglycans in Odontogenesis" by J .Chen, T .Sun, and J .Wu *Journal of Dental Research*
https://journals sagepub com/doi/abs/10 1177/00220345231224228
- "Intelligently Quantifying the Entire Irregular Dental Structure" by H .Liu, J .Duan, and Z .Chen *Journal of Dental Research*
https://journals sagepub com/doi/abs/10 1177/0022034524122687 1

WEBINARS & CONTINUING EDUCATION

The IADR Webinar & CE On Demand Library allows users to participate in upcoming live webinars and view the growing portfolio of on demand educational content .To help expand our offerings, IADR created a webinar proposal submission webpage where members can submit a webinar proposal for consideration .2024 webinars included:

- **BEHSR Connect: Using Health Economics in Oral Health Research**
Sponsored by the IADR Behavioral, Epidemiologic and Health Services Research Group
November 21, 2024
- **CAR Connect: Let's Get the Facts About Fluoride in Dental Caries Control – Why, When, and How?**
Sponsored by the IADR Cariology Research Group
October 17, 2024
- **Scientific Peer Review: Fundamentals and Implications on Scholarly Impact**
Sponsored by the AADOCR & CADR National Student Research Groups
October 15, 2024
- **Utilizing Big Data in Global Oral Health Research**
Sponsored by the IADR Global Oral Health Inequalities Research Network
October 7, 2024
- **Dental Public Health in the Africa/Middle East Region**
Sponsored by the IADR Oral Health Research Group
September 30, 2024
- **Leveraging Human Disease Mutations to Decipher Developmental Cell-Fate Decisions**
Sponsored by the IADR Clinical & Translational Science Network
September 19, 2024
- **Scientific Writing for High Impact Manuscripts**
Sponsored by the IADR International Network for Orofacial Pain and Related Disorders Methodology
September 16, 2024
- **The Careful Use of Causal Inference in Oral Health Research Using Epidemiological Data**
Sponsored by the IADR Behavioral, Epidemiologic and Health Services Research Group
September 4, 2024
- **Dentistry in Unstable and Humanitarian Crisis Environments**
Sponsored by the IADR Global Oral Health Inequalities Research Network
July 3, 2024
- **From Principles to Practice: Quantitative Assessments of Bias and Confounding**
Sponsored by the IADR Behavioral, Epidemiologic and Health Services Research Group
May 29, 2024
- **MID Community of Practice: "Talk About Your Research"**
Sponsored by the IADR Minimally Invasive Dentistry Network
February 6, 2024
- **Basic Methods in Survey Design**
Sponsored by the IADR Behavioral, Epidemiologic and Health Services Research Group
January 31, 2024

MEMBERSHIP

As of October 1, 2024, IADR had 9,090 members, representing a 6 5% increase from the October 1, 2023 number of 8,534 .The Latin American Region was the only Region to show a decline in membership from 2023-2024, which can be attributed to a drop in membership following the General Session being held in Bogotá in 2023 .In contrast, membership in the North American Region grew by 11 4%, in the Asia/Pacific region by 7 0%, in the Pan-European Region by 5 6%, and in the Africa/Middle Eastern Region by 12 8% .

The IADR GHQ will continue to work with the officers of Divisions and Sections as well as Scientific Groups and Networks to renew members and support new members of the IADR . The new member onboarding program 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 2024, IADR had 16 Corporate Section members and 132 Institutional Section members .

IADR Adopt-A-Member Program

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

funding used to provide IADR membership via the Adopt-A-Member Program in 2024 was $8,008 .

MARKETING & COMMUNICATIONS

IADR will engage its current and prospective members via its website, marketing automation & email blast platform (Higher Logic), the *Global Research Update* monthly newsletter, webinar library, social media channels (LinkedIn, X (formerly Twitter), Facebook, Instagram, and YouTube), and our online community . IADR emails have again shown consistently strong performance throughout the year .As of November 2024, the average open rate for all emails sent to groups of more than 100 members was 49 0%, down from 52 3% in 2023 but still above the 38 6% industry average for Nonprofits .The average clickthrough rate for our emails in 2024 was 6 4%, up from 4 93% in 2023 and well above the industry average .

Social Media

IADR regularly publishes content on the IADR @IADR, *JDR CTR* @JDRClinTransRes, and the *JDR* @JDentRes Twitter accounts .Among the new tactics implemented in 2024 has been a customized promotional campaign for first-time presenters at the IADR General Session, an expanded presence on the Instagram platform to reach the younger demographic that comprises its principal user base, and an increase in the frequency of engagement with IADR mentions by third-party accounts .

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 .

Ask Me Anything

IADR Ask Me Anything (AMA) is a live, one-hour virtual event where IADR Community members interact through online discussions with an expert in dental, oral, and craniofacial research .AMA events are held exclusively on the IADR Online Community and are available only to IADR members .Four have been held so far in 2024:

- **Newly Identified Pathogens in Periodontitis**
  Host: Flavia Teles
  Associate Professor of Microbiology
  University of Pennsylvania School of Dental Medicine
  February 7, 2024
- **Revolutionizing Oral Health from the Individual to Society**
  Host: Alejandra Garcia Quintana
  Research Coordinator
  UTHealth Houston
  May 31, 2024
- **The Use of Fine Art to Simplify Qualitative Research for Beginners**
  Host: Faaiz Alhamdani
  Assistant Professor
  Ibn Sina University of Medical & Pharmaceutical Sciences
  August 9, 2024
- **Accuracy of Intraoral Scanners**
  Host: Ji-Man Park
  Associate Dean of Planning and Coordination
  Seoul National University School of Dentistry
  November 4, 2024

FINANCE

The 2023 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, 2023, 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, 2023, IADR's total assets were $17 4 million (an increase of $1 0 million from 12/31/22) .The increase in total assets was due to an increase in cash, prepaids and investments, this increase was partially offset by decreases in contributions receivable, amounts due from AADOCR and fixed assets .

Total revenues were $3 6 million down from $4 0 million in 2022 primarily due to lower conference registration and sponsorship revenues for the 2023 General Session as compared to the virtual 2022 General Session and lower membership dues . This decrease was partially offset by higher investment returns designated for current operations due to the change of investment policy in 2023 increasing from 2% to 4% the amount available to fund operations .

Total operating expenses for 2023 were $5 4 million, up from $3 9 million in 2022, primarily due to higher expenses associated with the 2023 General Session in Bogota, Colombia, an increase in awards, grants and fellowships and management and general expenses . Net assets at the end of year were $14 4 million, a decrease of $0 4 million from the end of 2022 .$13 4 million of the net assets were without donor restrictions .

Although unaudited, the IADR portfolio balance as of Q3 2024 was $15 0 million, an increase of $0 9 million from the balance as of December 31, 2023 . The increase is primarily due to strong investment returns year-to-date, partially offset by draws to fund operations . Cambridge Associates continues to provide investment advice to IADR, and the portfolio has met our benchmarks for the last several years despite market volatility .

Preliminary year-end estimates for 2024 based on YTD Q3 results project IADR ending the year with a $0 8 million deficit

versus a budgeted deficit of $0 9 million, or $0 1 million favorable to budget .The lower-than-expected deficit is due to a smaller than expected general operations deficit due to lower allocated salaries and benefits and regional support staffing costs and a greater than expected meeting surplus .

EXTERNAL RELATIONS

Participation in 77th WHO World Health Assembly
The World Health Organization held its 77th World Health Assembly on May 27- June 1, 2024, in Geneva, Switzerland under the theme "All for Health, Health for All" .IADR, being in official relations with the WHO, participated alongside other Non-State Actors .IADR made a statement on Universal Health Coverage (UHC) and Noncommunicable Diseases (NCD) being inclusive of oral health and made joint interventions with the FDI World Dental Federation on Antimicrobial Resistance (AMR), Nutrition, Health and Well-being, and the 14th General Program of Work . IADR was represented by IADR Vice President Jenny Gallagher, CEO Christopher Fox, and a past president, Brian O'Connell .

IADR CEO Christopher Fox making an intervention at the WHA

In our statement on UHC, IADR advocated for governments to (i) invest in the prevention and control of NCDs that is inclusive of oral health and oral health research through adequate and sustained resources, (ii) prioritize access to national UHC benefit packages that incorporate essential and quality oral health services at the primary care level, and (iii) include oral health in national health surveillance by fully implementing the Global Oral Health Action Plan .

In our joint intervention on AMR, we advocated for the prioritization of research to complete our understanding of AMR and the integration of dentistry into evidence-based treatment guidelines and antimicrobial stewardship programs .

In our joint statement on maternal, infant, and young child nutrition, we urged governments to tax sugar-sweetened beverages and other unhealthy foods and beverages, implement front-of-package nutrition labelling and regulate the marketing of unhealthy foods, especially those targeting children and adolescents and congratulated governments on the likelihood of surpassing the exclusive breastfeeding target .

In our intervention on well-being and health promotion, we advocated for the promotion healthy development, healthy behaviors, and well-being across all life stages through science-based interventions that promote optimal oral health and the inclusion of oral health in national health and wellbeing surveillance by fully implementing the Global Oral Health Action Plan and its monitoring framework report .

In our final intervention on the GPW14, we urged the WHO to set a more comprehensive agenda by re-instating the following proposed outcome indicators – (i) proportion of countries that implement policy measures aimed at reducing free sugars intake, (ii) prevalence of the main oral diseases and conditions, and (iii) . number of dentists per 10,000 population – that were removed from a recent draft of the document .

IADR Vice President Jenny Gallagher delivers remarks at Irish side event

The Government of Ireland held a side event on oral health the evening of May 29th .This high-level event was organized by the Chief Dental Officer of Ireland and IADR member Dympna Kavanagh and was opened by the Ambassador of Ireland to the United Nations in Geneva, Noel White . Member State interventions from Ireland, Kenya, Kuwait, Malaysia, Canda, Sri Lanka, and Thailand described their experiences with oral health with an eye towards implementation of the Global Oral Health Action Plan (GOHAP) .

IADR Vice President Jenny Gallagher spoke on the importance of research in the GOHAP .Thailand used the occasion to announce the WHO Global Oral Health Meeting in November 2024 .The meeting closed with inspiring comments from the WHO Regional Director for the Western Pacific, Dr .Saia Ma'u Piukala .

WHO Global Oral Health Meeting
The WHO Oral Health Program held the first ever WHO Global Oral Health Meeting in Bangkok, Thailand, on November 26-29, 2024 .I attended this meeting along with IADR President Satoshi Imazato, IADR Vice-President Jenny Gallagher, and IADR Director of Science Policy Makyba Charles-Ayinde . The three-day technical meeting included WHO, national oral health leads, national UHC leads, non-State Actors and invited experts . IADR hosted a side-event at the meeting titled, *From Insights to Impact: How an Oral Health Research Agenda Delivers for Population Health and UHC* .The overall goal of this meeting was to reaffirm political commitment by Member States to the Resolution on Oral Health adopted in 2021 .This Global Oral Health Meeting will contribute to the preparatory process leading to the United Nations 4th High-level meeting on NCDS and Mental Health to be held in September 2025 .

IADR Africa/Middle Eastern Region Wins AEEDC Diamond Award
The UAE International Dental Conference and Arab Dental Exhibition – AEEDC Dubai 2024 has awarded its prestigious Diamond Award in Partnership to IADR's Africa/Middle Eastern Region (AMER) .With over 70,000 attendees this year from 160

countries, AEEDC Dubai is the largest dental conference in the world .The scientific partnership included an IADR AMER forum with lectures and specialized workshops featuring speakers and researchers from different divisions and sections .The Forum was headed and organized by IADR AMER Chair Deema Alshammery, with the cooperation of AMER division and section presidents .The award is a testament to the hard work and dedication within the IADR AMER, whose outstanding teamwork and contributions led to a well-earned victory .

Study Funded by IADR Regional Development Program Publishes Findings

A study carried out by the IADR Tunisian Section in 2021 and funded by the IADR Regional Development Program in the amount of $18,290 investigated salivary biochemical parameters and dental caries in adult PLWHA who were on antiretroviral therapy (ART) and compared the findings with people negative for HIV infection .The study, "Salivary biochemical parameters in people living with HIV on ART and dental caries: a cross-sectional study in Monastir, Tunisia," was published in *BMC Oral Health* on January 6, 2024 .First author Latifa Berrezouga has been an IADR member since 2012 .Read the full study .

NCD Alliance

2024 marks the sixth year that IADR is a NCD Alliance member . IADR joined the NCD Alliance because oral diseases are the world's most prevalent NCDs, resulting in considerable health and economic burdens to populations and share common risk factors (unhealthy diets high in free sugars, use of tobacco and harmful consumption of alcohol) with the four main NCD's (cardiovascular, respiratory, cancer, and diabetes) .

Global Health Council

2024 marks the fourth year that IADR is a member of the Global Health Council, a U S -based membership organization supporting and connecting advocates, implementers, and stakeholders around global health priorities worldwide .IADR joins SmileTrain as a voice for dental, oral, and craniofacial research and health in the Global Health Council .

IADR POLICY STATEMENTS

IADR and AADOCR Policy Statement on Tobacco Funded Research

In light of the tobacco industry's long history of deception and its ongoing efforts to undermine public health, the IADR and the American Association for Dental, Oral, and Craniofacial Research (AADOCR) will not accept symposia sessions or abstract submissions for IADR or AADOCR meetings that present research funded, in whole or in part, by a tobacco company (as defined above) .Additionally, IADR and AADOCR jointly own the *Journal of Dental Research* and the *JDR Clinical &Translational Research* .These journals will not consider papers in which support, in whole or in part, comes from a tobacco company .That support includes funding for research personnel, the research study itself, or publication and/or ancillary charges .It is well established that tobacco companies use peer-reviewed journals to promote their products or cast doubt on the adverse health effects of tobacco product usage .Companies also use paid or sponsored content to promote their products or to influence public policy .It is therefore unethical and irresponsible to support the reputation of the tobacco industry .By refusing to publish papers or allow conference presentations that are supported by tobacco companies, IADR and AADOCR are protecting public health and promoting the integrity of scientific research .

IADR Statement on Diversity, Equity, Inclusion, Accessibility, and Belonging

The IADR is committed to creating an engaging environment that empowers its members to intentionally institute practices and behaviors that promote diversity, equity, inclusion, accessibility, and belonging (DEIAB) .To achieve IADR's mission to drive dental, oral, and craniofacial research for health and well-being worldwide we are cognizant of the fact that our approach should employ our values of scientific excellence, social responsibility, and scientific community with DEIAB lenses, as research is most impactful when people of varied backgrounds and perspectives participate . Therefore, we are steadfast in cultivating and supporting a robustly diverse, equitable, and inclusive community, where all members create and feel a sense of belonging .

IADR continuously strives to make our Association accessible, inclusive, and equitable, particularly for those who have been impacted by systemic disadvantages, marginalization, and exclusion .We share the responsibility and accountability for advancing DEIAB in all its forms, beginning with the empowerment of our members from historically underrepresented and underserved communities .We thrive on the free and open exchange of ideas and work hard to foster a community of mutual respect—one rooted in collaborative dialogue and challenging intellectual discourse and guided by our definitions of DEIAB . We engage in a sustained effort to create a culture which asserts that prejudice and discrimination serve only as hinderances to our advancement .

IADR defines diversity, equity, inclusion, accessibility, and belonging as follows:

- Diversity is the recognition, respect, and value of the range of individual characteristics and experiences that influence personal perspectives and the proportionate representation across all dimensions of human difference .
- Equity is the consistent and systematic, fair, and just treatment of all individuals and the dedication to eliminate barriers to fair treatment for underrepresented groups through systemic changes .
- Inclusion is the recognition, appreciation, and use of the talents and skills of all backgrounds by creating a welcoming environment through the proactive identification and removal of the barriers that impede the success of all .
- Accessibility is the design and development of information, programs, environment, and services so that all people can fully and independently use them .It ensures a level playing field for people by addressing physical and nonphysical barriers .
- Belonging is the creation of an environment where everyone is treated and feels like a full member of the community and can thrive .

IADR expects all its Divisions and Sections as well as Scientific Groups and Networks to strive towards these IADR DEIAB principles in everyday practice in furtherance of the IADR Mission .

FUNDRAISING

As of October 31, 2024, IADR has received more than $537,000 in donations and planned gifts since 2022 .

IADR has four levels of giving:

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

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

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

Endowment Status

Endowment	Funding Goal/Status	Awarded (Year)
Newell W .Johnson Travel Award Endowment	Goal met in 2021	2022-2024
Dianne Rekow Mentoring in Science Award	1st Goal met in 2024	1st award in 2025
John Greenspan Travel Award Endowment	Goal met in 2024	1st award in 2025

Legacy Society
Lois Cohen

Other updates include:

Giving Tuesday is an opportunity for members to generously support the causes they care most about .This year, Giving Tuesday is December 3, 2024 .A series of solicitation emails, social media campaigns (#GivingTuesday), and thank-you emails will be sent coinciding with Giving Tuesday and end-of-year efforts in late 2024 .

FUTURE MEETINGS

- The 54th AADOCR Annual Meeting & Exhibition with the 49th CADR Annual Meeting will take place March 12-15, 2025, in New York, NY, USA .
- The 103rd 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 .
- The 56th AADOCR Annual Meeting & Exhibition with the 51th CADR Annual Meeting will take place March 17-20, 2027, in Minneapolis, MN, USA .
- The 105th General Session & Exhibition of the IADR will take place on June 23-26, 2027, in Melbourne, Australia

IN MEMORIAM

Harold C. Slavkin
Dr .Harold C .Slavkin was the Twenty-second President of the AADOCR (1993-94) and an international leader in dentistry, dental research, and oral health .He was driven by a commitment to social justice and a passion to eliminate disparities in access to healthcare .Slavkin was interviewed by Dr .Yang Chai, Director of the Center for Craniofacial Molecular Biology at the University of Southern California, as part of the NIDCR 75th Anniversary Symposium at the 2023 AADOCR/CADR Annual Meeting, where he reflected on his vision for NIDCR, his accomplishments, and memorable moments as NIDCR director . Read his tribute in the *Journal of Dental Research* .

Colin Dawes
Colin Dawes became a Professor of Oral Biology and taught dental students at the University of Manitoba for over 40 years . Much of his research focused on saliva and its critical importance in oral health .In addition to his many academic achievements, Dawes contributed to this article celebrating the centennial of *Journal of Dental Research* (*JDR*) .Dawes was President of the Canadian Association for Dental Research in 1978-79, Editor of *JDR* in 1983-93, and the recipient of the 1997 IADR Distinguished Scientist Award in Salivary Research .

Newell Johnson
Newell W .Johnson was a longtime IADR member who established the Newell W .Johnson Travel Award for new investigators from low- and middle-income countries .He was awarded the 2005 IADR Distinguished Scientist Award in Oral Medicine and Pathology and the 2017 IADR Distinguished Scientist Award for International Oral Health .He was the recipient of several of the highest honors in his field, including the John Tomes Medal of the British Dental Association .His most senior honor was the appointment by Her Majesty the late Queen Elizabeth II as a Companion of the Most Excellent Order of Saint Michael and Saint George in 2011 for services to oral health and to international public health .

Derek Jones
Derek Jones was a longtime and active member of IADR since 1976 .Jones was a member of the IADR Dental Material Group and the President of the Canadian Association for Dental Research from 1992 to 1994 .Jones became a member of TC 106 in 1968 as a UK delegate .For the next 46 years he served as subject matter expert, a Canadian delegate, Secretary of TC106/SC 1, Chair of TC 106/SC 1, and as Chair of TC 106 .He also served as the Chair of the Canadian Standards Association Technical Committee on Dentistry and Chair of the Canadian Advisory Committee to the International Standards Organization .

Respectfully submitted,

Christopher H .Fox, DMD, DMSc
Chief Executive Officer
November 20, 2024

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

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

Scientific Group/Network Membership by Region 2024

IADR Scientific Group/Network	Total	Africa-Middle East	ES African	Egyptian	Iranian	Iraqi	Jordanian	Kuwaiti	Lebanese	Libyan	Nigerian	Palestinian	Qatar	Saudi	S African	Sudanese	Syrian	Tunisian	UAE	Other	AMER Total
Behavioral Epidemiologic and Health Services Research	746		7	6	0	1	1	6	0	2	9	4	2	8	5	0	0	0	4	1	**56**
Cariology Research	669		8	9	1	1	1	32	0	0	2	0	0	7	1	0	0	0	1	2	**65**
Clinical and Translational Science Network	232		0	1	0	1	0	1	0	0	0	0	1	2	1	0	0	0	0	0	**7**
Craniofacial Biology	512		0	0	2	0	2	2	7	0	1	0	0	0	5	1	0	0	1	4	**25**
Dental Anesthesiology and Special Care Research	97		3	0	0	1	0	1	0	0	0	1	0	2	0	0	0	0	0	0	**8**
Dental Materials	1345		0	6	6	3	4	16	2	0	1	0	2	13	3	0	1	0	16	0	**73**
Diagnostic Sciences	135		0	0	0	0	2	27	0	0	0	0	1	0	2	0	0	0	0	0	**32**
Digital Dentistry Research Network	345		0	4	2	0	2	18	1	0	1	5	1	3	1	0	0	0	6	0	**44**
Education Research	348		2	1	1	0	1	6	0	2	1	4	2	2	5	0	0	0	4	0	**31**
e-Oral Health Network	137		3	5	2	0	0	6	0	5	0	1	2	0	2	0	0	0	0	0	**26**
Evidence-based Dentistry Network	232		0	1	1	0	4	14	0	0	0	0	2	6	4	0	0	0	3	0	**35**
Geriatric Oral Research	215		0	1	0	0	0	2	0	0	2	0	1	1	0	0	0	0	0	0	**7**
Global Oral Health Inequalities Research Network	252		9	4	1	0	0	2	0	0	7	0	0	1	6	0	0	1	0	2	**33**
Implantology	536		1	4	2	4	3	9	1	0	3	3	1	2	4	0	0	3	6	1	**47**
Intl Network for Orofacial Pain & Related Disorders Methodology (INfORM)	193		0	2	1	0	0	1	1	0	1	2	0	1	0	0	0	0	0	0	**9**
Lasers & Bio-photonics	125		1	3	1	0	0	6	0	0	3	0	0	0	0	0	0	0	2	0	**16**
Microbiology/Immunology	694		1	0	0	0	0	3	0	0	0	1	0	1	2	0	0	3	1	0	**12**
Mineralized Tissue	340		0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	1	1	**5**
Minimally Invasive Dentistry Network	161		1	3	0	1	3	4	0	0	1	0	0	3	1	0	0	0	2	1	**20**
Network for Practice-based Research	56		0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Neuroscience	186		0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	**2**
No Group/Network Selected	588		1	0	0	0	0	3	0	0	3	4	0	5	9	0	0	14	2	0	**41**
Nutrition Research	85		0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	**6**
Oral & Maxillofacial Surgery	479		12	2	2	0	1	8	0	0	11	6	2	4	3	0	0	0	2	1	**54**
Oral Health Research	567		10	5	0	1	1	11	0	1	4	0	1	7	5	0	0	0	4	1	**51**
Oral Medicine & Pathology	460		2	0	4	0	2	7	0	0	4	0	0	7	3	0	0	1	8	0	**38**
Orthodontics Research	603		3	0	4	2	2	16	7	2	3	3	0	7	2	0	0	1	1	1	**54**
Pediatric Oral Health Research	482		5	7	3	1	1	21	1	0	6	0	1	4	4	0	0	1	3	1	**59**
Periodontal Research	1043		3	2	1	1	2	11	0	0	7	3	2	6	3	0	1	1	1	3	**47**
Pharmacology/Therapeutics/Toxicology	137		0	0	0	0	0	2	0	0	0	0	0	3	1	0	0	0	0	0	**6**
Prosthodontics	605		1	11	0	2	6	23	0	0	0	0	0	7	2	0	0	0	6	0	**58**
Pulp Biology & Regeneration	490		1	5	2	1	10	11	0	0	1	2	1	2	1	0	0	0	9	0	**46**
Salivary Research	288		3	0	0	0	0	12	0	0	0	0	0	1	0	0	0	1	2	0	**19**
Stem Cell Biology	315		0	3	3	0	4	2	0	0	2	0	0	2	1	0	0	0	3	0	**20**
Student Training and Research (STAR) Network	212		1	0	0	0	0	4	0	0	2	0	2	5	1	0	0	0	1	0	**16**
Women in Science Network	498		4	1	0	0	0	1	1	0	2	0	0	2	2	0	0	0	1	1	**15**
Grand Total:	**14408**		**82**	**87**	**41**	**20**	**53**	**295**	**21**	**12**	**77**	**40**	**25**	**114**	**79**	**1**	**2**	**26**	**90**	**20**	**1085**

Scientific Group/Network Membership by Region 2024 *(continued)*

Continued from previous page

IADR Scientific Group/Network	Asia-Pacific	Australian/New Zealand	Chinese	Indian	Japanese	Korean	Mongolian	Pakistan	SE Asian	APR Total	Latin American	Argentine	Bolivia	Brazilian	Caribbean	Chilean	Colombian	Costa Rican	Ecuadorian	Guatemalan	Panamanian	Paraguayan	Peruvian	Uruguayan	Venezuelan	LAR Total
Behavioral Epidemiologic and Health Services Research		48	13	10	27	6	0	2	50	**156**		4	0	30	3	3	12	1	1	0	0	0	4	3	2	**63**
Cariology Research		21	22	16	41	2	0	1	35	**138**		17	0	48	3	6	14	7	1	0	0	0	5	0	6	**107**
Clinical and Translational Science Network		3	9	6	4	1	0	0	7	**30**		1	0	2	1	1	2	0	0	0	0	0	0	0	1	**8**
Craniofacial Biology		13	26	3	34	1	0	2	15	**94**		2	1	1	0	2	15	4	0	0	0	0	0	1	1	**27**
Dental Anesthesiology and Special Care Research		4	4	0	12	0	0	0	8	**28**		2	0	3	1	0	0	1	0	0	0	0	1	1	0	**9**
Dental Materials		37	60	11	152	17	0	6	74	**357**		6	0	85	1	3	13	7	1	0	0	0	6	4	2	**128**
Diagnostic Sciences		5	0	4	9	2	0	0	5	**25**		1	0	1	0	1	1	1	0	0	0	0	0	3	0	**8**
Digital Dentistry Research Network		9	10	10	6	12	0	2	29	**78**		1	0	9	0	0	1	7	1	0	0	0	0	2	1	**22**
Education Research		26	9	6	8	1	0	0	17	**67**		3	2	2	2	3	5	2	0	1	0	0	8	1	0	**29**
e-Oral Health Network		11	5	9	2	1	0	0	12	**40**		0	0	1	0	1	0	0	1	0	0	0	1	0	1	**5**
Evidence-based Dentistry Network		15	4	10	5	1	0	3	9	**47**		2	0	4	0	4	1	3	0	0	0	0	2	1	0	**17**
Geriatric Oral Research		12	2	2	42	2	0	0	23	**83**		0	0	6	0	3	1	0	0	0	0	0	0	1	0	**11**
Global Oral Health Inequalities Research Network		27	0	8	9	2	0	1	6	**53**		1	0	6	1	3	4	1	0	1	0	0	6	0	0	**23**
Implantology		13	48	8	31	13	0	1	22	**136**		3	1	18	1	5	0	16	0	1	0	0	1	0	1	**47**
Intl Network for Orofacial Pain & Related Disorders Methodology (INfORM		2	14	6	5	2	0	0	14	**43**		0	0	8	0	4	2	0	0	0	0	0	1	0	0	**15**
Lasers & Bio-photonics		4	1	4	2	0	0	0	4	**15**		2	0	11	0	0	0	0	0	0	0	0	0	3	1	**17**
Microbiology/Immunology		25	19	4	64	11	0	0	37	**160**		1	0	14	1	18	12	1	0	0	0	0	1	0	3	**51**
Mineralized Tissue		5	16	5	33	10	0	0	4	**73**		2	0	10	0	1	4	3	0	0	0	1	0	2	0	**23**
Minimally Invasive Dentistry Network		11	2	5	8	1	0	0	11	**38**		2	0	10	0	1	0	4	0	0	0	0	1	1	1	**20**
Network for Practice-based Research		4	0	0	2	1	0	0	3	**10**		0	0	1	0	1	0	0	0	0	0	0	0	0	0	**2**
Neuroscience		2	2	1	35	5	0	0	8	**53**		1	0	4	0	0	1	1	0	0	0	0	0	2	0	**9**
No Group/Network Selected		14	22	5	63	8	0	0	17	**129**		2	0	10	0	20	2	8	0	0	0	0	2	3	0	**47**
Nutrition Research		5	0	2	5	0	0	0	7	**19**		3	0	3	0	3	1	0	0	0	0	0	0	0	0	**10**
Oral & Maxillofacial Surgery		14	63	7	17	2	0	0	26	**129**		1	1	5	0	1	5	6	2	1	0	0	0	1	3	**26**
Oral Health Research		35	48	6	26	9	0	1	45	**170**		0	0	6	1	1	2	2	0	0	0	0	2	0	0	**14**
Oral Medicine & Pathology		23	23	7	24	1	0	1	28	**107**		7	0	5	1	5	7	4	0	0	0	0	3	8	1	**41**
Orthodontics Research		10	54	12	33	7	0	0	31	**147**		4	2	8	1	4	5	2	1	1	0	0	1	5	10	**44**
Pediatric Oral Health Research		38	11	12	13	2	0	2	37	**115**		5	5	21	0	0	4	1	0	0	0	1	7	8	2	**54**
Periodontal Research		29	37	11	96	20	0	1	49	**243**		5	0	27	3	21	8	5	0	0	0	0	4	0	2	**75**
Pharmacology/Therapeutics/Toxicology		6	2	1	10	4	0	1	3	**27**		2	0	5	0	1	3	5	0	0	0	1	1	0	2	**20**
Prosthodontics		13	59	11	81	16	0	2	43	**225**		2	0	31	2	1	1	12	0	0	0	0	1	2	7	**59**
Pulp Biology & Regeneration		18	46	15	33	14	0	1	26	**153**		13	1	18	0	7	8	7	0	1	0	0	3	0	13	**71**
Salivary Research		3	6	8	23	2	0	0	11	**53**		3	1	15	0	3	3	0	0	0	0	0	2	0	1	**28**
Stem Cell Biology		5	40	4	17	6	0	1	18	**91**		1	0	5	0	2	5	1	0	0	0	0	0	4	0	**18**
Student Training and Research (STAR) Network		3	3	5	2	0	0	1	8	**22**		0	0	1	0	0	4	0	0	0	0	0	1	1	0	**7**
Women in Science Network		12	6	7	5	2	0	0	9	**41**		1	0	14	0	1	3	2	0	0	0	0	1	2	0	**24**
Grand Total:		**525**	**686**	**241**	**979**	**184**	**0**	**29**	**751**	**3395**		**100**	**14**	**448**	**22**	**130**	**149**	**114**	**8**	**6**	**0**	**3**	**65**	**59**	**61**	**1179**

Scientific Group/Network Membership by Region 2024 *(continued)*

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IADR Scientific Group/Network	North American	American	Canadian	Mexican	NAR Total	Pan European	British	Continental European	Irish	Israeli	Russian	Scandinavian	PER Total
Behavioral Epidemiologic and Health Services Research		262	53	17	**332**		66	34	8	9	0	22	**139**
Cariology Research		197	16	7	**220**		35	73	10	1	3	17	**139**
Clinical and Translational Science Network		135	8	4	**147**		22	14	0	2	0	2	**40**
Craniofacial Biology		284	25	9	**318**		12	24	0	4	0	8	**48**
Dental Anesthesiology and Special Care Research		33	2	1	**36**		6	5	3	0	0	2	**16**
Dental Materials		400	33	22	**455**		68	224	2	5	0	33	**332**
Diagnostic Sciences		47	5	2	**54**		4	9	0	1	0	2	**16**
Digital Dentistry Research Network		97	8	3	**108**		29	55	2	0	0	7	**93**
Education Research		126	17	4	**147**		38	20	9	1	0	6	**74**
e-Oral Health Network		25	9	0	**34**		10	14	1	3	0	4	**32**
Evidence-based Dentistry Network		84	12	5	**101**		10	15	0	1	0	6	**32**
Geriatric Oral Research		42	9	4	**55**		12	31	8	1	1	6	**59**
Global Oral Health Inequalities Research Network		78	19	3	**100**		27	6	3	1	0	6	**43**
Implantology		162	10	8	**180**		29	76	3	4	1	13	**126**
Intl Network for Orofacial Pain & Related Disorders Methodology (INfORM		41	10	5	**56**		4	44	1	1	0	20	**70**
Lasers & Bio-photonics		48	3	1	**52**		6	17	0	0	0	2	**25**
Microbiology/Immunology		325	24	11	**360**		47	37	3	7	0	17	**111**
Mineralized Tissue		150	16	11	**177**		25	32	0	1	1	3	**62**
Minimally Invasive Dentistry Network		26	4	3	**33**		11	30	3	0	0	6	**50**
Network for Practice-based Research		22	3	1	**26**		4	7	3	0	1	1	**16**
Neuroscience		61	9	9	**79**		4	17	1	1	0	20	**43**
No Group/Network Selected		234	13	4	**251**		30	59	1	6	0	24	**120**
Nutrition Research		24	2	2	**28**		4	14	2	0	0	2	**22**
Oral & Maxillofacial Surgery		181	11	13	**205**		13	32	3	5	0	12	**65**
Oral Health Research		173	36	13	**222**		39	55	6	2	0	8	**110**
Oral Medicine & Pathology		160	19	19	**198**		27	27	4	7	1	10	**76**
Orthodontics Research		242	25	17	**284**		11	49	1	4	0	9	**74**
Pediatric Oral Health Research		155	22	12	**189**		23	32	1	5	0	4	**65**
Periodontal Research		361	26	15	**402**		66	146	6	16	0	42	**276**
Pharmacology/Therapeutics/Toxicology		60	5	7	**72**		6	6	0	0	0	0	**12**
Prosthodontics		104	13	6	**123**		20	98	3	5	0	14	**140**
Pulp Biology & Regeneration		109	10	8	**127**		11	60	7	2	0	13	**93**
Salivary Research		105	12	3	**120**		16	31	1	3	1	16	**68**
Stem Cell Biology		102	7	13	**122**		14	39	3	3	1	4	**64**
Student Training and Research (STAR) Network		111	15	4	**130**		16	14	0	1	0	6	**37**
Women in Science Network		309	25	6	**340**		25	42	2	3	0	6	**78**
Grand Total:		**5075**	**536**	**272**	**5883**		**790**	**1488**	**100**	**105**	**10**	**373**	**2866**

Journal of Dental Research Subscriptions by Year

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Member Print	909	751	677	601	526	436	347	276	220	190	177
Member Online	8206	7581	7028	7495	7757	7173	5911	6243	6889	6265	6425
Student Print	110	151	112	99	120	92	66	74	50	87	84
Student Online	2650	3471	3128	3085	3289	2895	2397	2262	2299	2278	2669
Institutional Print											
Institutional Online											
Institutional Online Tier 1											
Institutional Online Tier 2											
Institutional Online Tier 3											
Institutional Online Tier 4											
Institutional Online Tier 5											
Institutional Online Tier 6											
Institutional Print and Online	495	477	455	418	398	333	288	274	258		
# of Institutions via consortia	4046	4244	4364	4487	4819	4812	4858	4850	4892		
Total # of Institutions*										5021	4735
Total	**16416**	**16675**	**15764**	**16185**	**16909**	**15741**	**13867**	**13979**	**14608**	**13841**	**14090**

Online only *JDR* is included as an IADR membership benefit beginning 2006.
Tier 5 & 6 were combined in 2008.
Institutional model changed with move to SAGE publishing in 2009.
*Institutional model changed to categorize all institutional subscriptions (site license, package read only, package with open access, institutions migrate

JDR Clinical & Translational Research Subscriptions by Year

	2017	2018	2019	2020	2021	2022	2023	2024
Member Print	154	169	164	144	128	146	87	94
Member Online	7495	7757	7173	5911	3243	6889	6265	6425
Student Print	42	52	37	29	27	40	33	47
Student Online	3085	3289	2895	2397	2262	2299	2278	2669
Institutional Print								
Institutional Online								
Institutional Online Tier 1								
Institutional Online Tier 2								
Institutional Online Tier 3								
Institutional Online Tier 4								
Institutional Online Tier 5								
Institutional Online Tier 6								
Institutional Print and Online	418	398	333	295	279	254		
# of Institutions via consortia	3218	3486	3407	3435	3522	3333		
Total # of Institutions*							3,458	3229
Total	**14412**	**15151**	**14009**	**12211**	**9461**	**12961**	**12121**	**14488**

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

Attendance for IADR General Sessions and AADOCR Annual Meetings

	Member	Student Member	Non-Member	Student Non-Member	Comp & Life Member	Sci Tran	TOTAL	Exhibitors	Accomp. Persons	GRAND TOTAL	# OF PAPERS
1980 – Los Angeles (AADOCR)	1224		341	237			1802			1802	1094
1981 – Chicago	1553		292	427	19		2291			2291	1383
1982 – New Orleans	1591	123	342	312	16		2384			2384	1553
1983 – Sydney (IADR)	513	42	183	63	6		807			807	388
1984 – Dallas	1572	186	407	358	18		2541			2541	1610
1985 – Las Vegas	1874	302	444	304	20		2944			2944	1912
1986 – Washington (AADOCR)	1776	389	402	301	16		2884	68	230	3182	1737
1986 – The Hague (IADR)	1098	101	403	106	13		1721	44	251	2016	1234
1987 – Chicago	2089	452	459	373	49		3422	39	253	3714	2088
1988 – Montreal	2275	519	510	402	33		3739	40	314	4093	2453
1989 – San Francisco (AADOCR)	1872	489	392	330	39		3122	33	307	3462	1958
1989 – Dublin (IADR)	1254	133	407	125	109		2028	0	413	2441	1338
1990 – Cincinnati	2070	457	585	459	43		3614	228	332	4174	2216
1991 – Acapulco	2081	729	676	506	67		4059	148	557	4764	2694
1992 – Boston (AADOCR)	1581	442	378	321	130		2852	115	223	3190	1723
1992 – Glasgow (IADR)	1784	204	526	199	19		2732	189	432	3353	1974
1993 – Chicago	2250	562	533	460	44		3849	235	274	4358	2539
1994 – Seattle	2638	701	552	417	38	148	4494	278	363	5135	2730
1995 – San Antonio (AADOCR)	1850	609	377	310	35	55	3181	289	265	3790	1962
1995 – Singapore (IADR)	1529	231	314	194	13		2281	280	331	2892	1535
1996 – San Francisco	3057	868	633	510	38		5106	345	607	6058	3378
1997 – Orlando	3074	937	561	582	56		5210	271	575	6056	3747
1998 – Minneapolis (AADOCR)	1431	522	211	246	70		2480	137	1	2618	1576
1998 – Nice (IADR)	2647	373	768	518	94		4400	110	781	5291	3226
1999 – Vancouver	2906	798	635	712	113		5164	211	607	5982	3605
2000 – Washington	3061	838	764	949	168		5780	274	564	6618	3880
2001 – Chicago (AADOCR)	1669	622	228	318	117		2954	179	174	3307	1920
2001 – Chiba (IADR)	2145	501	354	427	120		3547	180	244	3971	2167
2002 – San Diego	3011	1224	528	659	240		5662	307	460	6429	4109
2003 – San Antonio (AADOCR)	1491	678	174	226	205		2774	228	154	3156	1771
2003 – Goteborg (IADR)	2300	529	470	525	198		4022	253	361	4636	3108
2004 – Honolulu	2724	1028	631	865	168		5416	241	764	6421	4101
2005 – Baltimore	2666	945	554	695	156		5016	284	336	5636	3712
2006 – Orlando (AADOCR)	2487	825	292	343	325		4272	377	334	4983	2223
2006 – Brisbane (IADR)	1735	585	413	443	120	103	3399	196	383	3978	2616
2007 – New Orleans	2159	944	382	481	130		4096	253	283	4632	3018
2008 – Dallas (AADOCR)	982	524	121	153	124		1904	145	66	2115	1282
2008 – Toronto (IADR)	2423	973	506	452	182		4536	182	367	5085	3597
2009 – Miami	2492	1421	325	327	125		4690	222	246	5158	3585
2010 – Washington (AADOCR)	1286	615	173	195	62		2331	140	85	2556	1518
2010 – Barcelona	3298	1519	612	577	88		6094	240	200	6534	4969
2011 – San Diego	2724	1585	303	312	48		5260	276	288	5536	4041
2012 – Tampa (AADOCR)	1229	774	112	194	56		2365	130	103	2598	1668
2012 – Iguaçu Falls (IADR)*	1954	1821	102	217	38		4132	141	221	4494	3584
2013 – Seattle	2861	1881	277	252	95		5366	224	304	5894	3795
2014 – Charlotte (AADOCR)	1286	817	108	182	105		2498	77	90	2665	1561
2014 – Cape Town (IADR)**	1429	512	100	76	52		2167	62	157	2388	1492
2015 – Boston	3146	2228	370	350	125		6219	170	356	6745	4356
2016 – Los Angeles (AADOCR)	1351	985	125	256	90		2807	100	156	3063	1794
2016 – Seoul (IADR)&	1705	1261	158	100	86		3310	137	160	3607	1793
2017 – San Francisco#	2594	1929	224	237	121		5105	79	237	5421	3750
2018 – Fort Lauderdale (AADOCR)	1209	931	98	104	176		2462	91	116	2724	1633
2018 – London (IADR)^	2708	1301	252	151	254		4666	156	315	5137	3014
2019 – Vancouver (IADR)^^	2752	1690	360	118	223		5153	138	335	5626	3396
2020 – Washington, DC (IADR)	Due to the Coronavirus Disease (COVID-19), the 2020 IADR/AADR/CADR General Session was canceled .2890 abstracts originally scheduled for presentation were archived/published										
2021 – Virtual Experience (IADR)^^^	1715	1194	307	168	1204		3446	65	0	3533	2197
2022 – Atlanta, Hybrid (AADOCR)	711	594	122	34	40		1501	22	31	1563	870
2022 – Virtual Experience (IADR)^^^	1170	738	124	27	32		2091	17	0	2108	1445
2023 - Portland, OR (AADOCR)	981	701	150	55	31		1918	65	58	2,041	1132
2023 - Bogotá (IADR)^^^	1012	430	46	33	12		1533	43	101	1,677	1037
2024 - New Orleans^^^	2137	1450	162	76	129		3954	127	202	4,283	3118

*member and student member numbers include reduced registration rate attendees from the IADR Latin American Region (LAR) .
**member and student member numbers include reduced registration rate attendees from the IADR Africa/Middle East Region (AMER) .
&member and student member numbers include reduced registration rate attendees from the IADR Asia/Pacific Region (APR).
#member and student member numbers include reduced registration rate attendees from Mexico, the only middle income country in the IADR North American Region (NAR) .
^member and student member numbers include reduced registration rate attendees from the Pan European Region (PER) .
^^member and student member numbers include reduced registration rate attendees from Mexico, the only middle income country in the IADR North American Region (NAR) .
^^^member and student member numbers include reduced registration rate attendees from low, lower, and upper-middle income countries .

Meeting Registration Fees

YEAR	MEMBER	NON- MEMBER	STUDENT MEMBER	STUDENT NON-MEMBER	ONSITE REG FEE
1990	125	235	20	35	40
1991	140	265	20	60	40
1992 (AADOCR)	145	265	20	60	40
1992 (IADR)	195	325	50	90	40
1993	185	350	40	80	40
1994	185	360	40	80	40
1995 (AADOCR)	185	360	40	80	40
1995 (IADR)	210	400	50	90	40
1996	195	395	40	80	40
1997	195	420	40	80	40
1998 (AADOCR)	195	420	40	80	40
1998 (IADR)	230	455	50	90	40
1999	215	440	40	80	40
2000	225	455	50	90	40
2001 (AADOCR)	230	455	50	90	40
2001 (IADR)	275	510	60	100	40
2002	300	532	60	100	40
2003 (AADOCR)	280	520	60	100	40
2003 (IADR)	300	535	60	100	40
2004	308	543	60	100	40
2005	400	650	80	130	100
2006 (AADOCR w/ADEA)	325	575	80	135	100
2006 (IADR)	400	650	90	140	100
2007	420	680	95	145	100
2008 (AADOCR)	325	575	100	155	100
2008 (IADR)	440	695	150	250	100
2009	460	730	160	265	100
2010 (AADOCR)	400	700	150	225	100
2010 (IADR)	470	765	175	295	100
2011	480	800	195	325	100
2012 (AADOCR)	440	770	165	250	100
2012 (IADR)	490/250#/270+	840	215/165#/180+	360	100
2013	500	875	235	395	100/50
2014 (AADOCR)	470	820	180	275	100/50
2014 (IADR) (rates include 14% VAT)	585/295&	1,015	290/225&	495	100/50
2015	520	895	260	445	100/50
2016 (AADOCR)	495	865	195	295	100/50
2016 (IADR)	530/265^	915	265/200^	455	100/50
2017	540/270%	930	270/205%	465	100/50
2018 (AADOCR)	520/260	895	260	445	100/50
2018 (IADR) (rates include 20% VAT)	660/330	1134	330/246	564	120/60
2019	580/290^^	960	290/220^^	480	120/60
2020	590/295*^	975	295/220*^	485	100/50
2021	600/300^^	990	300/225^^	495	100/50
2022 (AADOCR)	610	1090	290	540	100/50
2022 (IADR)	605/290^^^	1040	290/210^^^	520	100/50
2023 (AADOCR)	640	1145	305	565	100/50
2023 (IADR)	640/305^^^	1145	305/220^^^	565	100/50
2024 (IADR)	675/340^^^	340/255^^^	1205	605	100/50
2025 (AADOCR)	725	65	1295	650	100/50
2025 (IADR)*	710/355^^^	355/265^^^	1265	635	100/50

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

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

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

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

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

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

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

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

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

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

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

YEAR	IADR w/o *JDR*	AADOCR w/o *JDR*	Print *JDR* & *JDR CTR*	IADR Incl. *JDR*	AADOCR Total	Students IADR	Students AADOCR
1983	20	25	27	47	72	3	5
1984	20	25	27	47	72	3	5
1985	20	25	27	47	72	3	5
1986	20	25	27	47	72	3	5
1987	20	30	30	50	80	4	6
1988	20	30	30	50	80	5	7
1989	25	35	33	58	93	5	7
1990	25	35	38	63	98	5	7
1991	30	40	38	68	108	5	7
1992	30	47	38	68	115	5	7
1993	35	47	38	73	120	10	7
1994	35	47	38	73	120	10	10
1995	35	47	38	73	120	10	10
1996	40	57	38	78	135	10	10
1997	40	57	48	88	145	10	10
1998	40	57	70	110	167	10	10
1999	40	57	70	110	167	10	10
2000	40	67	70	110	177	10	10
2001	40	67	70	110	177	10	10
2002	45	67	82	127	194	10	10
2003	50	72	82	132	204	10	10
2004	50	72	82	132	204	10	10
2005	50	85	82	132	217	10	10
2006	621	95	62	124	1571	15	10
2007	40/50/74[2]	95	66	106/116/140	169	20	10
2008	40/50/80	95	73	113/123/153	175	22	12
2009	40/50/90	95	50[3]	90/100/140	185	25	15
2010	40/50/90	110	50	90/100/140	200	27	18
2011	42/55/105	115	50	92/105/155	220	30	23
2012	48/60/120	120	50	98/110/170	240	35	25
2013	54/68/135	125	50	104/118/185	260	40	30
2014[4]	56/70/140/*112*	130/*104*	50	*106/120/190/162*	270/*216*	42	35
2015[5]	56/85/155/*124*	135/*108*	50	106/135/205/*174*	290/*232*	47	40
2016	58/99/165/*132*	140/*112*	50/*20*[6]	108/149/215/*182*	305/*244*	50	40
2017	59/102/170/*136*	145/*116*	50/*20*	109/152/220/*186*	315/*252*	51	40
2018	61/105/175/*140*	150/*120*	50/*20*	111/155/225/*190*	325/*260*	52	45
2019	63/108/180/*144*	155/*124*	50/*20*	113/158/230/*194*	335/*268*	54	45
2020	64/111/185/*148*	160/*128*	50/*20*	114/161/235/*198*	345/*276*	55	45
2021	66/114/190/*152*	165/*132*	50/*20*	116/164/240/*202*	355/*284*	57	45
2022	68/117/195/*156*	170/*136*	50/*20*	118/167/245/*206*	365/*292*	58	45
2023	70/120/200/*160*	170/*140*	50/*20*	120/170/250/*210*	375/*300*	60	45
2024	74/126/210/168	185/147	50/20	124/176/260/218	395/315	63	47
2024	79/135/225/180	200/159	50/20	129/185/275/230	445/339	79	60

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

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

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

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

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

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

Appendix 3 — Awards & Fellowships Winners (through 2024)

IADR Gold Medal

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

IADR/AADOCR William J. Gies Award

(supported by J Morita Corporation)

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

IADR Academy of Osseointegration Innovation in Implant Sciences Award

(supported by Academy of Osseointegration)

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

(Discontinued)

IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration

(supported by Osteology Foundation)

Kasia Gurzawska-Comis, University of Birmingham, England	2020
Lauren Katz, University of North Carolina at Chapel Hill, USA	2021
Siddharth Shanbhag, University of Bergen, Norway	2022
Gustavo Monasterio, Karolinska Institute, Stockholm, Sweden	2023
Arwa Daghrery, Jazan University, Saudi Arabia	2024

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	Nadia Al-Hazmi	2004
Michael Kanellis	1996	Quang Nguyen	2004
Peter Mossey	1996	Shimin Li	2004
Valerie Robison	1996	Raghad Hashim	2005
Usuf Chikte	1997	Petros Papagerakis	2005
Suzanne Eberling	1997	Mairobys Socorro	2005
Kaumudi Joshipura	1997	Olalekan Ayo-Yusuf	2005
Jun-Hong Kim	1997	Luigi Nibali	2005
Athanasios Zavras	1998	Rahena Akhter	2005
Hyun (Michel) Koo	1998	Michael Passineau	2006
Eva Helmerhorst	1998	Daichi Chikazu	2006
Bennett Amaechi	1998	Ayodeji Esan	2006
Chin-Ying Hsu	1998	Diep Hong Ha	2006
Camile Farah	1998	Maximiliano Cenci	2006
Ismail Darout	1999	Haiping Tan	2006
Carlos Francci	1999	Anshula Deshpande	2007
Shoji Horiguchi	1999	Michiko Makino	2007
Christina Jespersgaard	1999	Xiuli Sun	2007
Cinthia Tabchoury	1999	Sergio Uribe	2007
Chin-Ying Hsu	1999	Anita Bhavnani	2007
Sherif Helal	2000	Francesco D'Aiuto	2007
Kiran Singh	2000	Juliane Guerreiro-Tanomaru	2008
Ziv Sandalon	2000	Jason Armfield	2008
Svetlana Tichonova	2000	Thomas Postma	2008
Jing Wang	2000	Seok-Mo Heo	2008
Regia Zanata	2000	Jennifer Crowe	2008
Hyun (Michel) Koo	2001	Chaminda J .Seneviratne	2008
Sharona Dayan	2001	Anastasia Papapostolou	2009
Maria Mielnik-Blaszczak	2001	Juliano Pessan	2009
Dorothy Boyd	2001	Yoav Neumann	2009
Waranun Buajeeb	2001	Linda Okoye	2009
Ynara Lima-Arsati	2001	Daniel Moreinos	2009
Ali Cekici	2002	Ranawaka A .Prasad Perera	2009
Sharon Elad	2002	Omolara Uti	2010
Arena Galuscan	2002	Hirokazu Konishi	2010
Silvana Florescu-Zorila	2002	Guy Krief	2010
Carlos Nurko	2002	Thais Parisotto	2010
Adriana Paes Leme	2002	Stephen Greene	2010
Carolina Aires	2003	Li Zheng	2010
Peter Augustin	2003	Nihal Bandara	2011
Nicholas Karaiskos	2003	Fu Chen	2011
Sunny Okeigbemen	2003	Omer Fleissig	2011
Mariana Villarroel-Dorrego	2003	Thanuja D .Kumari Herath	2011
Towako Wakui	2003	Melissa Kato	2011
Loc Do	2004	Jin Hee Kwak	2011
Giovana Pecharki	2004	Cristiane Cardoso	2012
Akihisa Fukuda	2004		

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

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

IADR Distinguished Service Award
(supported in 2024 by J .Morita Corporation)

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

IADR E.W. Borrow Memorial Award
(supported in 2024 by The Borrow Foundation)

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

IADR Innovation in Oral Care Awards
(supported by Haleon)

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

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

Simone Duarte (New York University, NY, USA) and co-investigators Deepak Saxena and Nelson Silva 2012
Christopher Irwin (Queen's University, Belfast, Ireland) and co-investigators Fionnuala Lundy and Brian Walker 2012
Doron Steinberg (Hebrew University, Jerusalem, Israel) and co-investigator Michael Friedman 2012
Bernhard Ganss (University of Toronto, Ontario, Canada) and co-investigator Eli Sone 2013
Marlise Klein (University of Rochester, NY, USA) and co-investigators Danielle Benoit, Hyun Koo and Falsetta Wood 2013
Dong Wang (University of Nebraska Medical Center, Omaha, USA) and co-investigator Richard Reinhardt 2013
Jake Jinkun Chen (Tufts University, Medford, MA, USA) 2013
and co-investigators Qisheng Tu and Lily Dong 2014
Yvonne Kapila (University of Michigan,Ann Arbor, USA) and co-investigators J .Fenno, and Alexander Rickard 2014
Keith L .Kirkwood (Medical University of South Carolina, Charleston, USAand co-investigators Frank Alexis 2014
Lizeng Gao (University of Pennsylvania, Philadelphia, USAand co-investigator David Cormode 2015
Janet Moradian-Oldak, (University of Southern California, Los Angeles, USA 2015
Alireza Moshaverinia, (University of Southern California, Los Angeles, USA) and co-investigator Ali Khademhosseini, Homa Zadeh, and Songtao Shi 2015
Catherine .Ovitt (University of Rochester, NY, USA) and co-investigator Vyacheslan Korshunov 2016
Nicholas.Jakubovics (Newcastle University, Newcastle Upon Tyne, England, UK) and co-investigators Michael Hall, Philip Preshaw and Grant Burgess 2016
Nihal Bandara (University of Queensland, Australia) and co-investigators Lakshman Samaranayake and Hugh David Charles Smyth 2016
Mikako Hayashi (Osaka University, Japan) and co-investigators Takayoshi Nakano and Reo Uemura 2017
Grayson Marshall (University of California, San Francisco, USA) and co-investigators Stefan Habelitz, Sally Marshall and Kuniko Saeki 2017
Petros Papagerakis (University of Saskatchewan, Saskatoon, Canada) and co-investigators Nikos Chronis and Silvana Papagerakis 2017
Luiz Eduardo Bertassoni (Oregon Health and Science University Portland, OR, USA) and co-investigator Gaurav Sahay 2018
Prasanna Neelakantan (The University of Hong Kong, SAR, China) and co-investigators Celine Levesque, Frederic Cuisinier, Pierre-Yves Collart Dutilleul, Chu Chun Hung, Lakshman Samanaranake and Nihal Bandara 2018
Rajesh V .Lalla (University of Connecticut, Farmington, CT, USA) and co-investigators Diane Burgess 2018
Marco Bottino (University of Michigan, Ann Arbor, USA) and co-investigators Steven Schwendeman and Hajime Sasaki
Shan Jiang (University of Hong Kong, SAR, China) and co-investigators Chengfei Zhang, Edward Lo, Xuechen Li, and Linxian Li 2019
Sahar Ansari (University of California, Los Angeles, USA) and co-investigator Tara Aghaloo 2019
Jonathan An (University of Washington, Seattle, USA) and co-investigator Matt Kaeberlein 2020
Isabelle Denry (University of Iowa, Iowa City, USA) and co-investigator Amanda Haes 2020
So Ran Kwon (Loma Linda University, California, USA) and co-investigators Roberto Savignano, Christopher Perry 2020
Prasanna Neelakantan (University of Hong Kong, SAR, China) and co-investigators Conrado Aparicio, Lakshman Samaranayke, Julian Tanner, Gordon Rammer, Shanthini Kalimuthu 2021
Nicole Ritzert (ADA Science and Research Institute, Bethesda, MD, USA) and co-investigators Anna Kalmykov and Erin Claussen 2021
Cesar de la Fuente (University of Pennsylvania, Philadelphia USA) and co-investigator Marcelo Torres 2021
Livia Tenuta (University of Michigan, Ann Arbor, USA) 2022
Yoav Finer (University of Toronto, ON, Canada) 2022
Joao Ferreira (Chulalongkorn University, Bangkok, Thailand) 2022
Kassapa Ellepola (University of Illinois at Chicago, USA) 2023
Zhou Ye (The University of Hong Kong, SAR, China) 2023
Peter Zilm (The University of Adelaide, Australia) 2023
Geelsu Hwang (University of Pennsylvania, Philadelphia, USA) 2024
Rania Nassar (Mohammed Bin Rashid University of Medicine and Health Sciences, Dubai, United Arab Emirates) 2024
Silvana Papagerakis (Université Laval, Quebec City, Canada) 2024

IADR KULZER Travel Awards
(supported by KULZER)

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

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

Yuichi Kitasako (Cariology) 2001
Khristine Marie Carino (BSHSR) 2001
Yael Houri-Haddad (Microbiology/Immunology) 2001
Olga Potella (Salivary) 2002
Towako Wakui (Oral Health) 2002
Eben Alsberg (Periodontal) 2002
David Conway (Cariology) 2003
Michael Cronin (BSHSR) 2003
Hiroyuki Tada (Microbiology/Immunology) 2003
Özgur Özdemir (Periodontal) 2004
Ji Li (Salivary) 2004
Loc Giang Do (BSHSR) 2005
Salunya Tancharoen (Microbiology/Immunology) 2005
Andrew Chi Chun Chan (Periodontal) 2006

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

Mariko Gyo (Oral Health)	2006
Xiaoli Gao (BSHSR)	2007
Daniel Moreinos (Cariology)	2007
Omer Deutsch (Salivary)	2008
Emanuele Cotroneo (Salivary)	2008
Julio Carrion (Periodontal)	2008
Olalekan Ayo-Yusuf (Oral Health)	2008
Sebastian Paris (Carilogy)	2009
Ranawaka A P .Perera (Microbiology/Immunology)	2009
Diep Ha (oral Health)	2010
Thanuja, D K .Herath (Periodontal)	2010
Raluca Stiubea-Cohen (Salivary)	2010
Otto Lok Tao Lam (BEHSR)	2011
Fu Chen (Cariology)	2011
Yoav Neumann (Salivary)	2012
Daniel Jönsson (Periodontal)	2012
Shantanu Lal (Oral Health)	2012
Stefan Listl (BEHSR)	2013
Melissa Thiemi Kato (Cariology)	2013
Svetislav Zaric (Microbiology/Immunology)	2013
Donwiwat Saensom (Oral Health)	2014
Omer Deutsch (Salivary)	2014
Richa Wahi (BEHSR)	2015
Falk Schwendicke (Cariology)	2015
Omer Fleissig (Microbiology/Immunology)	2015
Roger Junges (Oral Health)	2016
Tomomi Kawai (Periodontal)	2016
Helena Schuch (BEHSR)	2017
Reo Uemura (Cariology)	2017
Kassapa Ellepola (Microbiology/Immunology)	2017
Jacob Chew Ren Jie (Periodontal)	2018
Wei Qiao (Salivary)	2018
Yukako Kojima (Oral Health)	2018
Dina Moussa (Cariology)	2019
Emily Chang (Microbiology/Immunology)	2019
Talal Alshihayb (BEHSR)	2019
Mohammed Nadeem Bijle (Oral Health)	2020
Carla Alvarez Rivas (Periodontal)	2020
Hazem Abbas (BEHSR)	2021
Tan Minh Nguyen (Oral Health)	2022
Yue Chen (Periodontal)	2022
Mateus Xavier de Queiroz (Cariology)	2023
Jessy Kamila Sihuay Torres (BEHSR)	2023
Sofia Tortora Morel (Microbiology/Immunology)	2023
Luis Limo (Oral Health Research)	2024
Yuqi Ma (Periodontal Research)	2024
Andrea Escalante Herrera (Salivary Research)	2024

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

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

IADR Regional Development Program

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

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

Finbarr Allen	2014
Haiping Tan	2015

(Discontinued)

JDR Cover of the Year

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

Pinborg Prize

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

IADR DISTINGUISHED SCIENTIST AWARDS

Basic Research in Biological Mineralization Award

(supported in 2024 by Unilever Oral Care)

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

Behavioral, Epidemiologic and Health Services Research Award

(*formerly Behavioral Sciences/Health Services Research Award,* supported in 2024 by CareQuest Institute for Oral Health)

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

Craniofacial Biology Research Award

(supported in 2021 by Dentsply Sirona)

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

Geriatric Oral Research Award

(supported in 2024 by Haleon)

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

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

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

H. Trendley Dean Memorial Award
(supported in 2021 by Colgate-Palmolive Company)

Francis Arnold	1964	Brian Burt	1995
James Roy Blayney	1965	Andrew Rugg-Gunn	1996
John Knutson	1966	John Murray	1997
Wallace Armstrong	1967	Peter Cleaton-Jones	1998
David Ast	1968	Nigel Pitts	1999
Finn Brudevold	1969	Frithjof von der Fehr	2000
S .Yngve Ericsson	1970	Amid Ismail	2001
Albert Russell	1971	A .John Spencer	2002
Henry Klein	1972	Jan Birkeland	2003
Isadore Zipkin	1973	Steven Levy	2004
Donald Galagan	1974	Richard Rozier	2005
Frank McClure	1975	Anthony Blinkhorn	2006
Harold Hodge	1976	Kenneth Stephen	2007
Gerald Cox	1977	Gary Slade	2008
Sidney Finn	1978	Jane Weintraub	2009
Frank Orland	1979	W .Murray Thomson	2010
Neil Jenkins	1980	Scott Tomar	2011
Otto Backer-Dirks	1981	Helen Worthington	2012
Thomas Marthaler	1982	Jan Clarkson	2013
Basil Bibby	1983	Marilia Afonso Buzalaf	2014
Herschel Horowitz	1984	Chester Douglass	2015
Leon Singer	1985	Harold Sgan-Cohen	2016
Gary Whitford	1986	Jo Frencken	2017
Louis Ripa	1987	Ernest Newbrun	2018
James Mellberg	1988	Helen Whelton	2019
Theodore Koulourides	1989	Lisa M .Jamieson	2020
Juan Navia	1990	May Wong	2021
Donald Taves	1991	Loc Do	2022
Alice Horowitz	1992	Jonathan Broadbent	2023
Itzhak Gedalia	1993	Kimon Divaris	2024
Denis O'Mullane	1994		

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

Harr Sicher	1967	Irma Thesleff	2008
Leo Sreebny	1968	Pamela Robey	2009
Arne Björk	1969	Antonios Mikos	2010
Jens Pindborg	1970	Larry Fisher	2011
Julia Meyer	1971	David Kohn	2012
James Irving	1972	Peter Ma	2013
Harold Fullmer	1973	John Jansen	2014
Charles P .Leblond	1974	Jeremy Mao	2015
Barnett Levy	1975	Jill Helms	2016
Harold Slavkin	1976	Pamela Yelick	2017
Marie Nylen	1977	Huakun Xu	2018
A .Richard Ten Cate	1978	Sarah C .Heilshorn	2020
John Garrett	1979	Alastair Sloan	2021
Alan Boyde	1980	Tara Aghaloo	2022
Edward Kollar	1981	Yunfeng Lin	2023
David Mooney	2007	Sašo Ivanovski	2024

Oral Medicine and Pathology Research Award

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

Pharmacology, Therapeutics & Toxicology Research Award

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

Pulp Biology & Regeneration Award
(*supported by Dentsply Sirona*)

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

Research in Oral Biology Award
(supported by Church & Dwight Co , Inc)

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

Research in Periodontal Disease Award
(supported in 2024 by Colgate-Palmolive Company)

Jens Waerhaug	1965	Anne Haffajee	1995
Irving Glickman	1966	Kenneth Kornman	1996
Helmut Zander	1967	Gregory Seymour	1997
Sigurd Ramfjord	1968	Hiroshi Okada	1998
Harald Löe	1969	Steven Offenbacher	1999
Fermin Carranza	1970	Jeffrey Ebersole	2000
Sigmund Stahl	1971	Thomas Van Dyke	2001
Hubert Schroeder	1972	Yoji Murayama	2002
Max Listgarten	1973	Harvey Schenkein	2003
Paul Goldhaber	1974	Aubrey Soskolne	2004
Jan Lindhe	1975	Michael Curtis	2005
Tom Lehner	1976	Ann Progulske-Fox	2006
Roy Page	1977	Richard Darveau	2007
Sigmund Socransky	1978	Koji Nakayama	2008
Rolf Attstrom	1979	Lior Shapira	2009
Per Brandtzaeg	1980	Martin Taubman	2010
Robert Genco	1981	Eric Reynolds	2011
Stephan Mergenhagen	1982	Denis Kinane	2012
Giorgio Cimasoni	1983	Shinya Murakami	2013
Norton Taichman	1984	Dana Graves	2014
Richard Ranney	1985	P .Mark Bartold	2015
Jan Egelberg	1986	Kazuhisa Yamazaki	2016
Henning Birkedal-Hansen	1987	Panos Papapanou	2017
Sture Nyman	1988	Iain Chapple	2018
Jaro Sodek	1989	Andrea Mombelli	2019
Jorgen Slots	1990	Anton Sculean	2020
Thorkild Karring	1991	Bruno Loos	2021
Niklaus Lang	1992	William Giannobile	2022
Raul Caffesse	1993	Purnima Kumar	2023
Martin Addy	1994	Nikolaos Donos	2024

Research in Prosthodontics & Implants Award

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

Salivary Research Award
(supported by Unilever Oral Care)

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

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

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

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

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

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

Richard C .Greulich	1963	Richard Lamont	1995
Herbert Wells	1964	Marc McKee	1996
Gail Martin	1965	Maurizio Tonetti	1997
Stephan Mergenhagen	1966	Reinhilde Jacobs	1998
Ronald Gibbons	1967	Cun-Yu Wang	1999
Samuel Leach	1968	Bart Van Meerbeek	2000
S S .Han	1969	Jonathan Knowles	2001
Sigmund Socransky	1970	Rachel Hall	2002
Edward Miller	1971	Pascal Magne	2002
Jan Carlsson	1972	Joke Duyck	2003
Jason Tanzer	1973	Garry Fleming	2004
Irving Shapiro	1974	Takafumi Kato	2005
Robert Genco	1975	Hyun Koo	2006
Barry Sessle	1976	Yijin Ren	2007
Charles Schachtele	1977	Philip Preshaw	2008
Arthur Hand	1978	Mo Kang	2009
Ole Fejerskov	1979	Paul Cooper	2010
Donald Brunette	1980	Alastair Sloan	2011
Stephen Challacombe	1981	Hiroshi Egusa	2012
Michael Cole	1982	Brian Foster	2013
Jeffrey Ebersole	1983	Dean Ho	2014
Jorma Tenovuo	1984	Annette Wiegand	2015
Jane Aubin	1985	Owen Addison	2016
Marjorie Jeffcoat	1986	Donald Chi	2017
Lawrence Tabak	1987	Alireza Moshaverinia	2018
Mark Ferguson	1988	Dagmar Else Slot	2019
Zvi Schwartz	1989	Kimon Divaris	2020
Michael Humphreys-Beher	1990	Vinicius Rosa	2021
Christopher Overall	1991	Richard John Miron	2022
Daniel Grenier	1992	Fatemeh Momen-Heravi	2023
Michael Dixon	1993	Gustavo Nascimento	2024
Salomon Amar	1994		

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

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

(Discontinued)

IADR/Borrow Dental Milk Foundation Fellowship

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

IADR David B. Scott Fellowship 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 .Ozcan, University of Dalhousie, Halifax, Nova Scotia, Canada
1991	Continental European Division Alexandros Stassinakis, University of Berne, Switzerland
1992	Egyptian Division Shahira El Ashiry, Cairo University
1993	Irish Division Simon Killough, Queen's University of Belfast
1994	Israeli Division David Mulkandov, Hebrew University, Jerusalem
1995	Japanese Association for Dental Research Sachiko Takikita, Osaka University, Osaka, Japan
1996	Korean Division Y-K Ko, Seoul National University, Seoul, Korea
1997	Mexican Division Deyanira L .Neveu Barquera, National University of Mexico, Mexico City, Mexico
1998	Scandinavian Division Laura Tarkkila, University of Helsinki, Finland
1999	South African Division Helene A .Gelderblom, University of Pretoria, South Africa
2000	Southeast Asian Division Samintharaj Kumar, National University of Singapore
2001	Venezuelan Division Vanessa Luis, Santa Maria University
2002	American Division Amy James, UTXHSC, San Antonio
2003	Argentine Division Karina M .Katok, University of Buenos Aires
2004	Australian & New Zealand Division Amrita Ramchod, University of Otago
2005	Brazilian Division M S .Bello Silva, University of São Paolo
2006	British Division Janet D C .Kan, King's College London Dental Institute
2007	Canadian Division Amer Muhammad Hussain, University of Alberta

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

2008 Chinese Division
Quan Xing,Wuhan University
2009 Continental European Division
Andreas Niklas, University of Regensburg Medical School
2010 East/Southern Africa Division
Simiyu Benjamin, University of Nairobi
2011 Irish Division
Kate Horgan, Cork University
2012 Israeli Division
Sharon Shany-Kdoshim, The Hebrew University
2013 Japanese Division
Shinnichi Sakamoto, Hiroshima University
2014 Korean Division
Sungkyoon Kang, Wonkwang University
2015 Mexican Division
Jessica Lana-Ojeda, Universidad Autonoma de Yucatan
2016 Scandinavian Division
Anne Katrine Danielsen, Copenhagen University, Denmark
2017 South African Division
Sabeeha Minty, University of Witwatersand
2018 Southeast Asian Division
Valdy Hartono,Trisakti
2019 Venezuelan Division
Annabella Frattaroli, Afonso Josmary and Alejandra Garcia-Quintana, Central University of Venezuela
2020 Kuwaiti Division
Aisha Almulla and Latifah Ibrahim, Kuwait University
2021 Nigerian Division
Adedire Adetomiwa, Obafemi Awolowo University, Nigeria
2022 Chilean Division
Debora Zamorano, University of Chile, Santiago
2023 IADR Colombian Division
Maria Paula Contreras Becerra, National University of Colombia, Bogotá
2024 IADR Indian Division
Shivangi Singh, King George's Medical University, Lucknow, Uttar Pradesh, India

IADR John J. Clarkson Fellowship
(supported by the IADR Institutional Section and individual members)

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

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
Ofir Lidor *(Israeli Division)*	2011
Nanako Hirose *(Japanese Division)*	2015
Jonghwa Won *(Korean Division)*	2017
Claudia Ivonne Rodriguez *(Mexican Division)*	2019
Navdeep Kaur Brar *(Scandinavian Division)*	2021
Salma Kabbashi (South African Division)	2023
Next Award in 2025	

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

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

IADR Norton M. Ross Fellowship

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

IADR STAR Network Academy Fellowship

Zhejun Wang	2017	Edgar Beltran	2022
Fabian Cieplik	2018	Konstantin Johannes Scholz	2022
Hui Chen	2019	Karol Ali Apaza Alccayhuaman	2023
Saif Khan	2019	Meisser Madera	2023
Angela Salcedo	2019	Maja Sabalic-Schoener	2023
Emilio Cafferata	2020	Cher Farrugia	2024
Kiho Cho	2020	Wei Qiao	2024
Viviana Avila	2022		
Akhilanand Chaurasia	2022		

IADR Three Minute Thesis® Competition

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

IADR Toshio Nakao Fellowship
(supported by GC Corporation)

Malinee Prasitsilp	1996	Lina Niu	2013
Patricia Pereira	1998	Sabrina Sochacki Feitosa	2015
Sharanbir Sidhu	2001	Ivana Nedeljkovic	2017
Yuelian Liu	2003	Trang Nguyen-Vo	2019
Marcia Daronch	2005	Ting Zou	2021
Abiodun Olabisi Arigbede	2007	Chenmin Yao	2023
Mirela Shinohara	2009	*Next Award in 2025*	
Vesna Miletic	2011		

IADR Hatton Competitions & Awards

(Formerly IADR Hatton – Novice Awards)

(supported in 2021 by Unilever Oral Care and IADR)

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

NAME	CATEGORY	YEAR
Petros Papagerakis	Post-doctoral	2003
Justin Barnes	Junior	2004
Adrian DeAngelis	Junior	2004
Andrew Fribley	Senior	2004
Elizabeth Fozo	Senior	2004
Ulrike Schulze-Späte	Post-doctoral	2004
Silvana Papagerakis	Post-doctoral	2004
Monique Goris	Junior	2005
Jeremy Horst	Junior	2005
Manish Arora	Senior	2005
Guive Balooch	Senior	2005
Xinquan Jiang	Post-doctoral	2005
Karen Fong	Post-doctoral	2005
Jonathan Collier	Junior	2006
Vincenzo D'Antò	Junior	2006
Samantha Byrne	Senior Clinical Science	2006
Chrisovalantou Cheretakis	Senior Clinical Science	2006
Maria Nystrom	Senior Basic Science	2006
Shashidharan Madhavan	Senior Basic Science	2006
Aisling Daly	Junior	2007
Richard Damerau	Junior	2007
Shigeyuki Ozawa	Senior Basic Science	2007
Nan Hatch	Senior Basic Science	2007
Danielle DiCara	Senior Basic Science	2007
Leanne Taylor	Senior Basic Science	2007
Shilpa Raju	Junior	2008
Erica Scheller	Junior	2008
Adriana Perez-Soria	Senior Clinical Science	2008
Lauren Turner	Senior Basic Science	2008
Hugh Kim	Senior Basic Science	2008
Samar Khoury	Senior Clinical Science	2008
Alexander Nee	Junior	2009
Bo Yu	Junior	2009
Jaime Díaz-Zúñiga	Junior	2009
Elham Emami	Senior Clinical Science	2009
Turki Alhazzazi	Senior Basic Science	2009
Sutipalin Suwannakul	Senior Basic Science	2009
Paul Hooi	Junior	2010
Jia Hao	Junior	2010
Niroshani Soysa	Senior Basic Science	2010
Kheng Tan	Senior Basic Science	2010
David Conway	Senior Clinical Research	2010
Maria Athanassiou-Papaefthymiou	Senior Clinical Research	2010
Grace Lee	Junior	2011
Katherine O'Donnell	Junior	2011
Nicola Innes	Senior Clinical Science	2011
Maria Villanueva Vilchis	Senior Clinical Science	2011
Luciana Branco-de-Almeida	Senior Basic Science	2011
Jeffrey Kim	Senior Basic Science	2011
Jonathan An	Junior	2012
Patricia Brooks	Junior	2012
Gerald McKenna	Senior Clinical Science	2012
Mervi Gürsoy	Senior Clinical Science	2012
Mildred Embree	Senior Basic Science	2012
Farhan Khan	Senior Basic Science	2012
Kyle Vining	Junior	2013
Panruethai Trongkij	Junior	2013
Martin Schimmel	Senior Clinical Science	2013
Jaana Helenius-Hietala	Senior Clinical Science	2013
Wanida Ono	Senior Basic Science	2013
Sasha Dimitrova-Nakov	Senior Basic Science	2013
Kyulim Lee	Junior	2014
Rebekah Eves	Junior	2014
Patricia González-Alva	Senior Clinical Science	2014
T .Paul Hyde	Senior Clinical Science	2014
Marit Aure	Senior Basic Science	2014
Joo-Young Park	Senior Basic Science	2014
Joshua Chong	Junior	2015
Laura Graham	Junior	2015
Ana Badovinac	Senior Clinical Science	2015
Maryam Jessri	Senior Clinical Science	2015
Juliana Delben	Senior Basic Science	2015
Reniqua House	Senior Basic Science	2015
Mychi Nguyen	Junior	2016
Meredith Williams	Junior	2016
Juan Fernando Oyarzo	Senior Clinical Science	2016
Aliye Akcali	Senior Clinical Science	2016
Yukako Yamauchi	Senior Basic Science	2016
Gazelle Crasto	Senior Basic Science	2016
Tanutchaporn Thongngam	Junior	2017
Zachary Pekar	Junior	2017
Scott Williams	Senior Clinical Science	2017
Dylan Herzog	Senior Clinical Science	2017
Sigal Buch	Senior Basic Science	2017
Mohamed Omar	Senior Basic Science	2017
Heather Wallis	Junior	2018
Alexandra Oklejas	Junior	2018
Bolanle Akinwonmi	Senior Clinical Science	2018
Paul Brady	Senior Clinical Science	2018
Kevin Byrd	Senior Basic Science	2018
Sangwoo Lee	Senior Basic Science	2018
Somtochukwu Ozoemena	Junior	2019
Jessica Zachar	Junior	2019
Benedikt Luka	Senior Clinical Science	2019
Mabelle Monteiro	Senior Clinical Science	2019
Mizuki Nagata	Senior Basic Science	2019
Jiayu Shi	Senior Basic Science	2019
Wachirawit Suntawan	Junior Category	2020
Basma Salem	Junior Category	2020
Christopher Donnelly	Basic Science Category	2020
Risa Masumoto	Basic Science Category	2020
Madhurmia Datta	Clinical Research Category	2020
Sonali Sharma	Clinical Research Category	2020
Jordan Blum	Junior Category	2021
Natalie Atyeo	Junior Category	2021
Zhi Ren	Basic Science Category	2021
Shanmukh Peddi	Basic Science Category	2021
Waheed Awotoye	Clinical Research Category	2021
Walid Ahmed Al-Soneidar	Clinical Research Category	2021
Sara Delgadillo	Junior Category	2022
Coral Haiqi Yeung	Junior Category	2022
Carolina Isabel Rojas Pérez	Basic Science Category	2022
Tsukasa Aoki	Basic Science Category	2022
Athina Georgiou	Clinical Research Category	2022
Jessy Kamila Sihuay Torres	Clinical Research Category	2022
Mariam Bqain	Junior	2023
Kisa Iqbal	Junior	2023
Alberto Vega	Senior Basic Science	2023
Emily Fisher	Senior Basic Science	2023
Omatayo Francis Fagbule	Senior Clinical Research	2023
Crystal Marruganti	Senior Clinical Research	2023
Abdulla Mansoor	Junior	2024
Jeremie Oliver Piña	Junior	2024
María José Bendek Viera	Senior Basic Science	2024
Shuting Gao	Senior Basic Science	2024
Ciaran Moore	Senior Clinical Research	2024

Sonia Nath	Senior Clinical Research	2024

IADR GC Centennial Research Awards

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

IADR Centennial Travel Award for New Investigators

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

IADR Centennial Emerging Leaders Award (2020)

Africa/Middle East Region

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

Asia/Pacific Region

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

Latin American Region

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

North American Region

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

Pan European Region

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

Appendix 4 — Independent Auditor's Report for 2022

CBM
CENTERED ON YOUR SUCCESS

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

Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of the International Association for Dental Research (the Association), which comprise the statement of financial position as of December 31, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Association as of December 31, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

To the Council and Members
International Association for Dental Research

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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

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

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

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

Report on Summarized Comparative Information

We have previously audited the Association's 2021 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated September 26, 2022. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2021, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Councilor, Buchanan + Mitchell, P.C.

Bethesda, Maryland
October 17, 2023

Certified Public Accountants

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2022
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2021)

	2022	2021
Assets		
Current Assets		
Cash and Cash Equivalents	**$ 294,128**	$ 569,357
Accounts Receivable	**89,624**	70,252
Contributions Receivable	**423,500**	81,000
Due from AADOCR	**299,052**	-
Prepaid Expenses and Other Current Assets	**219,597**	285,341
Total Current Assets	**1,325,901**	1,005,950
Investments	**14,084,224**	17,556,190
Contributions Receivable, Net of Current Portion	**81,000**	-
Fixed Assets, Net	**527,053**	639,321
Investment in Deferred Compensation	**350,315**	430,895
Total Assets	**$ 16,368,493**	$ 19,632,356
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable and Accrued Expenses	**$ 280,778**	$ 244,951
Due to AADOCR	**-**	24,981
Refunds and Pass-Through Amounts	**427,016**	381,490
Refundable Advances	**47,500**	21,000
Deferred Revenue		
Dues	**496,828**	494,658
General Session	**4,106**	8,417
Total Deferred Revenue	**500,934**	503,075
Total Current Liabilities	**1,256,228**	1,175,497
Deferred Compensation Payable	**350,315**	430,895
Total Liabilities	**1,606,543**	1,606,392
Net Assets		
Without Donor Restrictions		
Undesignated	**13,294,611**	16,924,278
Board Designated	**342,975**	433,954
Total Without Donor Restrictions	**13,637,586**	17,358,232
With Donor Restrictions		
Purpose Restricted	**869,144**	414,604
Endowment Funds	**255,220**	253,128
Total With Donor Restrictions	**1,124,364**	667,732
Total Net Assets	**14,761,950**	18,025,964
Total Liabilities and Net Assets	**$ 16,368,493**	$ 19,632,356

See accompanying Notes to Financial Statements.

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INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

	Without Donor Restrictions	With Donor Restrictions	**2022 Total**	2021 Total
Revenues				
Conference Registration	$ 831,392	$ -	**$ 831,392**	$ 1,522,469
Membership Dues	1,207,860	-	**1,207,860**	1,181,203
Exhibitors' Fees	2,570	-	**2,570**	20,224
Advertising	15,832	-	**15,832**	10,742
Contributions and Sponsorships	16,004	1,108,884	**1,124,888**	399,235
Royalties and Publishing	489,028	-	**489,028**	474,274
Investment Return Designated for Current Operations	303,350	-	**303,350**	302,026
PPP Loan Forgiveness	-	-	**-**	541,818
Miscellaneous	7,125	-	**7,125**	14,731
Net Assets Released from Restrictions	597,351	(597,351)	**-**	-
Total Revenues	3,470,512	511,533	**3,982,045**	4,466,722
Expenses				
Program Expenses				
Journal of Dental Research and Publishing	277,498	-	**277,498**	298,083
General Session and Meetings	987,813	-	**987,813**	1,661,862
Awards, Grants, and Fellowships	737,481	-	**737,481**	683,595
Member Services and Other Programs	401,947	-	**401,947**	328,368
Total Program Expenses	2,404,739	-	**2,404,739**	2,971,908
Supporting Services				
Management and General Expenses	1,370,977	-	**1,370,977**	1,273,932
Membership Development	101,900	-	**101,900**	88,133
Total Supporting Services	1,472,877	-	**1,472,877**	1,362,065
Total Expenses	3,877,616	-	**3,877,616**	4,333,973
Change in Net Assets before Investment (Loss) Gain	(407,104)	511,533	**104,429**	132,749
Investment (Loss) Gain in Excess of Amounts Designated for Current Operations	(3,313,542)	(54,901)	**(3,368,443)**	2,015,899
Change in Net Assets	(3,720,646)	456,632	**(3,264,014)**	2,148,648
Net Assets, Beginning of Year	17,358,232	667,732	**18,025,964**	15,877,316
Net Assets, End of Year	$ 13,637,586	$ 1,124,364	**$ 14,761,950**	$ 18,025,964

See accompanying Notes to Financial Statements.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

	Journal of Dental Research and Publishing	General Session and Meetings	Awards, Grants, and Fellowships	Member Services and Other Programs	Total Program Expenses	Management and General Expenses	Membership Development	**2022 Total**	2021 Total
Expenses									
Salaries, Benefits, and Taxes	$ 173,319	$ 488,426	$ 78,056	$ 135,473	$ 875,274	$ 875,372	$ 62,504	**$ 1,813,150**	$ 2,166,537
Professional Fees	12,132	28,772	92,043	920	133,867	109,032	228	**243,127**	193,155
Advertising and Promotion	465	16,972	4,299	595	22,331	3,858	21,052	**47,241**	16,621
Office Expenses	2,510	46,534	31,423	3,699	84,166	36,426	2,014	**122,606**	155,320
Information Technology	8,990	43,844	9,551	11,562	73,947	87,948	5,299	**167,194**	225,644
Occupancy	3,278	15,025	2,200	3,599	24,102	23,785	1,648	**49,535**	60,289
Travel	108	2,928	99	14,495	17,630	123,083	3,219	**143,932**	869
Conferences and Meetings	-	293,979	-	-	293,979	-	-	**293,979**	569,124
Depreciation and Amortization	8,586	33,809	5,537	9,294	57,226	60,422	4,293	**121,941**	93,161
General Insurance	1,906	8,852	1,449	2,438	14,645	15,819	1,124	**31,588**	32,928
Grants and Contributions	-	-	502,273	-	502,273	-	-	**502,273**	504,294
Other Expenses	66,204	8,672	10,551	219,872	305,299	35,232	519	**341,050**	316,031
Total Expenses	$ 277,498	$ 987,813	$ 737,481	$ 401,947	$ 2,404,739	$ 1,370,977	$ 101,900	**$ 3,877,616**	$ 4,333,973

See accompanying Notes to Financial Statements.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

	2022	2021
Cash Flows from Operating Activities		
Change in Net Assets	**$ (3,264,014)**	$ 2,148,648
Adjustments to Reconcile Change in Net Assets to		
Net Cash (Used in) Provided by Operating Activities		
Depreciation and Amortization	**121,941**	93,161
Net Realized and Unrealized Loss (Gain) on Investments	**3,298,263**	(2,028,296)
(Increase) Decrease in Assets		
Accounts Receivable	**(19,372)**	(37,734)
Contributions Receivable	**(423,500)**	224,500
Due from AADOCR	**(299,052)**	338,107
Prepaid Expenses and Other Current Assets	**65,744**	(75,064)
Investment in Deferred Compensation	**80,580**	(75,387)
Increase (Decrease) in Liabilities		
Accounts Payable and Accrued Expenses	**35,827**	(30,383)
Due to AADOCR	**(24,981)**	24,981
Refunds and Pass-Through Amounts	**45,526**	109,088
Refundable Advances	**26,500**	(135,400)
PPP Refundable Advance	**-**	(405,175)
Deferred Revenue	**(2,141)**	122,094
Deferred Compensation Payable	**(80,580)**	75,387
Net Cash (Used in) Provided by Operating Activities	**(439,259)**	348,527
Cash Flows from Investing Activities		
Purchases of Investments	**(1,607,803)**	(4,387,978)
Proceeds from Sales and Maturities of Investments	**1,781,506**	4,459,258
Purchases of Fixed Assets	**(9,673)**	(187,553)
Net Cash Provided by (Used in) Investing Activities	**164,030**	(116,273)
Net (Decrease) Increase in Cash and Cash Equivalents	**(275,229)**	232,254
Cash and Cash Equivalents, Beginning of Year	**569,357**	337,103
Cash and Cash Equivalents, End of Year	**$ 294,128**	$ 569,357

See accompanying Notes to Financial Statements.

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INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

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

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

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

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

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

General Session and Meetings: relates to the activities of the General Session meetings. Joint meetings are generally held every other year with AADOCR. A stand-alone virtual meeting was held in 2022. The related registration revenue and expenses are recorded in the Association's financial statements.

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

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

Financial Statement Presentation

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

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

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

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

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

Cash and Cash Equivalents

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

Accounts Receivable

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

Contributions Receivable

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

Investments

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

Fixed Assets

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

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

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

Revenue Recognition

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

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

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

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, 2022, the Association had net unrelated business income resulting in income tax expense of approximately $4,600.

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, 2021. 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, 2021, from which the summarized information was derived.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

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

Reclassifications

Certain 2021 amounts have been reclassified for comparative purposes.

2. LIQUIDITY AND AVAILABILITY OF RESOURCES

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

As of December 31, 2022, the following financial assets and liquidity sources were available for general operating expenditures in the year ending December 31, 2023:

Financial Assets	
Cash and Cash Equivalents	$ 294,128
Accounts Receivable	89,624
Contributions Receivable	423,500
Due from AADOCR	299,052
Investments	14,084,224
Less Endowment Funds Held in Perpetuity	(255,220)
Less Board Designated Funds for Future Awards and Fellowships	(342,975)
Less Purpose Restrictions by Donors	(869,144)
Financial Assets Available to Meet Cash Needs for General Expenditures within One Year	$ 13,723,189

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

3. RELATED PARTY TRANSACTIONS

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

4. FIXED ASSETS

Net fixed assets consisted of the following as of December 31, 2022:

Description	Amount
Buildings and Improvements	$ 1,133,538
Office Furniture and Equipment	588,968
Total Fixed Assets	1,722,506
Less Accumulated Depreciation	(1,195,453)
Fixed Assets, Net	$ 527,053

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

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

5. FAIR VALUE MEASUREMENTS

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

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

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

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

The following presents the Association's assets and liabilities measured at fair value as of December 31, 2022:

Description	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	$ 78,846	$ -	$ -	$ 78,846
JOHCM Global Equity Fund Institutional	2,018,057	-	-	2,018,057
Vanguard - ST Treasury Index Admiral	1,193,707	-	-	1,193,707
GMO Climate Change	347,897	-	-	347,897
Vanguard Energy Fund Admiral	534,480	-	-	534,480
Equity Securities	7,733,589	-	-	7,733,589
Fixed Income Securities	-	2,177,648	-	2,177,648
Total Investments at Fair Value	$ 11,906,576	$ 2,177,648	$ -	$ 14,084,224
Deferred Compensation Investments				
CREF Global Equities R1	$ 66,588	$ -	$ -	$ 66,588
CREF Growth R1	111,361	-	-	111,361
CREF Stock R1	122,959	-	-	122,959
Other Mutual Funds	21,396	-	-	21,396
Total Deferred Compensation Investments at Fair Value	$ 322,304	$ -	$ -	322,304
TIAA Traditional Annuity at Contract Value				28,011
Total Deferred Compensation Investment				$ 350,315
Deferred Compensation Liability at Fair Value	$ 322,304	$ -	$ -	$ 322,304
Deferred Compensation Liability at Contract Value				28,011
Total Deferred Compensation Liability				$ 350,315

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.

FAIR VALUE MEASUREMENTS (CONTINUED)

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

INVESTMENT LOSS

Investment loss is as follows for the year ended December 31, 2022:

Description	Amount
Interest Income and Dividends	$ 300,332
Net Realized and Unrealized Loss	(3,298,263)
Investment Fees	(67,162)
Total Investment Loss	(3,065,093)
Investment Return Designated for Current Operations	303,350
Investment Loss in Excess of Amounts Designated for Current Operations	$ (3,368,443)

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

FINANCIAL RISK

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

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

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

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

ENDOWMENTS (CONTINUED)

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.

Composition and changes in endowment net assets were as follows for the year ended December 31, 2022:

	Without Donor Restrictions	With Donor Restrictions		
	Board Designated	Purpose Restricted	Invested in Perpetuity	Total
Endowment Net Assets, Beginning of Year	$ 433,954	$ 84,007	$ 253,128	$ 771,089
Investment Loss	(90,979)	(54,901)	-	(145,880)
Contributions	-	2,598	2,092	4,690
Transfer from Unrestricted	-	6,234	-	6,234
Amounts Appropriated for Expenditure	-	(5,530)	-	(5,530)
Endowment Net Assets, End of Year	$ 342,975	$ 32,408	$ 255,220	$ 630,603

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

ENDOWMENTS (CONTINUED)

Endowment funds that are invested in perpetuity for the following purposes as of December 31, 2022:

Description	Amount
Souder Award	$ 130,000
Schour Award	72,174
N. Johnson Award	53,046
Total Endowments Invested in Perpetuity	$ 255,220

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, 2022, were approximately $131,000.

CONCENTRATIONS

As of December 31, 2022, approximately 60% of accounts receivable is due from one entity, approximately 80% of contributions receivable is due from three entities. For the year ended December 31, 2022, approximately 22% of contributions and sponsorship revenue was received from one entity. Royalties and publishing revenue are primarily from one entity for the year ended December 31, 2022.

BOARD DESIGNATED NET ASSETS

The Association's board designated net assets consisted of the following as of December 31, 2022:

Description	Amount
John A. Clarkson Award	$ 158,522
John A. Gray Fellowship	90,686
Norton H. Ross Fellowship	51,876
David B. Scott Recognition Award	41,891
Total Board Designated Net Assets	$ 342,975

CONDITIONAL CONTRIBUTIONS AND GRANTS

The Association has received conditional contributions as of December 31, 2022, of approximately $47,500. Certain events must occur in order to meet the conditions. Accordingly, revenue has not been recorded for these conditional contributions as of December 31, 2022, 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, 2022

NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSE

As of December 31, 2022, net assets with donor restrictions for purpose are available for the following purposes:

Description	Amount
Osteology Award	$ 243,000
Innovation in Oral Care Awards	200,502
Scientific Group and Network	90,729
Smile Train Award	81,000
Conference on Oral Biology	72,424
William J. Gies Award	64,871
General Session and Meetings	20,000
Souder Award	17,788
Joseph Lister Award	15,535
Other Awards	14,308
Research in Prevention Award	13,838
Kulzer Travel Award	13,826
Lion Award	8,903
Schour Award	7,217
David B. Scott Recognition Award	5,203
Total Net Assets With Donor Restrictions for Purpose	$ 869,144

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, 2022:

Description	Amount
Innovation in Oral Care Awards	$ 123,516
General Session and Meetings	122,200
Smile Train Award	81,000
Osteology Award	78,138
Scientific Group and Network	66,207
Distinguished Scientist Awards	58,944
Kulzer Travel Award	13,825
Joseph Lister Award	12,960
Hatton Award	9,327
Toshio Nakao Fellowship	8,100
Lion Award	5,207
Other Awards	4,838
EW Borrow Memorial Award	3,900
David B. Scott Recognition Award	2,500
Research in Prevention Award	2,463
William J. Gies Award	2,323
Souder Award	1,181
Schour Award	633
N. Johnson Award	89
Total Net Assets Released from Restrictions	$ 597,351

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

COMMITMENTS AND CONTINGENCIES

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

DEFERRED COMPENSATION AND EMPLOYMENT AGREEMENT

The Association maintains a nonqualified 457(b) deferred compensation plan (the Plan) for its Chief Executive Officer (CEO). The Plan requires that the Association establish and maintain a book entry account on behalf of the CEO for all contributions, deferrals, and investment experience related to the Plan. The Association is not liable for any specific investment success, nor is it required to restore any loss of principal that may occur due to market conditions. Under current law, such funds remain the assets of the Association and, as such, are subject to the creditors of the Association. For the year ended December 31, 2022, the Association contributed $13,500 to the Plan.

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

DEFERRED REVENUE

Membership dues cover the calendar year. Those paid in advance are reported as deferred revenue. In addition, amounts received in advance for the following year's general session are recorded as deferred revenue. Deferred revenue totaled $503,075 as of January 1, 2022. The full amount was recognized as revenue during the year ended December 31, 2022.

CONTRIBUTIONS RECEIVABLE

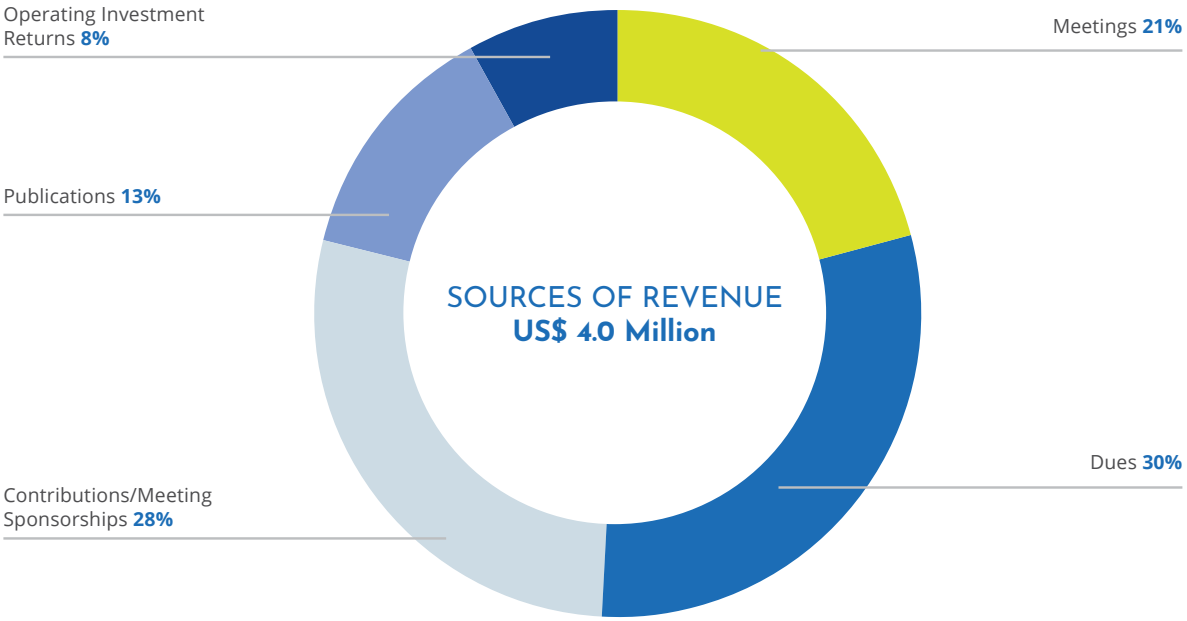
Contributions receivable as of December 31, 2022, are summarized below:

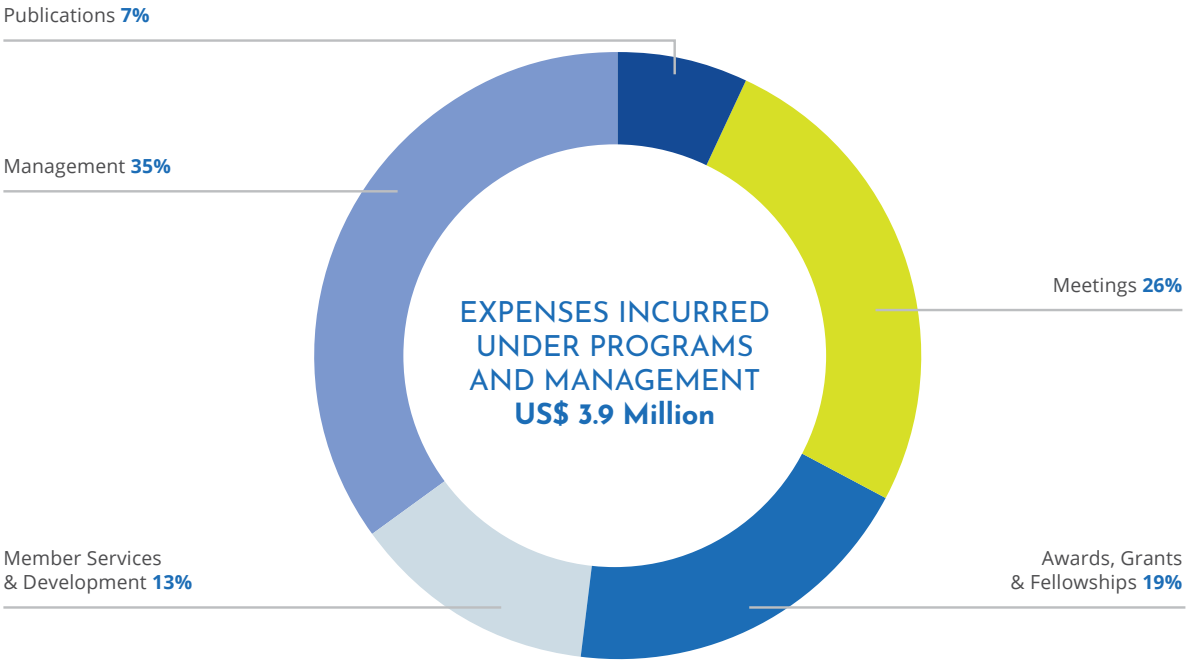
Description	Amount
Receivable in Less Than One Year	$ 423,500
Receivable in One to Five Years	81,000
Total Contributions Receivable	$ 504,500

SUBSEQUENT EVENTS

Subsequent events were evaluated through October 17, 2023, which is the date the financial statements were available to be issued.

2022 OPERATIONAL HIGHLIGHTS





Appendix 5 — Chief Executive Officer's Report on the Budgets, 2023-27

Overall Assessment

A summary of the IADR operating budget for the period 2023 through 2027 is illustrated in (Table 11) .

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 2024 operating Net Income is expected to be a ($792,000) deficit as compared to a budgeted deficit of ($909,000) .The favorable results to budget are primarily due to a smaller than budgeted general operations deficit, a larger than expected General Session surplus and a larger than budgeted publications surplus .

An operating deficit of ($643,000) is projected for 2025 due to an expected General Operations deficit, partially offset by a modest General Session surplus and Publications surplus . The General Operations surplus is calculated to arrive at a breakeven operating budget where the needed investment returns to fund operations match the amount available under the investment spending policy .

The 2026 and 2027 budgets also include calculated target meeting surpluses needed for the Association's operating deficit to be equal to the expected investment spending policy allocation for operations in those years .

Large swings can occur in the net income of Grants, Fellowships & Awards due to timing issues related to receiving contributions in one year and issuing awards the following year .When this activity is included in the overall operating budgets, the results can be misleading .Because of this, Grants, Fellowships & Awards are not included in the Total Operations Budget amount . They are presented on the Summary Budget below the Total Operations amount for information purposes only .

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

Table 11. IADR Summary

	2023 Actuals			Year-End Estimate 2024			2024 Budget		
IADR Operations	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**
General	1,111,354	2,094,530	(983,176)	1,167,831	2,177,672	(1,009,841)	1,155,018	2,239,849	(1,084,831)
Investment Returns Designated for Operations	681,627		681,627	674,203		674,203	675,079		675,079
General Session	916,927	2,108,042	(1,191,115)	2,626,755	2,569,993	56,761	2,627,957	2,551,698	27,454
WCPD	0	0	-	0	0	-	0	0	-
Subtotal - IADR Operations	2,709,908	4,202,572	(1,492,665)	4,468,789	4,747,666	(278,877)	4,458,055	4,791,547	(382,298)
Joint Publications									
Journal of Dental Research*	440,006	228,092	211,914	440,970	263,898	177,072	423,670	259,058	164,612
JDR Clinical & Translational Research	48,485	57,235	(8,750)	45,513	61,074	(15,561)	48,435	64,764	(16,329)
Subtotal - Joint Publications	440,006	228,092	203,164	440,970	263,898	161,511	423,670	259,058	148,283
Total - Operations	**3,149,913**	**4,430,664**	**(1,289,501)**	**4,909,758**	**5,011,564**	**(117,366)**	**4,881,725**	**5,050,605**	**(234,015)**
Net Income as a Percent of Income			-40.9%			-2.4%			-4.8%
Award, Fellowship and Grant Programs									
Regional Development Program	46,060	46,060	-	40,000	40,000	-	60,000	60,000	-
Fellows & Awards **	472,408	388,816	83,592	275,724	350,244	(74,520)	466,767	454,810	11,958
Total - Operations and Awards	3,668,381	4,865,540	(1,205,909)	5,225,482	5,401,807	(191,886)	5,408,493	5,565,415	(222,057)

	2025 Budget			2026 Budget			2027 Budget		
IADR Operations	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**
General	1,278,856	2,150,785	(871,929)	1,374,102	2,328,744	(954,642)	1,481,783	2,308,970	(827,187)
Investment Returns Designated for Operations	643,305		643,305	654,510		654,510	663,011		663,011
General Session	TBD	TBD	58,416	TBD	TBD	177,014	TBD	TBD	26,838
WCPD	0	0	-			-			-
Subtotal - IADR Operations	1,922,161	2,150,785	(170,207)	2,028,612	2,328,744	(123,119)	2,144,794	2,308,970	(137,338)
Joint Publications									
Journal of Dental Research*	419,937	236,231	183,706	405,710	262,613	143,097	392,195	238,058	154,136
JDR Clinical & Translational Research	47,082	60,580	(13,498)	44,547	64,525	(19,978)	44,576	61,374	(16,799)
Subtotal - Joint Publications	419,937	236,231	170,208	405,710	262,613	123,119	392,195	238,058	137,338
Total - Operations	**2,342,098**	**2,387,016**	**0**	**2,434,322**	**2,591,357**	**0**	**2,536,989**	**2,547,028**	**(0)**
Net Income as a Percent of Income			0.0%			0.0%			0.0%
Award, Fellowship and Grant Programs									
Regional Development Program	60,000	60,000	-	60,000	60,000	-	60,000	60,000	-
Fellows & Awards **	452,256	446,561	5,695	451,880	438,411	13,469	451,526	446,953	4,573
Total - Operations and Awards	2,854,354	2,893,577	5,695	2,946,202	3,089,768	13,469	3,048,515	3,053,982	4,573

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

Table 12. General Operations

REVENUE	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Institutional & Corporate dues	184,285	200,400	200,400	190,000	190,000	190,000	190,000
Membership Dues	860,243	936,342	936,342	952,925	1,076,350	1,172,648	1,279,091
Prepaid Membership Dues	26,963	3,782	3,782	(15,750)	(16,538)	(16,538)	(16,538)
Award Admin Fees	29,127	1,856	17,307	17,843	19,043	17,992	19,229
Miscellaneous	10,736	5,011	10,000	10,000	10,000	10,000	10,000
TOTAL REVENUE	**1,111,354**	**1,147,391**	**1,167,831**	**1,155,018**	**1,278,856**	**1,374,102**	**1,481,783**
EXPENSES							
Employee salaries	975,732	781,271	1,032,186	1,077,660	1,128,626	1,251,935	1,237,771
Employee benefits	267,021	210,943	278,690	296,356	310,372	344,282	340,387
Overhead Allocation	300,972	244,900	323,105	318,860	329,367	336,740	321,031
Merchant Fees/Bank Charges	54,882	23,537	32,000	32,486	36,312	39,297	42,597
Shipping & Courier	955	462	1,000	2,000	2,060	2,122	2,185
Board Costs - Travel, Mtg & Admin	180,160	72,227	170,000	185,000	170,100	175,203	180,459
Regional Board Member Support	6,894	29,702	30,000	15,000	15,450	15,914	16,391
Division/Section/Region Services	0	0	5,000	5,000	5,150	5,305	5,464
Travel - Staff	25,222	50,724	50,724	28,000	46,000	47,380	48,801
Regional Support Staff	159,600	107,564	107,564	174,281	0	0	0
Consulting	48,000	33,880	33,880	0	0	0	0
International Advocacy	5,483	8,007	8,007	5,000	6,800	7,004	7,214
Miscellaneous	18,163	16,975	19,250	19,250	19,828	20,422	21,035
Media & Public Relations	11,989	14,433	14,433	12,162	12,175	12,540	12,916
Member Retention	32,670	57,195	57,195	59,419	58,544	60,301	62,110
Member Recruitment	6,787	14,638	14,638	9,375	10,000	10,300	10,609
TOTAL EXPENSES	**2,094,530**	**1,666,459**	**2,177,672**	**2,239,849**	**2,150,785**	**2,328,744**	**2,308,970**
Net Income	**(983,176)**	**(519,068)**	**(1,009,841)**	**(1,084,831)**	**(871,929)**	**(954,642)**	**(827,187)**

Budget assumptions	Actual 2023	YTD 09/30/2024	YE Estimate 12/31/2024	BUDGET 2024	BUDGET 2025	BUDGET 2026	BUDGET 2027
Members - High Income	3,058	3,150	3,150	3,211	3,260	3,374	3,492
Worldbank High Income Rate	$ 200.00	$ 210.00	$ 210.00	$ 210.00	$ 225.00	$ 236.00	$ 248.00
Members - Middle Income	1,342	1,175	1,175	1,409	1,216	1,259	1,303
Worldbank Mid Income Rate	$ 120.00	$ 126.00	$ 126.00	$ 126.00	$ 135.00	$ 141.00	$ 148.00
Members - Lower Income	329	372	372	345	385	398	412
Worldbank Lower Income Rate	$ 70.00	$ 74.00	$ 74.00	$ 74.00	$ 79.00	$ 83.00	$ 87.00
Affiliate Members	65	87	87	68	90	93	96
	$ 160.00	$ 168.00	$ 168.00	$ 168.00	$ 180.00	$ 189.00	$ 198.00
Members - Retired	198	237	237	208	245	254	263
	$ 60.00	$ 63.00	$ 63.00	$ 63.00	$ 79.00	$ 83.00	$ 87.00
Student Members	2,097	2,447	2,447	2,202	2,533	2,622	2,714
	$ 60.00	$ 63.00	$ 63.00	$ 63.00	$ 79.00	$ 83.00	$ 87.00

General Operations (Table 12)

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 5 4% in 2024 when compared to 2023 .An increase of 5% was budgeted for 2024 .

The mix of members is differs from the budget with more student members resulting in membership revenue that fall short of the budgeted amount by $17,000 .Memberships are budgeted to increase by 3 5% over 2024 levels in 2025 and further increases of 3 5% are budgeted for 2026 and 2027 .

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 allocated salaries, benefits and global headquarters costs (overhead allocation), Board costs and regional support staff (Kellen) costs .2024 expenses are expected to be $62,000 less than budgeted, due to lower allocated salary and benefit costs and lower than expected regional support staff costs due to the termination of the Kellen agreement in September, partially offset by higher staff travel costs .

Future year budgets assume that Board and staff travel costs continue .Regional support is now being covered by two part-time GHQ employees at a much lower cost .

Operations Total

Higher than budgeted dues revenues and lower than budgeted general operations expenses result in a lower than budgeted General Operations deficit for 2024 .A smaller operations deficit is budgeted for 2025 due to higher membership revenues and the cancellation of the regional support staff agreement with Kellen .

Table 13. General Session

	Bogota	New Orleans	New Orleans	New Orleans	Barcelona	San Diego	Melbourne
	Actual	YTD	Year-End Estimate	Approved BUDGET	Preliminary BUDGET	Preliminary BUDGET	Preliminary BUDGET
REVENUE	**2023**	**06/30/2024**	**12/31/2024**	**2024**	**2025**	**2026**	**2027**
Registration	612,377	1,904,263	1,904,263	1,969,075			
Abstract Submission Fees	33,600	78,100	78,100	74,575			
Exhibition Fees	32,540	135,420	135,420	129,382			
Sponsorship & Advertising	179,271	343,595	343,595	318,800			
Miscellaneous	12,205	27,350	27,350	1,750			
IADR REVENUE (Before Mtg Div)	**869,993**	**2,488,728**	**2,488,728**	**2,493,583**	**TBD**	**TBD**	**TBD**
Meeting Dividend Collections	46,934	138,027	138,027	134,375	-	-	-
ADJUSTED TOTAL REVENUE	**916,927**	**2,626,755**	**2,626,755**	**2,627,957**	**TBD**	**TBD**	**TBD**
EXPENSES							
Employee Salaries	456,670	481,595	636,265	664,297	425,264	598,206	466,076
Employee Benefits	122,251	130,031	171,792	182,682	116,948	164,507	128,171
Overhead Allocation	148,002	164,645	217,468	214,549	128,595	167,850	123,110
Personnel							
Merchant Fees/Bank Charges	46,256						
Meeting Venue							
Scientific Program							
Exhibition							
Networking Opportunities							
Meeting Promotion							
Miscellaneous							
Technical Costs	204,346	468,884	468,884	458,080			
Convention Center & Setup Costs	654,032	250,249	250,249	218,920			
Catering Costs	99,641	149,616	149,616	197,309			
Travel & Honorarium Costs	110,932	99,064	99,064	101,486			
Staffing Costs	52,240	38,585	38,585	41,232			
Registration & Abstract Mgmt Costs	107,730	104,797	104,797	128,382			
Promotion & Printing Costs	36,238	43,395	43,395	69,858			
Other Costs	22,772	150,942	150,942	140,528			
TOTAL EXPENSES	**2,061,108**	**2,081,803**	**2,331,057**	**2,417,323**	**TBD**	**TBD**	**TBD**
Net Income (prior to Div distributions)	**(1,144,181)**		**295,698**	**210,635**	**90,148**	**546,340**	**41,417**
Meeting Dividend Distributions	46,934		138,027	134,375	6,491	39,336	2,982
Division Share	-		31,534	15,252	18,030	109,268	8,283
Developing Regions Grant	-		12,614	6,101	7,212	43,707	3,313
AADOCR Profit Share (per 2024 MOU)	-		56,761	27,454	-	177,014	-
FINAL IADR NET INCOME	**(1,191,115)**		**56,761**	**27,454**	**58,416**	**177,014**	**26,838**

General Session (Table 13)

Revenue

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

Historically beginning in 2010, Member Registration rates increased at only 2% per year .Student Registration rates are set at a level that is 50% of the full Member rate .

Beginning in 2016, the Board agreed to allow reduced rates to Members and Students from lower and middle-income nations within the host Region at all General Sessions .In 2021 the reduced Member and Student rates were extended to all members from lower and middle-income nations, this practice has continued since then .In addition, beginning in 2019, reduced registration rates were offered to Members who have retained their membership for at least five consecutive years .These reduced rates being offered put pressure on the margins earned from the meetings .

Expenses

There are two main categories of expenses, 1) allocated staff salaries, benefits and overhead costs and 2) direct costs related to the meeting .Staff costs vary according to whether costs are distributed to one combined IADR/AADOCR meeting or to two separate meetings .In 2024 and 2026 these costs are expected to be higher than in 2023, 2025 and 2027, because there is only one combined meeting in those years .

Finance and the meetings department budget meetings according to a detailed line item budget, but the simplified budget presentation in this table groups the direct meeting costs under the following functional headings:

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

IADR's share of the expected meeting surplus for the 2024 General Session is expected to be $57,000 .

For 2025, 2026 and 2027 targeted meeting surpluses have been calculated to assist management and the Board in seeing what level of meeting surplus is needed to achieve a balanced operating budget (a net budget deficit equal to the expected allocation to operations from the investment portfolio) .

Table I5. Regional Development Program

REVENUE	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
IAGS Meeting Surplus	0	0	12,614	6,101	7,212	43,707	3,313
Contributions	0	0	0	0	0	0	0
Board Designated Funds	0	0	0	0	0	0	0
Allocation from Investments	46,060	0	27,386	53,899	52,788	16,293	56,687
TOTAL REVENUE	**46,060**	**0**	**40,000**	**60,000**	**60,000**	**60,000**	**60,000**
EXPENSES							
Grants - RDP Committee	46,060	40,000	40,000	60,000	60,000	60,000	60,000
Grants - Board Designated	0	0	0	0	0	0	0
TOTAL EXPENSES	**46,060**	**40,000**	**40,000**	**60,000**	**60,000**	**60,000**	**60,000**
Net Income	**0**	**(40,000)**	**0**	**0**	**0**	**0**	**0**
Surplus from Previous Year	0	0	0	0	0	0	0
Ending Balance	**0**	**(40,000)**	**0**	**0**	**0**	**0**	**0**

Regional Development Program (Table I5)

Revenue

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

Expenses

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

Comments

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

Table 16. Fellowships and Awards

REVENUE	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Contributions	276,808	100,889	112,370	333,775	283,775	283,775	283,775
Board Alloc - Unrestricted	0	0	0	0	0	0	0
IADR Portfolio Allocation	99,451	0	108,495	94,464	127,675	127,675	127,675
Total Return On Investment	96,149	54,859	54,859	38,528	40,806	40,430	40,076
TOTAL REVENUE	**472,408**	**155,748**	**275,724**	**466,767**	**452,256**	**451,880**	**451,526**
EXPENSES							
Awards/Fellowships	334,045	304,945	322,482	418,361	414,585	407,385	414,585
Plaques	4,783	2,907	3,087	5,263	3,000	3,000	3,000
Miscellaneous	30,077	3,766	3,766	10,087	6,537	6,537	6,537
Admin Fees	17,178	1,856	17,307	17,843	19,043	17,992	19,229
Investment Fees	2,733	2,702	3,602	3,255	3,395	3,497	3,602
TOTAL EXPENSES	**388,816**	**316,176**	**350,244**	**454,810**	**446,561**	**438,411**	**446,953**
Net Income	**83,592**	**(160,428)**	**(74,520)**	**11,958**	**5,695**	**13,469**	**4,573**
Balance from Previous Year	1,038,595	1,122,188	1,122,188	1,122,188	1,047,668	1,053,363	1,066,831
Balance at Year End	**1,122,188**	**961,760**	**1,047,668**	**1,134,145**	**1,053,363**	**1,066,831**	**1,071,404**

Fellowships and Awards (Table 16)

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

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

In 2002, the Board of Directors designated funds from the association's reserves to be "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 J1. IADR & AADOCR – All Global Headquarters Costs

Staff costs	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Staff Salaries	2,606,284	1,961,626	2,591,626	2,705,803	2,699,508	2,827,987	2,947,811
Staff Benefits	697,594	526,696	699,739	744,096	742,365	777,696	810,648
Subtotal	3,303,878	2,488,322	3,291,365	3,449,899	3,441,872	3,605,684	3,758,459
% Change from Prior Year	5.3%		-0.4%	4.4%	4.6%	4.8%	4.2%
% Diff. From Current Year Budget	-0.2%		-4.6%		-0.2%		
Overhead costs							
Accounting fees	5,901	4,313	6,051	7,725	7,500	7,725	7,957
Audit	74,550	43,700	75,000	75,000	77,250	79,568	81,955
Bank charges	18,105	14,353	23,000	22,660	24,150	25,358	26,625
Building maintenance	54,119	48,023	69,431	70,990	76,329	78,619	80,977
Depreciation (50/50 Joint Assets)	227,663	175,266	225,619	221,300	113,934	73,204	35,370
Information Technology	292,391	229,047	273,917	271,626	312,729	322,111	331,774
Insurance	52,036	52,600	52,600	54,000	59,400	57,860	60,753
Leases & equipment	16,001	10,023	11,103	12,000	4,940	5,088	5,241
Legal fees	2,299	2,717	10,000	10,000	10,300	10,609	10,927
Miscellaneous	17,318	6,803	8,933	7,674	9,201	9,477	9,761
Office supplies	12,995	7,491	9,988	7,725	10,288	10,596	10,914
Postage & Shipping	1,142	225	500	1,000	1,030	1,061	1,093
Recruitment costs	2,644	5,302	15,660	5,000	5,150	5,305	5,464
Staff Development	8,519	16,366	21,821	24,000	24,720	25,462	26,225
Staff Events/Appreciation	6,759	5,244	9,000	6,500	6,695	6,896	7,103
Taxes - Property	34,135	20,130	35,690	35,690	36,760	37,863	38,999
Taxes - Other	0	0	0	0	0	0	0
Telephone/Internet	25,146	19,106	25,475	25,309	25,925	26,702	27,503
Temporary Help	0	9,921	12,000	15,700	10,000	10,000	10,000
Subtotal	851,723	670,630	885,787	873,898	816,300	793,503	778,641
% Change from Prior Year	1.1%		4.0%	2.6%	-7.8%	-2.8%	-1.9%
% Diff. From Current Year Budget	5.7%		1.4%		-6.6%		
GRAND TOTAL	**4,155,601**	**3,158,952**	**4,177,152**	**4,323,797**	**4,258,173**	**4,399,187**	**4,537,100**
% Change from Prior Year	4.4%		0.5%	4.0%	1.9%	3.3%	3.1%
% Diff. From Current Year Budget	1.0%		-3.4%		-1.5%		

Joint Budgets – Executive Summary

Proposed 2025 Budgets

GHQ: Total GHQ: Total 2025 GHQ costs are budgeted to decrease by (1 5%) as compared to 2024 budgeted costs and increase by 1 9% when compared to projected 2024 year-end expenses .

- Salaries and benefits costs in 2024 are expected to be lower than budgeted due to multiple staff vacancies for part of the year as well as some roles that have been or will be refilled with less experienced candidates .A full staff of 20 full-time employees, 2 part-time employees and 1 intern is budgeted for 2025 .This is one less full-time employee and one more part-time employee when compared to the 2024 budget . Salary and benefit costs are budgeted to decrease in 2025 by (0 2%) when compared to 2024 budgeted costs and increase by 4 6% compared to projected 2024 year-end expenses .
- Depreciation costs are budgeted to be lower in 2025 as compared to expected 2024 actual expenses .The capitalized costs associated with the website upgrade will be fully depreciated in late-2024 .Second and third floor renovation costs for GHQ will be fully depreciated in early 2025 .
- Information technology costs are expected to be similar to budget in 2024 .Budgeted information technology costs for 2025 contemplate a $39,000 increase over expected 2024 costs .This increase is due to the cost of a new AI bot to replace the chat monitoring function previously performed by our receptionist position which has been eliminated, new recurring costs associated with a new internet switch and wireless access points for the office which we are budgeting to replace in 2025, and the higher costs associated with our new IT support vendor which includes a greatly enhanced security function .
- Insurance costs have been budgeted with a 10% increase, an estimate to cover the higher umbrella insurance coverage required by the Javits Center for the upcoming 2025 Annual Meeting .

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 2024 results is budgeted for 2025 .The Editorial Stipend provide by Sage remains unchanged from 2024 and will remain the same for the duration of the contract term .Editorial expenses are also budgeted to remain unchanged .Legal fees increased sharply in 2024 as compared to 2023 .Legal fess for 2025 have been budgeted for a modest increase over 2024 expected actuals .

JDR CTR: Royalty income, similar to *JDR* has been conservatively budget to decrease by 5% from expected 2024 results .Editorial expenses are unchanged from 2024 .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 2026 & 2027 Budgets

GHQ: Costs are budgeted to include modest increases in 2026 and 2027, with the exception of depreciation costs which will begin decreasing 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 JP1. *Journal of Dental Research*

REVENUE	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Member subs	7,750	7,700	7,700	6,975	6,930	6,237	5,613
Student subs	1,925	2,250	2,250	1,733	2,025	1,823	1,640
Advances in Dental Research	0	14,083	14,083	0	0	0	0
Miscellaneous	0	0	0	800	800	800	800
Less: Subscription Rev to SAGE	(9,675)	(9,950)	(9,950)	(8,708)	(8,955)	(8,060)	(7,254)
Advertising Share	21,284	27,617	27,617	12,500	26,236	24,925	23,678
Editorial Stipend	265,000	198,750	268,831	270,000	270,000	270,000	270,000
Royalty Income	593,727	571,408	571,408	564,041	542,838	515,696	489,911
TOTAL REVENUE	**880,011**	**811,858**	**881,939**	**847,341**	**839,874**	**811,420**	**784,389**
EXPENSES							
Employee salaries	136,028	117,973	155,861	162,727	131,305	166,273	135,317
Employee benefits	36,415	31,853	42,082	44,750	36,109	45,725	37,212
Overhead Allocation	43,341	40,332	53,271	52,556	39,705	46,654	35,743
Merchant Fees	378	171	342	270	296	266	239
Printing	0	0	0	0	0	0	0
Editorial expenses/Ed Board	217,400	155,744	221,382	221,550	221,550	221,550	221,550
Taxes	1,500	0	0	1,500	1,500	1,500	1,500
Advances in Dental Research	11,438	0	14,083	0	0	0	0
Legal	9,657	38,085	40,000	32,960	41,200	42,436	43,709
Media/PR/Communication/Ann Rpt	0	0	775	773	798	822	847
Miscellaneous	26	0	0	1,030	0	0	0
Editor Search	0	0	0	0	0	0	0
TOTAL EXPENSES	**456,183**	**384,157**	**527,796**	**518,116**	**472,463**	**525,226**	**476,117**
Net Income	**423,828**	**427,701**	**354,143**	**329,224**	**367,411**	**286,194**	**308,273**

Budget Assumptions	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
JDR							
Member Print							
Rate	$50	$50	$50	$50	$50	$50	$50
Number of	155	154	154	140	139	125	112
	7,750	7,700	7,700	6,975	6,930	6,237	5,613
Student Subs Print							
Rate	$25	$25	$25	$25	$25	$25	$25
Number of	77	90	90	69	81	73	66
	1,925	2,250	2,250	1,733	2,025	1,823	1,640

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

Joint Publications Budgets

Journal of Dental Research (Table JP1)

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

Revenue

SAGE handles the billing and collection of institutional subscriptions, advertising and most other revenue sources for the Journal .Member and Student subscription revenue is collected by IADR/AADOCR during the membership renewal process and all subscription revenue is then forwarded to SAGE . IADR/AADOCR receives royalty income from SAGE according to the terms of the contract .SAGE also provides an editorial stipend to offset *JDR* editorial service costs .

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

Royalty revenue is expected to decline from 2023 to 2024 due to a Sage systems issue in July which causes a sharp decline in revenue that month .We are closely watching the monthly reports to see if revenues recover for the year .September results show an improvement, with YTD results still below 2023, but better than the 2024 budget .Editorial stipend revenue is in line with the budget .

Expenses

IADR/AADOCR is responsible for paying editorial costs and various management and overhead costs .Expected 2024 expenses are projected to be slightly lower than budget .

Editorial expenses are budgeted to remain unchanged in 2025 as the same agreements will be in place for the editorial staff as in 2024 .

Table JP2. *JDR Clinical & Translational Research*

REVENUE	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Member subs	1,840	2,040	2,040	1,932	2,029	2,130	2,237
Student subs	300	408	408	330	363	399	439
Less: Subscription Rev to SAGE	(2,140)	(2,448)	(2,448)	(2,262)	(2,392)	(2,529)	(2,676)
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	40,000	42,500
Royalty Income	56,969	51,025	51,025	54,121	51,415	48,844	46,402
TOTAL REVENUE	**96,969**	**81,025**	**91,025**	**96,871**	**94,165**	**89,094**	**89,152**
EXPENSES							
Employee salaries	47,768	38,317	50,623	52,853	48,236	55,588	50,460
Employee benefits	12,787	10,346	13,668	14,535	13,265	15,287	13,877
Overhead Allocation	15,210	13,100	17,302	17,070	14,586	15,597	13,329
Merchant Fees	85	40	53	70	74	78	83
Marketing	0	0	0	1,500	1,500	1,500	1,500
Editorial expenses/Ed Board	38,619	29,250	39,000	41,500	41,500	39,000	41,500
Legal	0	0	1,500	1,500	1,500	1,500	1,500
Miscellaneous	0	0	0	500	500	500	500
TOTAL EXPENSES	**114,470**	**91,052**	**122,147**	**129,528**	**121,161**	**129,051**	**122,749**
Net Income	**(17,501)**	**(10,027)**	**(31,122)**	**(32,658)**	**(26,996)**	**(39,957)**	**(33,597)**

Budget Assumptions	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Member Print							
Rate	$20	$20	$20	$20	$20	$20	$20
Number of	92	102	102	97	101	107	112
	1,840	2,040	2,040	1,932	2,029	2,130	2,237
Student Subs Print							
Rate	$12	$12	$12	$12	$12	$12	$12
Number of	25	34	34	28	30	33	37
	300	408	408	330	363	399	439

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 2024, with a supplement published in September 2022 .

Royalty income has exceeded the budgeted estimate most years .The current year estimate assumes the budgeted royalty revenue will be slightly less than budget .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 .

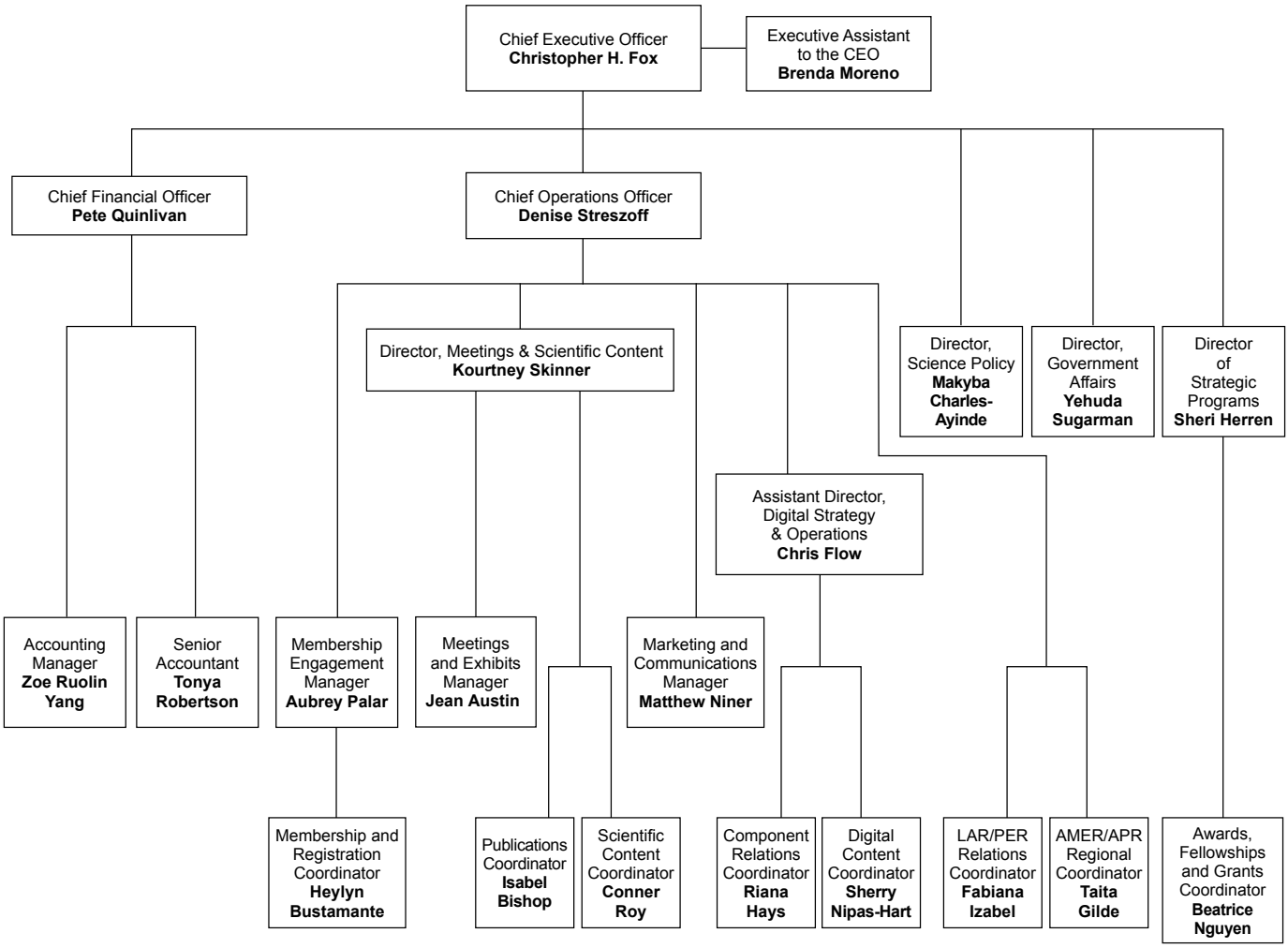
2024 expenses are expected to be slightly less than budget . Future year budgets are planned at similar amounts to the 2024 budget .Editorial expenses are budgeted to remain unchanged in 2025 as the same agreements will be in place for the editorial staff as in 2024 .

Although a deficit is budgeted for the Journal, the deficit amount is less than the amount of staff salaries, benefits, and overhead that would need to be absorbed by other budget departments if this Journal was not published .The Associations are more financially successful with a small *JDR CTR* deficit than without the *JDR CTR* .

Appendix 6 — IADR/AADOCR Global Headquarters Organization Chart

IADR
INTERNATIONAL ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

AADOCR
American Association for Dental, Oral, and Craniofacial Research



As of 1/15/25

Appendix 7 — 2023-24 IADR Board of Directors and Committees

Board of Directors

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

Annual Session Committee

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

Awards Review Committee

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

Constitution Committee

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

Distinguished Scientist Awards Committee

Mutlu Özcan (Wilmer Souder) (CED), Chair
Jamie Cury (H. Trendley Dean) (Brazilian Division)
Nisha D'Silva (Oral Med.&Pathology) (AADOCR)
Alvaro Della Bona (Wilmer Souder) (Brazilian Division)
Anibal Diogenes (Pulp Biology Research) (AADOCR)
Rebecca Harris (BEHSR) (British Division)
Miao He (Chinese Division) (Young Investigator)
Asbjorn Jokstad (Pros. & Implants) (Scandinavian Division)
Hyun (Michel) Koo (Bowen Award/Caries Res.) (AADOCR)
Peter Lockhart (P/T/T Research) (AADOCR)
Mary Marazita (Cranio. Biology) (AADOCR)
Shunsuke Minakuchi (Geriatric Oral Res.) (Japanese Division)
Andrea Mombelli (Res. in Periodontal Research Group Disease) (CED)
Janet Moradian-Oldak (Bio. Mineralization) (AADOCR)
Frank Scannapieco (Research in Oral Bio.) (AADOCR)
Walter Siqueira (Salivary Research) (Candadian Division)
Alastair Sloan (Isaac Schour) (ANZ Division)
Richard Watt (Global Oral Health) (British Division)

Ethics in Dental Research Committee

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

Fellowships Committee

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

Innovation in Oral Care Awards Committee

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

Joseph Lister Award for New Investigators Committee

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

KULZER Travel Award Committee

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

Membership and Recruitment Committee

Sheri Brownstein (2024) (AADOCR), Chair
Marwa Baraka (2026) (Egyptian Section)
Rafael Aiello Bomfim (2025) (Brazilian Division)
Luluh Alammar (2025) (Saudi Arabian Division)
Akhilanand Chaurasia (2025) (Indian Division)
Ravi Teja Chitturi (2025) (ANZ Division)
Adeyinka Dayo (2024) (AADOCR)

Appendix 7 — 2023-24 IADR Board of Directors and Committees *(continued)*

Membership and Recruitment Committee *(continued)*

Guang Hong (2026) (Japanese Division)
Edmond H.N. Pow (2025) (SEA Division)
Abdul Naser Tamim (2026) (UAE Section)
Maria del Carmen Villanueva Vilchis (2025) (Mexican Division)

Nominating Committee

Yan-Fang Ren (2024) (AADOCR), Chair
Alvaro Della Bona (2024) (Brazilian Division)
Pam Den Besten (2024) (AADOCR)
Karl Lyons (2026) (ANZ Division)
Eric Reynolds (2024) (ANZ Division)
Sharanbir K. Sidhu (2025) (British Division)
Gianrico Spagnuolo (2026) (CED)

Regional Development Committee

Deema Ali AlShammery (2024), AMER RBM, (Saudi Arabian Division), Chair
Sebastian Aguayo (2025) (Chilean Division)
Olga Baker (2026), NAR RBM (AADOCR)
Raquel Gallará (2025) (Argentine Division)
Boyen Huang (2026), (AADOCR)
Tamara Peric (2024), (CED)
Marcello Riggio (2025) (CED)
Gabriel Sanchez, (2026), LAR RBM (Argentine Division)
Aldo Squassi (2025) (Argentine Division)
Sharon Tan (2024), (SEA Division)
Nobuhiro Takahashi (2024), APR RBM, (Japanese Division)

Science Information Committee

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

Young Investigator Award Committee

Miao He (2024) (Chinese Division), Chair
Omoigberai Bramioh (2025) (Nigerian Division)
Jonathan Broadbent (2025) (ANZ Division)
Elena Calciolari (2026) (CED)
Dong Mei Deng (2025) (CED)
Toby Hughes (2025) (ANZ Division)
Binnaz Leblebicioglu (2026) (AADOCR)
Vivek Thumbigere Math (2026) (AADOCR)
TBD (2026)

IADR/AADOCR Publications Committee

Eric Reynolds (2024) (ANZ), Chair
Jacques Nör (2024) (AADOCR)
Carmem Pfeifer, AADOCR Rep (2024) (AADOCR)
Jorge Perdigao, AADOCR Rep (2025)
Purnima Kumar, AADOCR Rep (2026) (elected)
Vijay Mathur, IADR Rep (2024) (Indian Division)
Raj Nair, IADR Rep, (2025) (ANZ Division)
Wei Ji, IADR Rep, (2026) (Chinese Division) (appointed by IADR Board)
Nick Jakubovics (2025) (British Division) Editor-in-Chief, *Journal of Dental Research, ex officio*
Ana Paula Colombo, Associate Editor, *Journal of Dental Research* (Brazilian Division), *ex officio*
Gustavo Garlet, Associate Editor, *Journal of Dental Research* (Brazilian Division), *ex officio*
Dana Graves, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*
Jacques Nör, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*
Carmem Pfeifer, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*
Joy Richman, Associate Editor, *Journal of Dental Research* (Canadian Division), *ex officio*
Falk Schwendicke, Associate Editor, *Journal of Dental Research,* (CED), *ex officio*
Jocelyne Feine, Editor-in-Chief, *JDR Clinical & Translational Research* (Canadian Division), *ex officio*
Vanessa Muirhead, Associate Editor, *JDR Clinical & Translational Research* (British Division), *ex officio*
Christopher H. Fox, IADR/AADOCR Chief Executive Officer (AADOCR), *ex officio*

IADR/AADOCR Tellers

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

IADR/AADOCR William J. Gies Award Committee

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

FDI Representative

Christopher H. Fox, Chief Executive Officer

FDI Science Commission Representative

Helen Whelton (Irish Division)

Honorary Membership Committee

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

Appendix 8 — 2023-24 IADR Region/Division/Section Officers

Regions	Region President	President-elect	Regional Board Member	Secretary	Treasurer	Past President	Councilor
Africa/Middle East	Deema Ali AlShammery		Deema Ali AlShammery	Latifa Berrezouga	Ahmed Bhayat		
Asia/Pacific	Ling Ye		Nobuhiro Takahashi	Lijian Jin	Sarbin Ranjitkar	Keiji Moriyama	
Latin American	Gabriel Sanchez		Gabriel Sanchez	Daniel Di Croce	Mariana Picca	María del Carmen López Jordi	
North American			Olga Baker	Christopher Fox	Ana Bedran-Russo		
Pan European	Imad About		Marcello Riggio		Anne Marie Lynge Pedersen	Fionnuala Lundy	
Divisions	**President**	**President-elect**	**Vice President**	**Secretary**	**Treasurer**	**Past President**	**Councilor(s)**
American	Alexandre Vieira	Effie Ioannidou	Jennifer Webster-Cyriaque		Ana Bedran-Russo	Jane Weintraub	Jane Weintraub, Alex Vieira, Effie Ioannidou and Jennifer Webster-Cyriaque
Argentine	Pablo Rodriguez		Angela Argentieri	Maria Cabirta	Luciana D'Eramo	Pablo Rodriguez	Pablo Rodriguez
Australian/New Zealand	Paul Cooper		Alastair Sloan	May Mei	Samuel Bennett	Saso Ivanovski	Loc Do
Brazilian	Valentim Barão		Marcelo Bönecker	Aldiéris Pesqueira, Cinthia Tabchoury		Valentim Barão	Valentim Adelino Ricardo Barão, Marcelo Bonecker
British	Simon Whawell			Paul Anderson	Anousheh Alavi	Rachel Waddington	Paul Anderson, Marcello Riggio
Canadian	Anil Kishen		Leigha Rock	Amir Azarpazhooh		Belinda Nicolau	Mario Brondani, Lina Marin
Chilean	Jaime Díaz-Zúñiga		Samanta Melgar-Rodríguez	Alfredo Jose Sierra-Cristancho	Jearitza Rios Muñoz	Jaime Díaz-Zúñiga	Erik Dreyer
Chinese	Ling Ye	Xinquan Jiang		Hui Zhao	Miao He	Bian Zhuan	Zhengjun Shang, Ling Ye
Colombian	Claudia Garcia Guerrero		Edgar Beltrán	Sara Quijano	David Gutierrez Ramirez	Paula Baldión	Claudia García Guerrero
Continental European	Anton Sculean			Marcio Vivan Cardoso	Imad About	William Papaioannou	Imad About
East & Southern Africa	Margaret Wandera			Mutinta Muchanga			
Indian	Mahesh Verma	Girish Parmar	Deepak Chandrasekharan, Vijay Mathur	Subramoniam Balaji	S .Kishore Kumar	Mahesh Verma	S .M .Balaji
Iranian	Massoud Seifi		Mohammad Behnaz	Atefe Saffar Shahroudi	Mohammad Behnaz	Massoud Seifi	
Iraqi	Faaiz Alhamdani		Maha Abbas	Bahn Agha	Ahmed Sleibi Mustafa	Faaiz Alhamdani	Anwar Tappuni
Irish	Martina Hayes			Lewis Winning	Cristiane da Mata	Martina Hayes	Finbarr Allen
Israeli	Yaron Haviv		Samer Srouji	David Polak	Eyal Rosen	Nir Sterer	Yaron Haviv, Samer Srouji
Japanese	Keiji Moriyama		Mikako Hayashi		Hiroshi Egusa	Seiji Nakamura	Keiji Moriyama, Hiroshi Egusa
Korean	In-Sung Yeo	Youngnim Choi	Hyung-Ryong Kim, Il-Ho Jang, Jeong-Ho Yun	Gehoon Chung, So-Youn An, Ji-Man Park	Jung Sub An, Kyung A Kim	Yong-Ouk You	Yong-Ouk You
Kuwaiti	Abrar Al-Anzi	Adqar Akbar	Dena Ali	Afnan Faridoun	Isra Al Farhan	Fawaz Alzoubi	Fawaz Al Zoubi
Mexican	Laura Acosta-Torres				Maria Villanueva Vilchis	Laura Acosta-Torres	Fátima del Carmen Aguilar Díaz
Nigerian	Omoigberai Bramioh		Oyinkansola Sofola	Olawale Adamson		Omolara Uti	Omolara Uti
Peruvian	Natalia Henostroza Quintans			Eraldo Pesaressi Torres	Lily Zelada Lopez	Natalia Henostroza Quintans	Natalia Henostroza Quintans
Saudi Arabian	Mohammad Al-Harthy		Nada Tashkandi	Faraj Alotaiby	Arwa Daghrery	Mohammad Al-Harthy	Arwa Daghrery
Scandinavian	Vilma Brukiene	Ulle Voog-Oras		Ulvi Gursoy	Nina Sabel	Vilma Brukiene	Ulvi Gürsoy
South African	Manogari Chetty	Shenuka Singh		Suvarna Indermun	Nashreen Behardien	Manogari Chetty	Nashreen Behardien
Southeast Asian	Hoang Trong Hung	Christina Sim		Dao Quang Khai	Armelia Widyarman	May Wong	May Chun Mei Wong
Uruguayan	Ignacio Fernandez		Alejandro Francia	Sylvia Piovesan	Guillermo Grazioli	Ronell Bologna	Guillermo Grazioli
Venezuelan	Maria Gabriela Acosta		Alejandra Garcia-Quintana	Annabella Frattaroli Pericchi	Sonia Feldman	Jose Adolfo Cedeno	Maria Gabriela Acosta
Sections	**President**	**President-elect**	**Vice President**	**Secretary**	**Treasurer**	**Past President**	**Councilor(s)**
Bolivian	Rodrigo Flores Abuna					Willy Bustillos Torrez	Maria Eugenia Silva Loma
Caribbean	Arvind Babu Rajendra Santosh		Ramaa Balkaran	Ana Garcia	Kenia Veras	Arvind Babu Rajendra Santosh	
Costa Rican	Daniel Chavarria-Bolaños		Luis Madriz-Montero	Adrian Gomez-Fernandez	Gisella Rojas	Gina Murillo	Daniel Chavarria
Ecuadorian	Marcelo Villacís			Alicia Martinez			
Egyptian	Mohamed Awad			Hamdi Hamama	Mohamed El-Sheikh	Mohamed Abdelmageed Awad	
Guatemalan	Luis Castillo						
Jordanian	Mohammad AL-Rababah		Esam Alem	Aseel Sharaireh			
Lebanese	Joseph Ghafari			Ramzi Haddad		Joseph G .Ghafari	Anthony Macari
Libyan	Arheiam Arheiam		Khaled Salem	Salema Triana	Nuha Ben Ismael	Arheiam Arheiam	Abdelgader Elhashani
Mongolian							
Pakistani	Khalid Siddiqi			Hafiz Muhammad Owais Nasim	Muhammad Saad Ullah	Khalid Siddiqi	
Palestinian	Elham Kateeb		Naser Khayat	Mayar Danadneh	Naji Arandi		
Panamanian	Luis Vega		Eduardo Sierra	María Cecilia Iriarte Urrutia	Vania Barrow		
Paraguayan						Heriberto Mendieta	Faleh Tamimi
Qatar	Faleh Tamimi		Nebu Philip	Hani Nazzal		Faleh Tamimi	
Russian							
Sudanese							
Tunisian	Latifa Berrezouga			Asma Kassab	Latifa Berrezouga	Latifa Berrezouga	Latifa Berrezouga
United Arab Emirates	Mohamed Jamal	Mohannad Nassar		Abdul Naser Tamim		Ahmad Oueis	Ala Al Atta

Appendix 9 — 2023-24 IADR Group/Network Officers

IADR Group/Network	President	President-elect	Vice President	Secretary/ Treasurer	Councilor	Immediate Past President
Behavioral Epidemiologic and Health Services Research	Tamanna Tiwari	Cameron Randall	Cameron Randall	Dandara Haag	Peter Milgrom	Kimon Divaris
Cariology Research	Lei Mei	Aylin Baysan	Aylin Baysan	Masatoshi Ando	Cinthia Tabchoury	Simone Duarte
Clinical and Translational Science Network	Geelsu Hwang	Mohammad Alkhraisat	Mohammad Alkhraisat	Kassapa Ellepola	Paul Dechow	Mutlu Özcan
Craniofacial Biology	Alexandre Vieira	Takamitsu Maruyama	Takamitsu Maruyama	Chenshuang Li	Lorri Morford	Shankar Rengasamy Venugopalan
Dental Anesthesiology and Special Care Research	Juliana Ramacciato	Caoimhin Mac Giolla Phadraig	Caoimhin Mac Giolla Phadraig	Carilynne Yarascavitch	Caroline Sawicki	Katsuhisa Sunada
Dental Materials	Vinicius Rosa	Josette Camilleri	Josette Camilleri	Alvaro Della Bona	Saulo Geraldeli	Salvatore Sauro
Diagnostic Sciences	Steven R .Singer	Mina Mahdian	Mina Mahdian	Sindhura Anamali	Rutvi Vyas	Satyashankara Aditya Tadinada
Digital Dentistry Network	Todd Schoenbaum	AmirAli ZandiNejad	AmirAli ZandiNejad	Walter Lam	Adriana Carreiro	Ilser Turkyilmaz
Education Research	Michael Botelho	Jonathan San Diego	Jonathan San Diego	Maria Dolce	Man Hung	Tracy de Peralta
e-Oral Health Network	Nicolas Giraudeau	Elham Emami	Elham Emami	Maha El Tantawi	Pascaline Kengne Talla	Mohammed Shorab
Evidence-based Dentistry Network	Shahnavaz Abdul Raheman Khijmatgar	Malavika Tampi	Malavika Tampi	Fang Hua	Bana Abdulmohsen	Analia Keenan
Geriatric Oral Research	Alain Berard	Xi Chen	Xi Chen	Katherine Leung	Roberto Carlos Castrejón-Pérez	Linda Slack-Smith
Global Oral Health Inequalities Research Network	Manu Raj Mathur	Kristina Wanyonyi	Kristina Wanyonyi	Ankur Singh	Vijay Mathur	Jennifer Gallagher
Implantology	Alireza Moshaverinia	Sukirth Ganesan	Sukirth Ganesan	Conrado Aparicio	Quan Yuan	Georgios Kotsakis
Intl Network for Orofacial Pain and Related Disorders Methodology (INfORM)	Donald Nixdorf	Rosaria Bucci	Rosaria Bucci	Anna Lövgren	Yoshihiro Tsukiyama	Birgitta Haggman-Henrikson
Lasers and Bio-photonics Group	Georgios Romanos	Praveen Arany	Praveen Arany	Kinga Grzech-Lesniak	Georgios Romanos	Sonia Regina Bordin-Aykroyd
Microbiology/Immunology	Anna Dongari-Bagtzoglou	Nagihan Bostanci	Nagihan Bostanci	Eric Krukonis	Gill Diamond	Jennifer Kerr
Mineralized Tissue	Alvaro Mata	Sophia Houari	Sophia Houari	Karina Carneiro	Hongli Sun	Stefan Habelitz
Minimally Invasive Dentistry Network	Sibel Antonson	Junji Tagami	Junji Tagami	Saroash Shahid	Athena Papas	Aylin Baysan
Network for Practice-based Research				Pathik Mehta	Richard Wierichs	Richard Wierichs
Neuroscience	Yoshizo Matsuka	Nikolaos Christidis	Nikolaos Christidis	Takashi Iida	Iacopo Cioffi	Nikolaos Giannakopoulos
Nutrition Research	Karen Glazer de Anselmo Peres	Domenico Dalessandri	Domenico Dalessandri	Domenico Dalessandri	Ana Wintergerst	Corrado Paganelli
Oral & Maxillofacial Surgery	James C Melville	Rahaf Aljodaie	Rahaf Aljodaie	Chi Viet	Kyle Vining	Simon Young
Oral Health Research	Lamis Mohammed Arafa Abuhaloob	Ann Spolarich	Ann Spolarich	Kimberly Milleman	Patricia Lenton	Alyson Axe
Oral Medicine & Pathology	Camile S .Farah	Faizan Alawi	Faizan Alawi	Diana Messadi	Kamran Awan	Saman Warnakulasuriya
Orthodontics Research	Jeanne M .Nervina	Marcos Giovanetti	Marcos Giovanetti	Chinapa Sangsuwon	Maria Cadenas de Llano Pérula	Conchita Martin
Pediatric Oral Health Research	Duangporn Duangthip	Kavita Mathu-Muju	Kavita Mathu-Muju	Mihiri Silva	Teng Naichia	Martha Ann Keels
Periodontal Research	Purnima S Kumar	Liran Levin	Liran Levin	Andreas Stavropoulos	Hatice Hasturk	Philippe Bouchard
Pharmacology/Therapeutics/ Toxicology	Johnah Galicia	Prashant Bhasin	Prashant Bhasin	Sonali Sharma	Jennifer Gibbs	Edward Lynch
Prosthodontics	Edmond H N .Pow	Mijin Choi	Mijin Choi	David Bartlett	Wedad Hammoudi	Kenneth Kurtz
Pulp Biology & Regeneration	Hal Fergus Duncan	Marco Bottino	Marco Bottino	Nadia Chugal	Ashraf Fouad	Bruno Cavalcanti
Salivary Research	Simon D .Tran	Debora Heller	Debora Heller	Kihoon Nam	Xinyun Su	Michael Passineau
Stem Cell Biology	Jacques Eduardo Nör	Gianrico Spagnuolo	Gianrico Spagnuolo	Barbara Zavan	Marina Miteva	Brad Amendt
Student Training and Research (STAR) Network	Tanner Cole Godfrey	Meilinn Tram	Meilinn Tram	Tanner Godfrey	Ana Bedran-Russo	Tanner Godfrey
Women in Science Network	Ariadne Machado Goncalves Letra	Patricia Miguez	Patricia Miguez	Mangala Patel	Effie Ioannidou	Grace De Souza

Appendix 10 — Past Presidents of the IADR

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

Appendix 11 — Past Treasurers of the IADR

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

Appendix 12 — Candidates for Vice-president of the IADR

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

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

1927 Russell W .Bunting
1928 F V .Simonton
1929 Albert E .Webster
1930 Russell W .Bunting
1931 Edward H .Hatton
1932 Joseph L T .Appleton, Jr .
1933 Theodore B .Beust
1934 William G .Skillen
1935 Paul C .Kitchin
1936 Thomas J .Hill
1937 Rudolf Kronfeld
1938 Rudolf Kronfeld
1939 Wilmer Souder
1940 Charles F .Bodecker
1941 Philip Jay
1942 H .Trendley Dean
1943 Wallace D .Armstrong
1944 Samuel W .Chase
1945 Harold C .Hodge
1946 Allan G .Brodie
1947 J .Roy Blayney
1948 Basil G .Bibby
1949 Leonard S .Fosdick
1950 Maynard K .Hine
1951 Francis A .Arnold, Jr .
1952 George C .Paffenbarger
1953 Paul E .Boyle
1954 Joseph F .Volker
1955 Reidar F .Sognnaes
1956 Ned B .Williams
1957 Hamilton B G .Robinson
1958 Holmes T .Knighton
1959 James A .English
1960 Seymour J .Kreshover
1961 Dan Y .Burrill
1962 Martin A .Rushton
1963 Barnet M .Levy
1964 Richard S .Manly
1965 Floyd Peyton, Ralph W .Phillips*
1966 John B .Macdonald*, Helmut A .Zander
1967 S Y .Ericsson, H R .Mühlemann, J J .Pindborg
1968 Gordon H .Rovelstad
1969 Finn Brudevold, Frank J .Orland*
1970 E B .Jump, Gunnar Ryge*, I .Zipkin
1971 Mogens Skougaard*, Robert M .Frank
1972 James K .Avery*, Alvin L .Morris
1973 R C .Caldwell, David B .Scott* (NB: R C . Greulich was nominated to replace Dr .Caldwell, who died before the election occurred)
1974 Harold M .Fullmer*, Paul Goldhaber, Hans R .Mühlemann
1975 George S .Beagrie*, C .Howard Tonge
1976 Finn Brudevold*, Bo Krasse, Leo M .Sreebny
1977 Robert M .Frank, Marie U .Nylen, Harald A .Löe*
1978 Bo Krasse, Yojiro Kawamura, Klaus König, John A .Gray (by petition)*
1979 Marie Nylen*, Mervyn Shear, I R H .Kramer
1980 Robert Frank, Antony Melcher*, Knut Selvig
1981 Lois Cohen, Erling Johansen, Robert Frank*
1982 Peter C .Reade, A .Richard Ten Cate*, Stanley P .Hazen
1983 Joop Arends, Paul Goldhaber*, Yojiro Kawamura
1984 J E .Eastoe, Klaus König, Ivar A .Mjör*
1985 Joop Arends, Ronald J .Gibbons, Roy C . Page*
1986 William D .McHugh*, Johannes van Houte, Yair Sharav
1987 Ernest Newbrun*, Dennis C .Smith, Peter C .Reade
1988 Jukka Ainamo, William H .Bowen*, Lois K .Cohen
1989 Robert J .Genco*, Niklaus P .Lang, David K .Mason
1990 Per-Olof Glantz, John C .Greene*, Barry J .Sessle
1991 Stephen H Y .Wei*, Jason M .Tanzer, Daniel van Steenberghe
1992 Niklaus P .Lang, Gunnar Rølla, Barry J . Sessle*
1993 Thorild Ericson, Denis O'Mullane, Richard R .Ranney*
1994 John S .Greenspan*, Ichiro Takazoe, Thomas E .Van Dyke
1995 Per-Olof Glantz*, Ian Hamilton, Martin A .Taubman
1996 David Ferguson, Anders Linde, Mamoru Sakuda*
1997 Peter Cleaton-Jones, Gottfried Schmalz, Sally Marshall*
1998 Marjorie Jeffcoat*, Graham Embery, Maria Fidela de Lima Navarro
1999 Graham Embery*, Harold Sgan-Cohen, Angela Pack
2000 John Clarkson*, Michel Goldberg, Matti Närhi
2001 Stephen Challacombe*, John Keller, Prathip Phantumvanit
2002 Michel Goldberg, Paul Robertson*, Chooi Gait Toh
2003 Deborah Greenspan, Takayuki Kuroda*, Mariano Sanz
2004 Stephen Bayne*, Hector Lanfranchi, David Williams
2005 Deborah Greenspan*, Peter Holbrook, Lakshman Samaranayake
2006 John Stamm, J M ."Bob" ten Cate*, Chooi Gait Toh
2007 Susan Reisine, David M .Williams*, Edwin Yen
2008 P .Mark Bartold, Maria Fidela de Lima Navarro*, Katsuji Okuda
2009 Francois A .de Wet, E .Dianne Rekow*, Gregory J .Seymour
2010 Mary MacDougall*, Jukka Meurman, Lakshman Samaranayake
2011 Gregory Seymour, Helen Whelton*, Edwin Hsun-Kao Yen
2012 Yoshimitsu Abiko*, Paul Brandt, Angus William Gilmour Walls
2013 Ana Maria Acevedo, Marc Heft*, Mariano Sanz
2014 Noemi Bordoni, Grayson (Bill) Marshall, Jukka Meurman*
2015 Mina Mina, Pasutha Thuyakitpisal, Angus Walls*
2016 Rena N .D'Souza*, Edward C M .Lo, Harold D .Sgan-Cohen
2017 Paula Moynihan*, Giuseppe A .Romito, Xue-Dong Zhou
2018 Pamela Den Besten*, Edward C M .Lo, Giuseppe A .Romito
2019 Noor Hayaty Abu Kasim, Byung-Moo Min, Eric C .Reynolds*
2020 Sibel A .Antonson, Finbarr Allen, Brian O'Connell*
2021 Om Prakash Kharbanda, Ophir Klein*, Alvaro Della Bona
2022 Satoshi Imazato*, Gabriel Sánchez, Gottfried Schmalz
2023 Yijin Ren, Pamela Yelick*, Bian Zhuan
2024 Jennifer Gallagher*, Mark Herzberg, Marco Peres
2025 Raul Garcia*, Mutlu Ozcan, Alistair Sloan

Appendix 13 — Honorary Members of the IADR

Harold Hillenbrand, 1958, 1969
John C .Fogarty, 1965
Roger O .Egeberg, 1970
Sir Gordon E W .Wolstenholme, 1984
Kees Kranenburg, 1986
Julius B .Richmond, 1987
Charles P .Leblond, 1988
Pierre Bois, 1988
Adrian Cowan, 1989
Jesús Kumáte Rodríguez, 1991
Rt .Hon .The Lord (John) Butterfield of Stetchford, 1992
Frank E .Young, 1993
Hans Jakob Wespi, 1994
Basil G .Bibby, 1996
Per-Ingvar Brånemark, 1998
Tadamitsu Kishimoto, 2001
David Ramsay, 2005
Robert V .Blanden, 2006
Jiri Mestecky, 2007
Cyril Frank, 2008
Anthony Fauci, 2009
Harald zur Hausen, 2010
Michael Marmot, 2011
José Gomes Temporão, 2012
Johan Smit, 2014
Vandelei Salvador Bagnato, 2015
Mark Walport, 2016
Dame Sally Davies, 2018
Peter Cooney, 2019
Kathryn Kell, 2020
Christopher Murray, 2021
Adrian Krainer, 2023
Lindsey Criswell, 2024

Appendix 14 — IADR Distinguished Lecture Series Speakers

Year	Meeting	Location	Speaker	Topic
2024	IADR/ AADOCR/ CADR	New Orleans, USA	Paul Whelton	Prevention, Control and Treatment of High Blood Pressure: The Way Forward
			Barbara Burtness	Overcoming Treatment Resistance in Head and Neck Squamous Cancer
			Jukka Jernvall	Nature Read in Tooth: What Evolution Tells Us About Dental Variation
2023	IADR/LAR	Bogota, Colombia	Derk Joester	From Nanoscale Chemical Tomography to Prediction of Macroscopic Properties: A Vision for Enamel Research
			Alexis M .Kalergis	Immunology and Immunotherapy: Impairment of Immunological and Neurological Synapses as Virulence Mechanisms of Respiratory Illnesses
2022	IADR/APR	Chengdu, China (Virtual)	Yigong Shi	Basic Research and Healthcare Industry in China and Beyond
2021	IADR/ AADOCR/ CADR	Virtual Experience	Marie A .Bernard	NIH's Scientific Approach to Inclusive Excellence
			Joseph M .DeSimone	Digital Transformation in Manufacturing to Improve Oral Health
			Kate Pickett	Inequality Bites: Structural Causes of Inequalities in Wellbeing
2020	IADR/ AADOCR/ CADR	*Canceled*	Eric Green	The Human Genome Project Was Just the Beginning: Research Opportunities at 'The Forefront of Genomics'
			Otis W .Brawley	Cancer Control in the 21st Century
			Janine Austin Clayton	Sex and Gender Influences Across the Biomedical and Dental Research Continuum: A Value Added Proposition
2019	IADR/ AADOCR	Vancouver, Canada	Lee Hood	21st Century Medicine is Transforming Healthcare
			Carrie Bourassa	Noojimo Mikana (A Healing Path): Research as Reconciliation
			Gary Kobinger	Innovative Methods of Vaccination in the Context of Infectious Disease Outbreaks
2018	IADR	London, UK	Jens Juul Holst	The Gut – Its Role in the Development of Obesity and Diabetes
			Peter S .Ungar	Evolution's Bite: Using Teeth to Reconstruct Diets of Ancient Ancestors
2017	IADR/ AADOCR	San Francisco, USA	Steven Chu	Climate Change, Energy and a Sustainable, Low Cost Path Forward
			Joseph DeRisi	Genomics and Infectious Disease
			Enola Proctor	Implementation Science: The Path From Research to High Quality Care
2016	IADR	Seoul, Republic of Korea	Pekka Puska	Health in All Policies – Key for Prevention of Noncommunicable Diseases
			Eunjoon Kim	Synaptic Brain Dysfunction
			Taeghwan Hyeon	Designed Chemical Synthesis and Assembly of Uniform-sized Nanoparticles for Medical Application
2015	IADR/ AADOCR	Boston, USA	Peter Libby	Inflammation in Atherogenesis: A Translational Tale
			Karen Wynn	Looking for the Origins of Human Morality: Evidence From the Scientific Study of Babies
			David J .Mooney	Biomaterial-based, Therapeutic Cancer Vaccines
2014	IADR	Cape Town, South Africa	Helena Cronin	Sex at Work: The Truth About Male-Femal Differences
			Arturo Zychlinsky	NETs: From Infection to Autoimmunity
			Usuf M E .Chikte	Overcoming the Disciplinary Divides: Tackling Complexity With a Transdisciplinary Prism
2013	IADR/ AADOCR	Seattle, USA	Takashi Tsuji	Tooth Regenerative Therapy as a Future Dental Treatment
			Nancy Maizels	Our Unstable Genomes: Implications for Cancer, Applications to Gene Therapy
			Thomas Kirkwood	Population Aging and Its Impacts on Health
2012	IADR	Iguaçu Falls, Brazil	Mari Cleide Sogayar	Generation of Cell Lines Overproducing Bone Morphogenetic Proteins
			Karen E .Nelson	The Study of the Human Microbiome
2011	IADR/ AADOCR	San Diego, USA	Lynne-Marie Postovit	Development Undone: Causes and Consequences of Tumor Cell Plasticity
			Bruce Beutler	Sensing Microbes
			Nobutaka Hirokawa	Intracellular Transport and Kinesin Superfamily Molecular Motors (KIFs): Key Regulators for Neuronal Function, Development and Tumorigenesis
2010	IADR	Barcelona, Spain	Francisco Fernández	Avilés – Stem Cells in Cardiovascular Therapy
			Thomas Lehner	The Contribution of Oral Immunology to Our Understanding of Dental and Oral Diseases
			Harald zur Hausen	Infectious Causes of Human Cancers

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

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

Appendix 15 — Non-officer IADR Board Members

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

1959-60 Ralph L .Ireland (North American), Howard J .Merkeley (North American)
1960-61 Genevieve Roth (North American), Lucien A .Bavetta (North American)
1961-62 Clifton O .Dummett (North American), Ralph L .Ireland (North American)
1962-63 Josse de Wever, Clifton O .Dummett (North American)
1963-64 C R .Castaldi, C D .Mohammed
1964-65 Clifton O .Dummett (North American), John B .Macdonald (North American)
1965-66 Otto Backer-Dirks (CED), Louis Baume (CED)
1966-67 Wayne Wantland, Doran Zinner (North American)
1967-68 S .Wah Leung, Clifton O .Dummett (North American)
1968-69 Wayne Wantland, Doran Zinner (North American)
1969-70 Wayne Wantland, Doran Zinner (North American)
1970-71 Wayne Wantland, Doran Zinner (North American)
1971-72 K J .Paynter, T E .Bolden (North American)
1972-73 K J .Paynter, T E .Bolden (AADOCR)
1973-74 Israel T .Kleinberg (AADOCR), Doran D .Zinner (AADOCR)
1974-75 Hans R .Mühlemann (CED), S B .Finn
1975-76 Ivor R H .Kramer (British), Howard M .Myers (AADOCR)
1976-77 Howard M .Myers (AADOCR), Mogens R .Skougaard (ScADR)
1977-78 Lois K .Cohen (AADOCR), Ole Fejerskov (ScADR)
1978-79 William Bowen (AADOCR), Peter C .Reade (ANZ)
1979-80 J D .DeStoppelaar (CED), Yojiro Kawamura (JADR)
1980-81 Yojiro Kawamura (JADR), Ole Fejerskov (ScADR)
1981-82 Declan Anderson (British), Joop Arends (CED)
1982-83 David A S .Parker (ANZ), Jukka Ainamo (ScADR)
1983-84 Roy Page (AADOCR), Hector Orams (ANZ)
1984-85 Robert Genco (AADOCR), Dan Deutsch (Israeli)
1985-86 Dan Deutsch (Israeli), Joop Arends (CED)
1986-87 Joop Arends (CED), Fujio Miura (JADR)
1987-88 Fujio Miura (JADR), John Clarkson (Irish)
1988-89 John Clarkson (Irish), Arto Demirjian (CADR)
1989-90 Martin Taubman (AADOCR), Satoshi Sasaki (JADR)
1990-91 Satoshi Sasaki (JADR), Luis Del Castillo Carillo (Mexican)
1991-92 Kenneth Stephen (British), Joop Arends (CED), Yung-Soo Kim (Korean)
1992-93 Joop Arends (CED), Yung-Soo Kim (Korean), Knut A .Selvig (ScADR)
1993-94 Knut A .Selvig (ScADR), Teo Choo Soo (Southeast Asian), William G .Young (ANZ)
1994-95 Teo Choo Soo (Southeast Asian), William G .Young (ANZ), At J .Ligthelm (South African)
1995-96 William G .Young (ANZ), At J .Ligthelm (South African), Maria Fidela de Lima Navarro (Brazilian)
1996-97 At J .Ligthelm (South African), Maria Fidela de Lima Navarro (Brazilian), Michel Goldberg (CED)
1997-98 Maria Fidela de Lima Navarro (Brazilian), Michel Goldberg (CED), W M .Edgar (British)
1998-99 W M .Edgar (British), Teo Choo Soo (Southeast Asian), Takayuki Kuroda (Japanese)
1999-2000 W M .Edgar (British), Teo Choo Soo (Southeast Asian), Takayuki Kuroda (Japanese)
2000-01 Takayuki Kuroda (Japanese), Teo Choo Soo (Southeast Asian), Susan Reisine (American)
2001-02 Susan Reisine (American), Gunnar Bergenholtz (Scandinavian), Hector Lanfranchi (Argentine)
2002-03 Susan Reisine (American), Gunnar Bergenholtz (Scandinavian), Hector Lanfranchi (Argentine)
2003-04 Susan Reisine (American), Hector Lanfranchi (Argentine), Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific)
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)
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)
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)
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)
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)
2009-10 Paul Brandt (Africa/Middle East), Jukka Meurman (European), Ana Maria Acevedo (Latin America), Brian Clarkson (North America), Wendell Evans (Asia Pacific)
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)
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)
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)
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)
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)
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)
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)
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)
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)
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)
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)
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)
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)
2023-24 Deema Ali AlShammery (Africa/Middle East), Nobuhiro Takahashi (Asia/Pacific), Gabriel Sanchez (Latin American), Olga Baker (North American), Marcello Riggio (Pan European), Richard John Miron (Young Investigator Representative), Fatemeh Momen-Heravi (Young Investigator Representative)
2024-25 Sadika Khan (Africa/Middle East), Yon-Ouk You (Asia/Pacific), Gabriel Sanchez (Latin American), Olga Baker (North American), Marcello Riggio (Pan European), Gustavo Nascimento (Young Investigator Representative), Fatemeh Momen-Heravi (Young Investigator Representative)

Appendix 16 — IADR Policy Statements

COMMUNITY WATER FLUORIDATION

Position statement

The International Association for Dental Research (IADR) supports community water fluoridation as a safe and effective, evidence-based intervention for the prevention of dental caries .This public health measure has a high benefit/cost ratio and benefits deprived communities the most thus reducing health inequalities .While fluoride occurs naturally in water, levels vary depending on regions and sources of water . Fluoridation is the controlled addition of a precise amount of fluoride to community water systems to the level beneficial for dental health, without systemic health side-effects .The practice of adding fluoride to community water supplies began after Dr .H .Trendley Dean observed a dose response relationship between naturally occurring fluoride levels in water with dental fluorosis and caries in his famous 21-city study[1] .Community water fluoridation began in Grand Rapids, Michigan, USA in 1945 and reached 63 4% of the United States population in 2018[2] .Globally, over 400 million people in 25 countries have access to community water fluoridation[3] . The 75-year history of community water fluoridation as a public health measure has been summarised in an IADR Centenary Review[4] .

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

An adequate continuous exposure to fluoride provides significant protection from dental caries[16,17] .Community water fluoridation is the simplest way to maintain a constant low dose of fluoride in the oral cavity, through drinking fluoridated water or ingesting meals prepared with fluoridated water[18,19] .Numerous recent systematic reviews have found that water fluoridation is associated with a significant decrease in dental caries, mostly in children[20,21,22,23,24] .In the early 2000s, a review by the US Community Preventive Services Task Force (CPSTF), found that starting water fluoridation decreased caries in children aged 4-17 by 30-50% and that stopping water fluoridation increased caries by 18%[24] .Those results were confirmed by other systematic reviews conducted in the 2000s by UK Medical Research Council (MRC) and Australia National Health and Medical Research Council (NHMRC)[22,25] .A recent systematic review of 20 studies by the Cochrane Collaboration, showed that water fluoridation decreased dental caries in both primary and permanent teeth of children and increased the number of children free of decay in primary and permanent teeth, despite concerns about quality of the available evidence[21], as well as methods used in the review[26] .A review by NHMRC 'found that water fluoridation reduces tooth decay by 26-44% in children, teenagers and adults'[23] .

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

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

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

Dental fluorosis resulting in tooth discoloration is the only known adverse health effect of water fluoridation[39] .Teeth are only at risk of fluorosis until about age 8 during enamel formation[40] .The World Health Organization (WHO) recommends a concentration of 0 5 to 1 5 mg/L of fluoride to achieve caries prevention while minimizing the risk of dental fluorosis .This concentration varies depending on climate, local environment, and other sources of fluoride . Countries have decided on the concentration of water fluoride appropriate for their context .While people who drink from fluoridated water sources are at greater risk of dental fluorosis, most people who drink fluoridated water do

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

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

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

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

Author contributions

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

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(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 studies5,9,10,32 and translates into a number of systematic reviews of clinical studies investigating the anticaries effectiveness of different methods of fluoride use .

Fluoride used at the individual level

Rationale, mechanism of action and evidence

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

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

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

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

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

Safety

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

Aside from the safety of over the counter fluoride products in terms of acute toxicity, dental fluorosis may develop as a result of the inadvertent ingestion of fluoride toothpaste during the time teeth are mineralizing .Dental fluorosis associated with fluoride toothpaste use, even when it is combined with exposure to fluoridated water, has been shown to be mild to very mild[37]; mild and very mild fluorosis do not negatively affect the quality of life of the affected[3,26] .Considering the anticaries benefits of fluoride, the impact of early childhood caries on children's health and well-being, and the degree of dental fluorosis associated with its use, fluoride toothpastes should be recommended to children of all ages .To minimize the dose of exposure to fluoride, reduced amounts of toothpaste have been recommended by professional organizations for brushing teeth of young children considering their reduce body weight (e g .approximately 0 1 g, or a grain of rice for children younger than 3, approximately 0 3 g, or a pea-sized amount for children between 3 and 6 years of age)[1,2,29] .

Professionally applied fluoride

Rationale, mechanism of action and evidence

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

a brush and are supposed to adhere to the teeth) .At these higher concentrations, the amount of fluoride reaction with the tooth structure is high, forming fluoride-releasing reservoirs on the surface of teeth or within early caries lesions .Therefore, in between the long interval for their re-application, these reservoirs will release fluoride ions to interfere with the caries process .Another type of professional fluoride product is silver diamine fluoride (SDF), which contains fluoride at very high concentration (e g .45,200 ppm F) and is used to arrest cavitated coronal and root caries lesions .Although the mechanism of action of SDF on the arrestment of dentin lesions is not clear, a combination of effects of the silver (254,000 ppm) and fluoride components at alkaline pH (8 0-10 0) seems to be important for the anticaries effect[22] .

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

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

Safety

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

Summary

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

1 . Fluoride toothpastes (1,000-1,500 ppm fluoride concentration) should be used twice per day by all individuals as an effective way to control caries in conjunction with daily oral hygiene; all efforts should be taken to make toothpaste with an adequate fluoride concentration universally affordable and accessible .

2 . Fluoride toothpastes are used by children starting with the eruption of their first teeth, in reduced amounts until the age 6 to minimize the risk for dental fluorosis;

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

Author contributions

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

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SUGAR-SWEETENED BEVERAGES

Policy statement

The International Association for Dental Research (IADR) and the American Association for Dental, Oral, and Craniofacial Research (AADOCR) support avoiding consumption of sugar-sweetened beverages (SSBs) in order to reduce intake of free sugars, which are added sugars and sugars in 100% juices, to decrease the prevalence of dental caries (or tooth decay) and other non-communicable diseases (NCDs) such as obesity, type 2 diabetes and cardiovascular disease .According to the Global Burden of Disease 2015 Study, untreated dental caries in permanent teeth is the most common global health condition, affecting 2 5 billion individuals .Untreated dental caries in primary (deciduous or "baby") teeth ranked 10th among most common global conditions, while tooth loss ranked 36th .Global dental expenditures reached nearly 300 billion US dollars, and the cost of untreated dental caries in both primary and permanent teeth due to lost productivity exceeded 27 billion US dollars . Due to their high health and economic burdens, steps must be taken to prevent all dental diseases, including dental caries . Both IADR and AADOCR have established healthy meetings policies that exclude the use of IADR and AADOCR funds to purchase SSBs .Both IADR and AADOCR have changed their investment policies to screen for exclusion of SSB companies to align the Associations' investments with their missions of driving dental, oral and craniofacial research for health and well-being worldwide .IADR and AADOCR recommend avoiding SSB consumption especially during the first two years of life in favor of water after a period of exclusive breastfeeding due to the risk of early childhood caries and throughout the life course; urge governments to implement evidence-based policies that reduce consumption of SSBs and encourage cooperation among oral and general civil societies to produce evidence, policies and guidelines on SSBs and health outcomes .IADR and AADOCR also support addressing research gaps on interventions to reduce SSB consumption and to strengthen understanding of the role of SSB consumption in the development of other NCDs .

Position statement

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

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

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

The causative role of sugars in the development of dental caries is well-established by biological and epidemiologic data, including systematic review .Dental caries is the destruction of the dental hard tissues often leading to pain, infection or tooth loss and contributes to missed school or work and to limited social interaction .Caries-related bacteria are part of a complex community of naturally-occurring microorganisms that reside in the mouth [12] A high amount and frequency of sugars consumption causes dysbiosis—a shift away from a healthy balance of microorganisms—and makes the microorganisms that live and grow on the surface of the teeth more likely to cause caries .These microorganisms metabolize sugars, resulting in acid production, which will be responsible for the enamel demineralization, which, if not controlled, will ultimately result in caries [13] Streptococcus mutans, abbreviated S .mutans, is one of the most studied and well-understood caries-related bacteria [14] In addition to metabolizing sugars resulting in acid production, S .mutans produces and releases enzymes called glucosyltransferases, which metabolize sucrose to produce molecules called polysaccharides .Polysaccharides facilitate adhesion of the bacteria to the tooth surface and to one another and create localized acidic areas on the dental surface resulting in tooth demineralization, which over time leads to the development of caries [15] Furthermore, carbonated drinks and other types of SSBs are acidic and can cause enamel and dentin demineralization and destruction by their extrinsic application to susceptible tooth surfaces in a process called dental erosion [16]

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

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

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

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

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

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

(adopted 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 [1] Dental amalgam is less expensive[2] 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 [3] 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 [2, 4-6]

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 [7] 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 [8] 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 [9]

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 [9] 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 [10] The U S .

Environmental Protection Agency (EPA) derived a similar risk estimate of 6 micrograms per day [1; 2]

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 [8, 10] Urine levels of mercury increase by approximately 1-2 units in adults for every 10 amalgam fillings placed [2] Furthermore, the amount of mercury released from amalgam fillings decreases over time [13-15]

[2] 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 [9,10] Patients who had their amalgam fillings removed did not experience a meaningful decrease in blood mercury levels even years after the removal [8] 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 [9, 16]

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;[13] 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 [8, 9]

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 [15, 17] 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 [5, 6, 15] 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 [17] 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;[18,19] no statistically significant association between maternal amalgam restorations and stillbirth after accounting for maternal parameters such as age and smoking, among others;[20] higher maternal and cord blood in mothers with amalgam restorations but no difference in birth weight, length or head circumference;[21] and no increased risk of child mortality or neurological disorders of the sons of female dental staff [22, 23]

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") [9]

It is, however, well recognized that amalgam should not been used in patients with a verified contact allergy to amalgam or its components [24] 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 [8, 9] In addition there is a preference for placing tooth-colored materials over dental amalgam [25] 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 [26, 27] 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 [8] 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 [28] 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 [29, 30] 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 [29] 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,[7] 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, [31] and the second found that people with dental amalgam fillings had a greater risk of having Parkinson's Disease .[32] 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 .[32]

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

Mercury and the Environment – the Minamata Convention

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

Conclusions

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

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

(adopted June 2019)

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THE USE OF TOBACCO

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

(adopted June 27, 2000)

GLOBAL GOALS FOR ORAL HEALTH

(Joint FDI – WHO – IADR Statement)

Rationale

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

Evidence

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

Future Research

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

Public Health Significance

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

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

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

Goals

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

Objectives

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

Targets

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

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

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

Submitted by: FDI Science Commission

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

(adopted 2003)

IADR PROFESSIONAL CONDUCT AT MEETINGS POLICY

1. Purpose

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

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

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

2. Expected Behavior

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

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

3. Unacceptable Behavior

Unacceptable behaviors include:

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

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

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

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

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

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

4. Consequences of Unacceptable Behavior

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

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

5. If You Are Subject to or Witness Unacceptable Behavior

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

All reports are confidential .

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

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

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

6. Addressing Grievances

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

(revised March 2021)

HEALTHY MEETINGS POLICY

1. Purpose

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

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

2. IADR Healthy Meeting Policy Overview

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

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

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

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

a . SUGAR-SWEETENED BEVERAGE POLICY

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

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

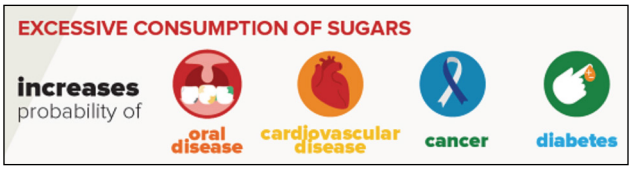


Image Source: FDI World Dental Federation

Implementation:

i . Sugar-sweetened beverages will not be purchased by AADOCR for meetings, including AADOCR-funded events, such as receptions and luncheons .

ii . Fluoridated water will be served at all water stations throughout AADOCR meetings .

iii . AADOCR will ensure that low-fat and non-fat milk are served with coffee and tea in addition to half and half .

b . GENERAL FOOD POLICY

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

Implementation:

i . AADOCR will offer fruits and/or vegetables every time food is served .

ii . AADOCR will place healthier foods and beverages in prominent positions, where they are more likely to be seen and chosen .

iii . AADOCR will provide vegetarian, gluten free and vegan meal options .

iv . AADOCR will not serve candy or have candy readily available for attendees at its meetings .

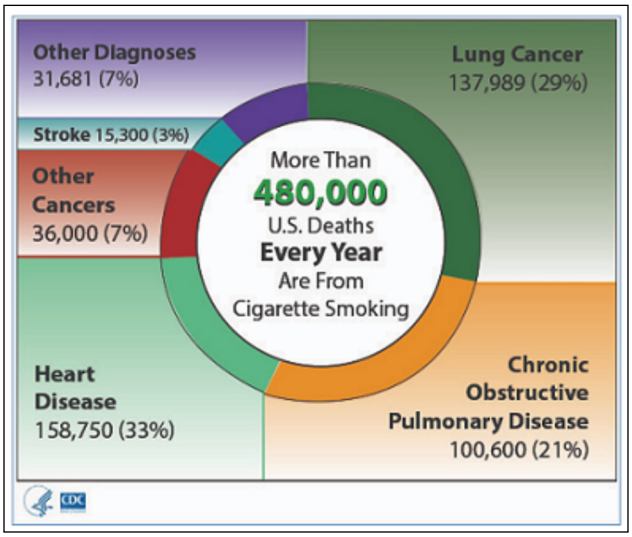
v . When possible, AADOCR will offer reasonable portion sizes and/or limit dessert sizes .

vi . AADOCR will attempt to offer lower-sodium options, when available .

vii . AADOCR will offer whole grain options .

c . SMOKING POLICY

Smoking and inhaling secondhand smoke are hazardous to individuals' health .In addition to the role that smoking and secondhand smoke inhalation play in causing cardiovascular disease and lung cancer, cigarettes and chewing tobacco are also harmful to oral health, resulting in negative possible impacts, such as gum disease and oral cancer .Similarly, vaping, the act of inhaling and exhaling the aerosol produced by e-cigarettes or similar devices, is still being evaluated for health risks, though a growing body of evidence indicates that the chemicals may be dangerous .



Implementation:

i . AADOCR Annual Meetings and other AADOCR-funded events are all designated as tobacco-free, non-smoking (including tobacco cigarettes and e-cigarettes) events .AADOCR will make every effort to ensure that all meeting spaces and AADOCR event-associated venues are smoke-free .

ii . AADOCR will host conferences in cities with comprehensive smoke-free policies that include restaurants and bars .

d . FITNESS AND WELLNESS POLICY

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

Implementation:

i . regular exercise routines as well as to move regularly throughout the day, including within the meeting space by standing, stretching, etc .

ii . AADOCR will encourage panelists to periodically break up sitting time .

e . REDUCING DISEASE TRANSMISSION

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

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

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

Implementation:

i . AADOCR will ensure alcohol-based hand sanitizer containing at least 60% alcohol is available at AADOCR meetings and events .

ii . AADOCR will confirm all meeting and event venues have clean handwashing facilities .

iii . AADOCR will provide tissue at meetings and events that participants can take, as needed .

iv . AADOCR will place reminders about the importance of hygienic practices throughout its meeting and event venues .

v . **Health and Safety Protocols – NEW for 2022**

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

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

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

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

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

f . SUSTAINABILITY POLICY

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

AADOCR would like to move toward more sustainable "green" practices that will reduce waste and implement reuse and recycling techniques .This change will be gradually introduced over time, since members expect to receive materials like the AADOCR Annual Meeting program book in hard copy .

Implementation:

i . AADOCR will have recycling bins available for meeting attendees and staff at all times .

ii . AADOCR will reduce waste and packaging whenever possible .

iii . AADOCR will make handouts available online in an attempt to reduce paper consumption .

(revised April 2020)

ORAL DISEASES AS NONCOMMUNICABLE DISEASES (NCDS) AND WITHIN THE GLOBAL NCDS AGENDA

Introduction

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

Background

The World Health Organization (WHO) defines oral health as the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions, such as eating, breathing and speaking, and encompasses psychosocial dimensions, such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment[5] . The most prevalent and consequential oral diseases globally are dental caries (tooth decay), periodontal disease, tooth loss, and cancers of the lips, oral cavity, and oropharynx [6]. Oral diseases are among the most common NCDs worldwide, affecting an estimated 3 5 billion people[7] – representing more than half of the global population .As of 2019, the most prevalent oral diseases/ conditions were untreated dental caries (2 5 billion cases), severe periodontal disease (1 billion cases), and edentulism (350 million cases) [7]. The combined estimated number of cases of

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

oral diseases globally is about 1 billion higher than the combined number from all five main NCDs (figure 1) [8]

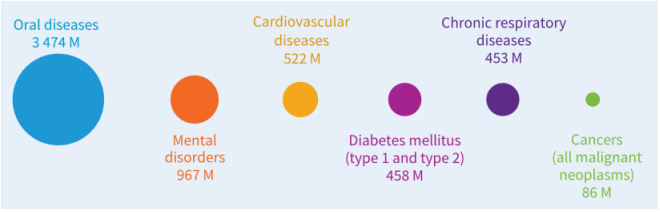


Fig .1: Comparison of estimated global case numbers for selected NCDs .

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

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

Like other NCDs, several oral diseases are significantly associated with mortality .Utilizing a study population from the Centres d'Investigation Clinique et Preventive (IPC), all-cause mortality was significantly higher with dental plaque, gingival inflammation, >10 missing teeth and functional masticatory units <5 [14] Noncardiovascular and non-cancer mortality were also positively associated with high dental plaque, high gingival inflammation, >10 missing teeth and functional masticatory units <5 with hazard ratios of 3 3, 2 9, 2 3, and 2,4 respectively [14] Similar trends between oral diseases and all-cause mortality, were also seen in older study populations in the United Kingdom and United States [15] The presence of multiple oral health conditions were linked to even higher likelihood of mortality . Research has shown that the effect of having multiple oral health conditions may be more than the sum of the effect of each oral health condition [14, 1]

All-cancer mortality has been shown to be positively associated with dental plaque and gingival inflammation [14] Oral cancer includes cancers of the lip, other parts of the mouth and the oropharynx, and combined rank as the 13th most common cancer worldwide [17] The global incidence of cancers of the lip and oral cavity is estimated to be 377 713 new cases and 177 757 deaths in 2020 [17] Lip and oral cavity cancer is the 11th most common cancer for men (all ages), comprising 3 5% of all cancers [7] The most consistent findings for associations with periodontal disease have been observed for lung cancer; five out of seven studies have reported statistically significant increases in risk of lung cancer [18] Research has also shown positive associations between periodontal disease and pancreatic, colorectal, and head and neck cancers .However, further research is needed given the limitations of existing data and growing support for biological mechanisms on how bacteria previously linked to periodontal disease may play a role in carcinogenesis [18] NCDs are also classified as a group of conditions related to modern lifestyle that can be explained by analyzing demographic and epidemiological transitions .Oral diseases, like other NCDs, are behavior related conditions [19] Research has shown that oral diseases are caused by a range of modifiable risk factors common to many NCDs, including sugar consumption, all forms of tobacco use, alcohol use, unhealthy diets, poor hygiene, and their underlying social and commercial determinants [17] Therefore, oral diseases and other systemic NCDs may have specific molecular and immunologybased mechanisms in common,[20] because they share major common risk factors and commercial, moral, and social determinants of health [17, 21] High sugar intake, all forms of tobacco, and harmful alcohol use are major public health challenges for a wide range of NCDs however they are also the key modifiable risk factors for oral diseases .Sugar consumption is the main cause of dental caries, showing a clear dose–effect relationship[17] while also being a causal factor for diabetes .All forms of tobacco use are major risk factors for lip and oral cavity cancer[22] as well as heart disease, stroke, and chronic lung diseases .The harmful use of alcohol is a causal factor of several oral diseases (mainly lip and oral cavity cancer) as well as more than 200 disease and injury conditions, including digestive diseases, injuries, cardiovascular diseases and many other NCDs [23]

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

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

*Hygiene Etiquette & Practice, Centers for Disease Control and Prevention, ttps://www cdc gov/healthywater/hygiene/etiquette/index html

global direct health expenditures.[27] Productivity losses from oral diseases were estimated at about $42 USD per capita, totaling to around $323 billion USD globally.[27] Similar to many NCDs, out-of-pocket costs can be a major barrier to accessing oral health care .Private practitioners predominantly provide services that are often not covered or partially covered by insurance and/or government programs.[28, 29] Paying for necessary oral health care is one of the leading reasons for catastrophic health expenditures, resulting in an increased risk of impoverishment and economic hardship.[28, 29] To further demonstrate the economic impact of oral diseases when compared to that of other NCDs, a survey by the WHO European Region Office showed that among all households with devastating health expenditures, dental expenditures ranked third after medicines and inpatient care.[30] The health conditions with the highest spending paid by out-of-pocket payments were oral disorders (~$30 5 billion), well dental care (~$21 1 billion), and dementias (~$19 4 billion).[31]

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

Etiology and Demographics of Other Highly-Prevalent NCDs

Cardiovascular diseases (CVDs) are a group of disorders of the heart and the blood vessels, which include coronary heart disease (CHD), congenital heart disease, peripheral arterial disease, cerebrovascular and other vascular diseases .CVDs, predominantly heart attacks and stroke, have increasingly contributed to global mortality rates and are the leading cause of death globally (~18 6 million lives annually).[37, 38] Nearly 80% of global CVD deaths occur in LMICs where CVD and risk factor burden are on the rise due to an ongoing epidemiological transition.[39, 40] CVD mortality is more common in middle-income countries compared with high- or low-income countries.[40] In high-income countries, SES has a measurable and significant effect on cardiovascular health .Four measures have been consistently associated with CVD in high-income countries: income level, educational attainment, employment status, and neighborhood socioeconomic factors.[41] Prevalent cases of total CVD nearly doubled from 271 million (95% uncertainty intervalUI: 257 to 285 million) in 1990 to 523 million (95% UI: 497 to 550 million) in 2019.[42] The global trends for disability-adjusted life years (DALYs) and years of life lost also increased significantly during that period, and years lived with disability doubled from 17 7 million (95% UI: 12 9 to 22 5 million) to 34 4 million (95% UI:24 9 to 43 6 million).[42] Cardiovascular diseases remain the leading cause of disease burden in the world .The total economic loss due to CVD in LMICs was estimated to amount to $3 7 trillion between 2011 and 2015, representing approximately half the NCD economic burden.[43] While in the United States alone, the costs of CVD are estimated to exceed $1 1 trillion by 2035.[44]

Cancer is a generic term for a large group of diseases that can affect any part of the body .One defining feature of cancer is the rapid creation of abnormal cells that can metastasize or invade adjoining parts of the body and spread to other organs . Widespread metastases are the primary cause of death from cancer .According to WHO statistics, in 2019, cancer ranked as the first or second leading cause of death in 112 countries globally and third or fourth in another 23 countries.[45] In 2020, cancer deaths accounted for nearly one in six deaths (~10 million deaths) .LMICs bear a larger burden of cancer mortality than HICs, with as many as 70% of cancer deaths occurring in LMICs.[46] SES differences in cancer are observed across various levels, including individual SES indicators such as income, education and occupation, and neighborhood-level SES (municipality level and small area level) worldwide.[47] Prevalent cases of total cancer more than doubled to 23 million from 1990 to 2019.[48] Cancer incidence was estimated to be 19 3 million cases in 2020 while the global cancer burden is expected to be 28 4 million cases in 2040, a 47% rise from 2020.[49] The global trends for DALYs increased to an estimated 250 million in 2019 representing a 16% increase since 2010.[50] The global economic burden of cancer is unknown, although data are available in some countries .In the United States in 2017, the estimated cancer healthcare spending was US$161 2 billion; productivity loss from morbidity, US$30 3 billion; and premature mortality, US$150 7 billion.[51]

Diabetes mellitus occurs when the body either does not produce enough insulin or cannot effectively use the insulin it does produce.[52] It therefore results in raised blood glucose levels which, if not controlled, over time lead to serious damage to many of the body's systems.[52] Although incidence has started to decrease in some countries, the prevalence of diabetes has increased in recent decades in most other developed and developing countries.[53, 54] In 2021, 537 million adults were diagnosed with diabetes, and this is predicted to rise to 643 million adults by 2023 and 783 million by 2045.[55] Diabetes is responsible for 6 7 million deaths in 2021[55] and is one of the top 10 causes of death globally.[56] Individuals with diabetes have a 2–3 fold increased risk of all-cause mortality[57] and the disease is associated with increased mortality from infections, cardiovascular disease, stroke, chronic kidney disease, chronic liver disease, and cancer[58, 59] Over 3 in 4 adults with diabetes live in low- and middleincome countries.[55] Income, education, and occupation show a graded association with diabetes prevalence and complications across all levels of SES.[60] Those lower on the SES ladder are more likely to develop type 2 diabetes mellitus, experience more complications, and die sooner than those higher up on the SES ladder.[60, 61, 62] Diabetes caused at least

US$966 billion dollars in health expenditure equating to a 316% increase over the last 15 years.[55]

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

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

Conclusion

In reviewing the prevalence, risk factors, socioeconomic impacts, associated DALYs, and economic burden of the five most prevalent NCDs, it is clear that the most prevalent oral diseases and disorders are linked to the four most prevalent NCDs3. As a consequence, oral health has been increasingly promoted as a part of the spectrum of the NCDs since the 2011 United Nations (UN) high-level meeting on NCDs. The WHO has also developed and adopted an Oral Health Resolution, a Global Strategy on Oral Health, and Global Oral Health Action Plan to provide a path towards ensuring oral health for all. These efforts, although historic, need to be further amplified by a classification of oral diseases as NCD. Many oral diseases are largely preventable or require only simple interventions if diagnosed and addressed at early stages.[7] Therefore, the inclusion of oral health in existing and emerging national health surveillance and monitoring systems, particularly as part of ongoing NCD surveillance, is critical to adequately address oral diseases and promote good oral health. The neglect of oral diseases is reflected in significant data gaps: fewer than a third of all countries have oral health surveillance data on their populations. Additionally, classification of oral diseases as NCDs may also accelerate the integration of oral health care within primary health care, including prevention and oral health promotion in settings outside specialist oral health facilities, to accelerate the vision of universal health coverage for oral health and the promotion of public health.

Author Contributions

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

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TOBACCO FUNDED RESEARCH

P .Arany, F .Cieplik, N .Damé-Teixeira, T .Do, Xin Li, H .Priya, B .Wu, Yau-Hua Yu, M K S .Charles-Ayinde, and C .Fox

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

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

Tobacco Company Overview

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

History of Unethical Conduct

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

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

Policy Statement

In light of the tobacco industry's long history of deception and its ongoing efforts to undermine public health, the International Association for Dental, Oral and Craniofacial Research (IADR) and the American Association for Dental, Oral, and Craniofacial Research (AADOCR) will not accept symposia sessions or abstract submissions for IADR or AADOCR meetings that present research funded, in whole or in part, by a tobacco company (as defined above) .Additionally, IADR and AADOCR jointly own the *Journal of Dental Research* (*JDR*) and the *JDR Clinical &Translational Research* .These journals will not consider papers in which support, in whole or in part, comes from a tobacco company .That support includes funding for research personnel, the research study itself, or publication and/or ancillary charges .It is well established that tobacco companies use peer-reviewed journals to promote their products or cast doubt on the adverse health effects of tobacco product usage . Companies also use paid or sponsored content to promote their products or to influence public policy .It is therefore unethical and irresponsible to support the reputation of the tobacco industry .By refusing to publish papers or allow conference presentations that are supported by tobacco companies, IADR and AADOCR are protecting public health and promoting the integrity of scientific research .

Author Contributions

P .Arany, F .Cieplik, N .Damé-Teixeira, and T .Do contributed to design, data acquisition, analysis, and interpretation, drafted and critically revised the manuscript, all members of the IADR and AADOCR Science Information Committee Task Force, contributed to conception and design, critically revised the manuscript .M K S .Charles-Ayinde contributed to conception, design, and interpretation of the manuscript; C .Fox contributed to the conception and critically revised the manuscript .All authors gave final approval and agreed to be accountable for all aspects of the work .

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Appendix 17 — IADR Code of Ethics

PREAMBLE

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

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

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

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

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

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

People

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

Professionalism

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

Public

- acknowledge professional and scientific responsibility to society
- strive to advance science and share knowledge in order to contribute to the public good
- value the public's trust in science and act at all times in such a way as to uphold their trust and confidence.
- use all resources prudently, taking into account appropriate laws and regulations .

HUMAN RIGHTS

IADR affirms its commitment to the practice of dental research consistent with promoting the human rights of all people, including members of the association .IADR will strive to use the knowledge and skills embedded in our discipline to advance the cause of human rights, health equity and social justice worldwide, according to the highest ethical standards – remaining respectful of the right of people to benefit from the work our discipline has to offer .

BEST PRACTICE IN RESEARCH AND SCHOLARSHIP

Paramount to the public trust in science is the maintenance of good research and scholarship practices that are based on the highest standard of ethics and governance [1] To achieve excellence in research ethics, academic institutions and research organizations rely on their members' professionalism and integrity .Although it is critical for institutions to create means of reporting possible scientific misconduct, the entire research community is responsible for preventing scientific misconduct .

The participation of all researchers in appropriate educational programs of good research practice and mentoring of colleagues and students is critical to maintaining best practices in research and scholarship, and should be facilitated by research organizations [2]

HUMAN SUBJECTS RESEARCH

Research must adhere to the fundamental principles that respect the needs for autonomy, beneficence, and justice as well as veracity, fidelity, anonymity, and nonmaleficence [3] Human subjects research is comprised of, but not limited to, investigative clinical research, clinical trials, studies using tissue samples and records, biogenetics, stem cell research, and investigations utilizing tissue banks .As such, human subjects research requires complete transparency in all aspects of consent and confidentiality .

The World Medical Association (WMA)'s Declaration of Helsinki[4] and the Council for International Organizations of Medical Sciences (CIOMS), the World Health Organization (WHO)'s *International Ethical Guidelines for Health-related Research Involving Humans*,[5] and the International Council for Harmonisation[6] provide international standards on the conduct of human subjects research .Such standards include principles such as informed consent; collection, storage and use of data; and privacy and confidentiality .

A Research Ethics Committee, Institutional Review Board, Data and Safety Monitoring Board, or equivalent, must oversee all human subjects research .This includes engaging such committees in consideration, comment, guidance and approval before the study begins and throughout the study as appropriate .

It is imperative that investigators be in compliance with national regulations and reporting requirements such as the National Institutes of Health's Office of Human Subjects Research Protections7and remain up to date on current legislative changes .

ANIMAL RESEARCH

The use of animals in research, teaching and testing is a privilege and must fulfill the principle of advancing science and/or contributing to improving human or animal health and welfare [8]. Researchers involved with the use of laboratory animals should engage in ethical and humane care .All those involved with the use of animals should be responsible for the well-being of these animals .

Local and international laws and regulations notwithstanding, an animal's overall protection depends upon the scientist's appropriate stewardship .Groups such as "The Association for Assessment and Accreditation of Laboratory Animal Care" (AAALAC) provide guidelines and voluntary accreditation to institutions and programs [9].

Similar to Human Research, an Animal welfare committee or equivalent must oversee any animal-related research .Institutions are responsible for training the proper care and use of animals and compliance with ethical guidelines and policies .

As a general principle, animals should be used only if an alternative method has failed .Adherence to the Russell-Burch principle of "3R" are requisites:

1 . To Replace the use of live animals with non-animal alternatives

2 . To Reduce the number of animals used in research to the minimum required for meaningful results

3 . To Refine the procedures so that the degree of suffering is kept to a minimum [10]

INTERNATIONAL COLLABORATIVE RESEARCH

International Collaborative Research and, by extension, the exchange of scientific information helps improve global oral health, a core value of IADR [11] A successful international collaborative initiative must follow the highest standards of ethical practice, adhering to any local and international legislation and regulations .A memorandum of understanding or agreement should be in place to prevent an imbalance of these collaborations .Ethical committee approval in all sites and, when appropriate, written informed consent by study participants in the language of each participant site should be implemented .It is paramount to have additional safeguards to avoid exploitation of the vulnerable, to respect their human rights, and to ensure the relevance of these research partnerships [12]

IADR encourages the use of best practices where transparency, trust and mutual respect among research partners are in place .Relevant to international collaborations, core principles of integrity, trust, purpose and goals should be agreed upon and shared by all participants [13]

Those principles should take place in all phases of the research partnership process, from preparation until dissemination of information, which will lead to scientific equity [14,15]

CONFLICTS OF INTEREST

A potential conflict of interest may arise when an individual's private interests can influence professional responsibilities . Scientists engage in numerous activities that may have the potential for conflicts of interests, for example participating in the peer review process as a reviewer or member of an editorial board, reviewing grant proposals, and serving on committees and panels .

Conflicts of interest can be financial (when financial circumstances may directly and significantly affect objective judgment), personal (when personal or professional relationships may directly and significantly affect objective judgment), or intellectual (when strong personal or professional views may directly and significantly affect objective judgment) [16] Such conflicts of interests can be real or apparent—such that a reasonable person with knowledge of the circumstances would question impartiality in the matter .

Each individual is expected to behave in an ethical way to avoid both real conflict of interests and the appearance of conflict of interests, or disclose such conflicts of interests when they cannot be avoided .This includes full disclosure of any potential conflict of interest to the investigator's institution, to the Associations as applicable, and to other agencies as requested .Individuals should abide by any management terms requested by such agencies when requested in order to address conflicts of interests .

INTELLECTUAL PROPERTY

The intellectual property rights of all participating researchers should be protected by giving proper credit for the origin of the new ideas .Intellectual property rights apply to any potential commercial gain and must be agreed upon at the outset of the project by the investigators, their institutions and/or any other external body, such as a sponsoring agency or company .

DISSEMINATION OF INFORMATION

Publishing

Ethical Considerations for Journal Editors, Editorial Boards, and Managing Editors

Editors, editorial boards and managing editors should:

- develop policies to minimize the publication of articles containing evidence of scientific misconduct, maximize transparency and minimize redundancy, and make such policies available on their website .Many aspects to be included in such policies are addressed by the Council of Scientific Editors (CSE) White Paper on Publication Ethics,[17] the Committee on Publications Ethics (COPE) guidelines[18] and core practices,[19] the WorldAssociation of Medical Editors (WAME),[20] and the Center for OpenScience[21]
- follow the COPE Guidelines for Managing the Relationships Between Society Owned Journals, their Society, and Publishers[22] and the WAME Recommendations on Publication Ethics Policies: Relation of the Journal to the Sponsoring Society[23] in instances where journals are published by professional societies, so as to address editorial independence, journal management, commercial issues, and other matters
- have policies and processes in place for or disclosure and management of conflicts of interest, in alignment with guidance provided by the International Committee of MedicalJournalEditors[24]
- consider applying current transparency and standardization trends for study reporting guidelines, such as are available through the EQUATORNetwork[25]
- make acceptance decisions based only on a manuscript's innovation, importance, originality, clarity, and relevance

to the journal's scope and content .Studies with negative results or challenging previously published work should receive equal consideration

- provide guidance as to whether posting a manuscript on a non-commercial preprint server is allowable and not considered previouslypublished[26]

Ethical Considerations for Authors

It is expected that authors, in any communication, such as manuscripts or abstracts, whether in paper or electronic format, representing a body of research should:

- credit sources of funding
- adhere to guidelines regarding qualification and order of authorship such as the International Committee of Medical Journal Editors (ICJME) Defining the Role of Authors and Contributors[27]
- read the final manuscript and agree to its submission for review and publication
- ensure the integrity of their research
- present appropriate written permission to publish any type of clinical image,which should not identify the participant
- submit original work that has not been previously published .Previous publication of an abstract during the proceedings of meetings (in print or electronically) does not preclude subsequent submission for publication, but full disclosure should be made at the time of submission
- understand and abide by the selected journal's policies

Likewise, authors should not:

- inappropriately fragment data into several different publications
- inappropriately or fraudulently manipulate images and/ ordata[28]
- engage in plagiarism or self-plagiarism[29–32]
- engage inghostwriting[33]

Submissions to IADR's *Journal of Dental Research* and *JDR Clinical and Translational Research* or other Association publications should adhere to Sage Publishing's Statement on Publishing Ethics and Responsibility .[34]

Ethical Considerations for Peer Review

Both editorial bodies and peer reviewers should:

- abide by the COPE Ethical Guidelines for Peer Reviewers,[35] the CSE Statement on Reviewer Roles and Responsibilities,[36] and the WAME Recommendations on Publication Ethics Policies for Peer Review .[37]
- treat all submitted manuscripts as confidential, and not discuss, share, retain, or copy content, and not use such content for personal or professional purposes prior to publication
- report suspicion of misconduct to the editor in confidence
- disclose any potential conflicts of interest preventing an objective review to the editor for adjudication or decline the review invitation

Conferences

Investigators submitting content to conferences should follow the conference policy for submissions .Commonly, scientific programs place requirements that abstracts submitted not be previously published & presented in another scientific conference, as this is a form of self- plagiarism .[32]Likewise, there may be regulations that research presented in such abstracts may not be part of a manuscript published in electronic or print form prior to the conference presentation .Many consider posting on a non-commercial preprint server as not being previously published; thus, in this situation, the investigator must investigate the conference policies to determine if this is allowable .

DISCRIMINATION, DIVERSITY, EQUITY AND INCLUSION

IADR strongly condemns discrimination, including actions—made either directly or indirectly—based on distinctions or prejudices which have the purpose or effect of treating individuals or groups unfairly or unjustly .The Association is committed to:

- upholding the principles of diversity, equity and inclusion
- being inclusive to the largest number of contributors, with the most varied and diverse backgrounds possible
- providing a friendly, safe and welcoming environment for all, regardless of age, gender, sexual orientation, gender identity & expression, ability, ethnicity, socioeconomicstatus, health conditions, or religion
- valuing equally different behaviors, aspirations and needs of all diverse groups, and treating individuals equally with respect to rights, responsibilities and opportunities .

Members should:

- uphold the principles of diversity, equity and inclusion as stated in the AADOCR American Association for Dental, Oral, and Craniofacial Research Statement on Equity and Inclusion[38]
- strive to eliminate bias from professional activities and research
- not tolerate any forms of discrimination
- be sensitive to cultural, individual, and role differences
- acknowledge the rights of others to hold values, attitudes and opinions that differ from their own
- foster a workplace that embraces the dignity and diversity of individuals

HARASSMENT AND SEXUAL HARASSMENT

Harassment consists of a single intense and severe act or multiple persistent acts, any of which are demeaning, abusive, offensive, or create a hostile professional or workplace environment .Acts of harassment can be based on age, race, socioeconomic status and socioeconomic origins, ethnicity, national origin, religion, sexual orientation, gender identity, gender expression, disability, health conditions, political affiliation, marital status, domestic status, parental status, or any other applicable basis proscribed bylaw .

Sexual harassment can be either "quid pro quo" (submission or refusal to submit to unwelcome sexual attention, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature affects professional decisions) or "hostile work environment" (sexually oriented conduct that interferes with an individual's job performance or has the purpose or effect of creating an intimidating, hostile, or offensive work environment) .

IADR seeks to promote an environment free from harassment, in which staff and members avoid behaviors that may create an atmosphere of hostility or intimidation .As such, members should not engage in any type of harassment whatsoever .Additionally, all participants at any IADR meeting, or any division meeting, should abide by the IADR Professional Conduct at Meetings Policy[39] in all venues, including ancillary events and official and unofficial social gatherings .

Bullying

Workplace bullying is defined as behavior and mistreatment that demeans, intimidates, or humiliates, and can cause physical or emotional harm .Such behavior can be a single incident or a repeated pattern .

Examples of bullying behaviors include verbal bullying (threatening, slandering, ridiculing, making abusive or offensive remarks), physical bullying (actual or threatened assault or damaging a person's work area or property), gesture bullying (nonverbal threatening gestures), psychological (intentional and purposeful mental abuse) or sabotaging an individual's work .[40]

Any instance of workplace bullying directed toward colleagues or study subjects is not acceptable .

Exercising appropriate authority, directing the work of others pursuant to their job responsibilities, and respectful scientific debate are not considered bullying behavior .

Training on Ethical Conduct of Research

Many funding agencies and research institutions require periodic training on ethical conduct of research to ensure compliance with current research standards, especially pertaining to human subjects and animal research .Such training should include standards of intellectual honesty in conduct and reporting of scientific research and should frame ethics as the foundation for doing good science .

REPORTING MISCONDUCT

IADR reserves the right to sanction members for scientific misconduct, including violation of this Code of Ethics .IADR membership may be suspended or terminated "for findings of scientific misconduct" by individual institution (IADR Constitution and Bylaws) .[41] Any allegations of misconduct will be kept confidential by the staff, leadership and governing bodies involved in the adjudication process .

All reports of alleged violations of the IADR Code of Ethics by a current member, or any attendee of an IADR-sponsored meeting or activity, should be made confidentially to the IADR Board through the Association's Chief Executive Officer (CEO) . The IADR Board may refer the report to the IADR Ethics Committee to review the circumstances who will report to the corresponding author and their institution .A report from the author and institution will be requested .Any report may lead to a recommendation to the IADR Board of Directors on potential sanctions .Sanctions will not be implemented without prior approval of the IADR Board of Directors .

All reports of alleged publication misconduct pertaining to one of the IADR journals (*JDR*, *JDR-CTR*, or others) should be made to the corresponding journal's Editor-in-Chief (EIC) .The EIC, in consultation with the Journal's Editorial Board, has the jurisdiction to investigate the allegation in accordance with the Committee on Publication Ethics (COPE) Flowcharts,[42] and will decide the appropriate course of action .Any confirmed cases of publication misconduct will be communicated to the IADR Board so that the Board can assess if the allegations also justify referral to the Ethics Committee for consideration of IADR sanctions .

In the event that a complaint alleges conduct that is, or may be, the subject of other legal or institutional proceedings, the IADR Board or the *JDR*/*JDR-CTR* Editor-in-Chief may, in consultation with the IADR President and CEO, further defer its proceedings with respect to the complaint until the conclusion of the other legal or institutional proceedings .The findings of those proceedings may be used as a basis for considering IADR actions .

Whistleblowing and Retaliation

"Whistleblowing" is the disclosure by an individual of confidential information, which relates to some fraud, danger or other illegal or unethical conduct connected with scientific research . Whistleblowing may be seen as a means to deter wrongdoing, promote transparency and good governance, underpin regulation and maintain professional and public confidence .A "whistleblower" is a person who alleges misconduct .

Members have an obligation to report wrongdoing to the proper authority, be it their home institution and/or IADR . A whistleblower should not suffer retaliatory consequences when such actions are done in good faith based on suspected wrongdoing .Organizations have the responsibility to protect whistleblowers against retaliation and investigate and address wrongdoing .

Expectations of IADR Officers, Administrators, and Staff

All officers*, administrators, and staff of the IADR shall:

1 . **respect** the rights and reputation of the IADR, and the privacy of the membership;

2 . hold Association information in **confidence**;

3 . communicate in an **honest** and **responsible** manner regarding sponsorship or certification by the IADR;

4 . not solicit or use recommendations or testimonials from agents nor use their relationships with agents to promote commercial expertise of any kind;

5 . seek approval of the appropriate authority of IADR to communicate advertisement to the public by written or audio-visual means;and

6 . state **accurately**, **objectively**, and without misrepresentation their professional qualifications, affiliations, and functions as well as those of the IADR with which they or their statements are associated .They shall correct the misrepresentations of others with respect to those matters .

* Officers of IADR include individuals with responsibility from headquarters, regions, divisions, sections and groups

Operating Definition of Research Wrongdoing and Key Words

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

WHO Defined research wrongdoing specifically includes:

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

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

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

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

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

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

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

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

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Appendix 18 — IADR Corporate Support

- 3M for being a Gold Scientific Session Partner
- Church & Dwight Co , Inc .in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Gold Scientific Session Partner and in support of the IADR Council Dinner, the IADR Past Executives' Business Meeting, the IADR Colgate Research in Prevention Travel Awards, IADR Distinguished Scientist Awards, a Symposium, and an Industry-Sponsored Symposium
- Delta Dental for being a Bronze Scientific Session Partner
- Dentsply Sirona for being a Bronze Scientific Session Partner and in support of an IADR Distinguished Scientist Award
- GC Corporation in support of the Networking Center and an Industry-Sponsored Symposium
- Geistlich being a General Meeting Sponsor
- Haleon in support of a Symposium, an Industry-Sponsored Symposium, IADR Distinguished Scientist Awards, the Innovation in Oral Care Award, and the Coffee Station
- IR Scientific in support of an Industry-Sponsored Symposium
- J .Morita in support of the IADR/AADOCR William J .Gies Award, the IADR Distinguished Service Award, and for being a General Meeting Sponsor
- Kenvue in support of an IADR Distinguished Scientist Award and the IADR Joseph Lister Award for New Investigators
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of the IADR/AADOCR/CADR President's Reception, an Industry-Sponsored Symposium, and in support of an IADR Distinguished Scientist Award
- Shofu in support of an Industry-Sponsored Symposium
- Unilever Oral Care in support of an IADR Distinguished Scientist Award

Appendix 19 — IADR Institutional Support

- The Borrow Foundation in support of the IADR E W . Borrow Memorial Award
- CareQuest Institute for Oral Health for being a Bronze Scientific Session Partner and in support of an IADR Distinguished Scientist Award
- The Henry Schein Cares Foundation in support of a Symposium
- The IADR Dental Materials Group in support of an IADR Distinguished Scientist Award
- The Osteology Foundation in support of the IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration
- The Sarnat Family Foundation in support of an IADR Distinguished Scientist Award

Appendix 20 — *In Memoriam* *(IADR Members who passed January – December 2024)*

Terrie Cowley	Christopher Dix	W .Peter Holbrook	Derek Jones	Elisha Richardson
Colin Dawes	Charles Hildebolt	Newell Johnson	Dan Nathanson	Richard Ranney

CONSTITUTION

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

ARTICLE I. NAME

This organization is named: International Association for Dental Research herein referred to as the IADR or the Association .

ARTICLE II. OBJECTIVES

The Association has been established to promote research in all aspects of craniofacial, oral and dental research, to encourage development of improved methods for the prevention and treatment of oral and dental diseases, to improve the oral health of the public through research, and to facilitate cooperation among investigators and the communication of research findings and their implications throughout the world .

ARTICLE III. CORPORATE STATUS

This Association is a non-profit corporation organized under the laws of the Commonwealth of Virginia, United States of America .If the corporation shall be dissolved at any time, no part of its funds or property shall be distributed to its members; but, after payment of all indebtedness of the corporation, its surplus funds shall be used for craniofacial, oral dental research in such manner as the then-governing body of the Association shall determine .

ARTICLE IV. REGIONS, DIVISIONS AND SECTIONS

Section 1. ORGANIZATION

(A) REGIONS. The IADR Board, with the approval of Council, shall organize the Divisions and non-Divisional Sections into Regions for purposes of more effective and efficient delivery of IADR member services . Each Region will have a Regional Board of Directors as defined in the Bylaws

(B) DIVISIONS. Members of the Association in any nation or group of geographically related nations, with the approval of the Council, may organize a Division after maintaining Section status for one year and having demonstrated the ability to conduct scientific and business sessions during this period . A Division will be comprised of a minimum number of members as specified in the Bylaws .

(C) SECTIONS. Ten or more members within a Divisional area may, with the approval of the Division, organize a Section (except the Institutional and Corporate Sections) for the advancement of the objectives of the Division and the Association .In the event the locality or localities are not within the limits of a Division, a non-Divisional Section may be organized with ten or more members of the Association upon approval by the Council .

(D) INSTITUTIONAL SECTION. Each Institutional Section Member will designate one representative from its institution to represent it in the Institutional Section .Institutional members will have representation in the Council through one Councilor elected by the Institutional Section .The representatives of Institutional Section Members must be members of the Association, in accordance with the Bylaws .

(E) CORPORATE SECTION. Each Corporate Section Member will designate one representative from its corporation to represent it in the Corporate Section .Corporate members will have representation in the Council through one Councilor elected by the Corporate Section .The representatives of Corporate Section Members must be members of the Association, in accordance with the Bylaws .

Section 2. MANAGEMENT. The affairs of the Divisions and Sections shall be managed in conformity with the Constitution and Bylaws of the Association and of the related Division .

Section 3. SUSPENSION OR REVOCATION. Approval of a Division or Section may be revoked or suspended for non-maintenance of the minimum number of members required for formation, failing to hold a meeting for two consecutive years, failing to report its activities and its membership, non-compliance with the Association's Constitution, or for other good cause shown .Suspension or revocation will be determined at an Annual Meeting of Council, by a two-thirds vote of the Council members present and voting .The Division or Section threatened with suspension or revocation shall be so notified by the Chief Executive Officer at least 120 days before the Annual Meeting and shall be entitled to appear before Council in the form of a delegation of members or Officers, by representation, or by submission of a written statement to defend its right to exist .

ARTICLE V. GROUPS, GROUP CHAPTERS AND NETWORKS

Section 1. GROUPS. Members of the Association interested in any scientific branch or professional field related to craniofacial, oral and dental science, with the approval of the Council, may organize a Group to further the objectives of the Association .A Group will be comprised of a minimum number of members as specified by the Bylaws .

Section 2. GROUP CHAPTERS. Ten or more members of a Group within a Division or a non-Divisional Section, with the approval of the related Division or Section, may organize a Group Chapter for the advancement of the objectives of the Association and the Division or Section .

Section 3. NETWORKS. Members of the Association, with the approval of the Council, may organize a Network for the advancement of the objectives of the Association .A Network will be comprised of a minimum number as specified by the Bylaws .

Section 4. MANAGEMENT. The affairs of Groups, Group Chapters and Networks shall be managed in conformity with the Constitution and Bylaws of the Association and of the related Division .

Section 5. SUSPENSION AND REVOCATION. Approval of a Group, Group Chapter or Network may be suspended or revoked for non-maintenance of the minimum number of members required for formation, failing to hold a meeting for two consecutive years, failing to report its activities and its membership, non-compliance with the Association's Constitution, or for other good cause shown . Suspension or revocation will be determined at the Annual Meeting of the Council, by a two-thirds vote of the Council

members present and voting .The Group, Chapter or Network threatened with suspension or revocation shall be so notified by the Chief Executive Officer at least 120 days before the annual General Session, and shall be entitled to appear before Council in the form of a delegation of members or Officers, by representation, or by submission of a written statement to defend its right to exist .

ARTICLE VI. MEMBERSHIP

Section 1. ELIGIBILITY

(A) INDIVIDUAL MEMBERSHIP. Any individual, without any considerations of color, caste, race, religion, age, gender, national or ethnic origin, or disability, who is interested in Dental Science and Dental Research shall be eligible for membership in this Association, as set forth in the Bylaws .

(B) INSTITUTIONAL MEMBERSHIP. Any educational institution, research institution or center, government agency, interested in craniofacial, oral or dental related research shall be eligible for membership in a Division and/or in an at-large Institutional Section, subject to the eligibility requirements and approval of the Division or the Association and the limitations of Article IV C .The formation of an Institutional Section within a Division shall be optional with the Division .

(C) CORPORATE MEMBERSHIP. Any corporation interested in craniofacial, oral or dental related research shall be eligible for membership in a Division and/or in an at-large Corporate Section, subject to the eligibility requirements and approval of the Division or the Association and the limitations of Article IV .The formation of a Corporate Section within a Division shall be optional with the Division .

Section 2. ACTIVATION OF MEMBERSHIP. Any individual eligible for membership under the Constitution and Bylaws and whose membership credentials have been found acceptable to the respective Division or Section shall become a member of the Association . Applications may be approved by the Membership and Recruitment Committee on a periodic basis . New members may immediately receive a probationary membership upon submission of application and payment and will become official members upon review of their application .

Section 3. SUSPENSION OR TERMINATION.

(A) Membership may be terminated automatically by a member upon delivery of a formal notice to the Chief Executive Officer of that member's resignation .

(B) The membership of any member may be terminated or suspended for reasons of non-payment of dues, proven scientific misconduct, non-compliance with the Association's Constitution, or for other good cause shown .Termination of membership other than for non-payment of dues will be determined at an Annual Meeting of Council, by a two-thirds vote of the Council members present and voting .The person whose membership is threatened with termination shall be so notified by the Chief Executive Officer at least 120 days before the annual General Session, and shall be entitled to appear before Council in person, by representation, or by submission of a written statement to defend his/her right to membership .

ARTICLE VII. OFFICIALS

Section 1. OFFICERS. The Officers of the Association shall be a President, President-elect, Vice-president, Immediate Past President, Treasurer, Chief Executive Officer, and Editor-in-Chief of the Journal of Dental Research .The Chief Executive Officer will also serve as Secretary of the Association .The Vice-president shall be elected from among the active members by ballot of the membership .The incumbent President-elect and Vice-president shall be advanced automatically to the next higher office at the end of their then-current terms of office . The Chief Executive Officer, the Treasurer, and the Editors-in-Chief shall be appointed by the Council .

(A) TERM OF OFFICE. The terms of the President, President-elect, and Vice-president shall be one Association year; for the Treasurer it shall be three Association years .The terms of the Chief Executive Officer and Editor-in-Chief shall be five years, except that under special circumstances either may be appointed for a shorter period .

(B) TENURE OF OFFICE. Each Officer shall serve until the installation of his duly-elected successor .

(C) VACANCIES. An *ad interim* vacancy in any office shall be filled according to the rules outlined in the Bylaws .

Section 2. HONORARY OFFICERS. Honorary Officers may be elected by the Council from nominations made by its own members or by Divisions, Sections, or Groups, for a period of time to be determined by Council .

Section 3. BOARD OF DIRECTORS. The Board of Directors of the Association shall consist of the President, Immediate Past President, President-elect, Vice-president, Treasurer, Editors-in-Chief of the *Journal of Dental Research* and *JDR Clinical & Translational Research*, Chief Executive Officer, and an additional Regional Board Member to be selected by each Region to serve a three-year term, and two investigators to be selected as described in the Bylaws . The Chief Executive Officer and Editors-in-Chief shall have no vote .

Section 4. QUALIFICATIONS. All Officers and officials of the Association, the Divisions, the Sections, and the Groups shall be Members of the Association .An elected officer of the IADR shall have had service as a Division, Section, or Group Officer, or as a Councilor, or as a Committee Chair or Committee Member .

ARTICLE VIII. NOMINATIONS AND ELECTIONS

Section 1. NOMINATIONS BY THE COUNCIL. One or more nominations for Vice-president shall be made by the Council, and announcement of the nomination(s) shall be mailed to each member of the Association not fewer than four months before the date of the next annual General Session, and in a form to indicate that other nominations may be made by petition .

Section 2. NOMINATIONS BY PETITION. Additional nominations may be made by petition signed by 25 members of the Association and received by the Chief Executive Officer not

more than 45 days after the mailing of the announcement of the Council nominations .

Section 3. NOTICE OF NOMINATIONS. Before the next annual General Session, the nominations for Vice-president shall be sent by the Chief Executive Officer to all members of the Association on an official ballot for a vote by mail to be reported at that meeting .The nominations shall be sent no fewer than eight weeks before the due date for the return of the ballots to the Chief Executive Officer .
Section 4. ELECTION. A plurality of votes cast shall elect to each office, in accordance with the Bylaws .

ARTICLE IX. COUNCIL

Section 1. PERSONNEL. The Council of the Association shall consist of the President, the Immediate Past President, the President-elect, the Vice-president, the Chief Executive Officer, the Treasurer, the Editors-in-Chief, one or more Councilors from each Division, one Councilor from each Group, Network, Institutional Section and Corporate Section and a Councilor representing the FDI, World Dental Federation .The Chief Executive Officer, Editors-in-Chief, and FDI representative shall have no vote .

Section 2. DIVISION REPRESENTATION. For the purpose of representation on the Council, each Division shall designate or elect Councilors and be represented as follows:

(A) A Division of 99 or fewer Association members shall have one Councilor .

(B) A Division of 100 to 999 Association members shall have two Councilors .

(C) A Division of 1,000 to 1,999 Association members shall have three Councilors .

(D) A Division of 2,000 or more Association members shall have four Councilors .

Section 3. NON-DIVISIONAL SECTION REPRESENTATION. Each non-Divisional Section may be represented by a non-voting observer .

Section 4. FÉDÉRATION DENTAIRE INTERNATIONALE REPRESENTATION. For the purpose of representation on the Council, the Fédération Dentaire Internationale shall designate or elect one Councilor to serve for a period of at least one year .This Councilor must also be a member of the Association .The FDI Councilor will have no vote on Council .

Section 5. DUTIES OF THE COUNCIL. The Council shall be the governing body of the Association .

Section 6. INTERIM ACTION. During periods between meetings of the Council, the executive management of Council affairs shall be by the Board of Directors .

Section 7. REGIONAL REPRESENTATION. Each Region, as defined in Article IV, Section 1(A), shall be represented by a voting member in Council .

ARTICLE X. FINANCES

Section 1. DUES. At each annual General Session, the Council shall determine and announce the amount of the annual Association dues and the assessment for official publication(s) . If no annual General Session is held, this function shall be exercised by the Board of Directors .

Section 2. EXPENDITURES. Funds of the Association may be expended only on general or specific authorization of the Council, except that if the Annual Meeting of the Council is not held, the Board of Directors also may authorize expenditure of funds .The Board of Directors also may authorize expenditure of funds to defray expenses of the Association not foreseen at the time of the annual General Session .

Section 3. ACCOUNTS. All accounts of assets of the Association shall be audited annually by a Certified Public Accountant .

Section 4. REPORTS. All Officers collecting, disbursing, or holding in trust assets of the Association shall report annually to the Council and the Association in written form .

ARTICLE XI. MEETINGS

Section 1. ASSOCIATION. The Association shall meet for the exchange of scientific information at least once each year unless prevented by circumstances not under the control of the members .

Section 2. COUNCIL. The Council shall meet annually in conjunction with the annual meeting, which shall be known as the General Session of the Association .

Section 3. SPECIAL.

(A) Special meetings of the Council or of the Association may be convened by the Board of Directors or the Council .

(B) Upon petition from at least 50 members of the Association at least two weeks prior to the annual General Session, the Chief Executive Officer shall arrange for the Association to meet in general assembly during the General Session .

Section 4. DIVISIONS AND GROUPS. Each Division and Group shall meet at least once each year unless prevented by circumstances not under the control of the members .

ARTICLE XII. QUORUM

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

ARTICLE XIII. *JOURNAL*

(A) NAME. The official publication of the Association is the *Journal of Dental Research* .The journal is a joint publication of the IADR and AADR .

(B) MANAGEMENT. An IADR/ADR Publications Committee (whose membership is described in the Bylaws) shall oversee the affairs of the *Journal of Dental Research* and other journals owned jointly by the IADR and/or AADR .

ARTICLE XIV. AMENDMENTS TO THE CONSTITUTION

Section 1. PROPOSAL. A proposed amendment to the Constitution, formally endorsed by at least 50 members and accompanied by a statement of reasons for adoption, may be presented at any Annual Meeting of the Council, and thereupon becomes a special order of business for a vote of the membership by mail prior to the succeeding annual General Session .Proposed amendments to the Constitution shall

normally be reviewed by the Constitution Committee before presentation to Council .

Section 2. VOTING PROCEDURE. The Chief Executive Officer shall mail to each member of the Association not less than two months before the next annual General Session of the Association: (a) a copy of the amendment, (b) the stated reasons for its adoption, (c) a ballot for a vote on the amendment, and (d) a copy of this Article XIV of this Constitution .The results shall be reported at the annual General Session .

Section 3. ADOPTION. A proposed amendment shall be adopted by a vote of not less than two-thirds of the members voting on the question and shall become a part of the Constitution at the close of the annual General Session at which it is adopted .

ARTICLE XV. BY-LAWS

Bylaws and amendments to Bylaws may be proposed at any Annual Meeting of the Council and may be adopted at the same meeting by a vote of two-thirds of the members present and voting, the Bylaws and amendments taking effect at the close of the meeting .Proposed Bylaws and amendments to Bylaws shall normally be reviewed by the Constitution Committee before presentation to Council .

BY-LAWS

Adopted March 24, 1957; Revised through June 24, 2023

SECTION A. MEMBERSHIP

1. **APPLICATION.** Applications for individual membership shall be approved by the Membership and Recruitment Committee on a periodic basis . New members may immediately receive a probationary membership upon submission of application and payment, and will become official members upon review of their application .

   A member residing within the geographical area of a Division or non-Divisional Section must be a member of a Division or non-Divisional Section, must comply with the Constitution of that Division or non-Divisional Section, and must pay dues to that Division or non-Divisional Section, if applicable .

2. **MEMBERSHIP CATEGORIES.** Article VI, Section 1(A), of the Constitution shall be interpreted as follows:

   (A) MEMBER: A person who is conducting, has conducted, or who is interested in the furtherance of research in any branch of science or in fields related to craniofacial, oral and dental science . Members shall have the full rights and privileges of membership and are eligible to vote and to hold office in the Association .

   (B) AFFILIATE MEMBER: A person who is not primarily involved in craniofacial, oral of dental related research but has an interest in keeping up with the latest research, e g , a practicing healthcare professional, a dental professional involved in PBRNs or evidence-based dentistry, patient advocates, or healthcare educators with primary teaching responsibility . Affiliate members receive limited benefits and are not eligible to vote or hold office in the Association .

   (C) STUDENT MEMBER: A person who is a student currently enrolled in a recognized academic institution who does not hold an academic appointment and who is interested in craniofacial, oral or dental research . Student members must become Members when eligible or be dropped from membership . Individuals may be classified at the Student level for no more than 8 years .The Student Member shall have all the rights and privileges of membership but shall have no vote or be eligible to hold office in the Association .

   (D) RETIRED: A person who has been a member of the Association in good standing for at least 25 years, and no longer works on a full-time basis for remuneration . The Retired Member shall have all the rights and privileges of membership but shall receive the *Journal of Dental Research* only upon payment of the *Journal* subscription fee .

   (E) HONORARY MEMBERSHIP: The Association and Divisions may elect as Honorary Members persons who are not members of the Association . Honorary Members shall normally be selected on the basis of the candidate's significant contribution to, or support of, dental research .

   (1) One Honorary Membership may be bestowed each year by unanimous recommendation of the five most recent living Past Presidents of the Association no longer serving on the Board of Directors .Such Honorary Members shall have all the rights and privileges of membership and may, on request, receive complimentary copies of the *Journal of Dental Research* .

   (2) Honorary Membership shall not be conferred posthumously .

   (3) Divisional Honorary Members shall have all the rights and privileges within the Division as determined by that Division . An Honorary Member of a Division, if not already a member of the Association, may become a member of the Association only if eligible and in the manner provided in the Constitution and Bylaws of the Association .

   (F) INSTITUTIONAL MEMBERSHIP: (Article VI[B]): On payment of Institutional dues, each institution will be entitled to one membership within the Association, subject to the limitations of Article IV(C) .

   (G) CORPORATE MEMBERSHIP: (Article VI[B]): On payment of Corporate dues, each corporation will be entitled to one membership within the Association, subject to the limitations of Article IV(C) .

3. **REGIONS, DIVISIONS, SECTIONS, GROUPS AND NETWORKS** .

   (a) Divisions of the IADR can be initiated by a minimum of 50 Members of the Association . Once formed, Divisions should strive to increase their membership . Council will review Divisions biennially Divisions

not demonstrating successful leadership risk having Division status revoked per Article IV .Section 3 .

(b) Groups of the IADR can be initiated by a minimum of 50 Members of the Association .Once formed, Groups should strive to increase their membership . Council will review Groups annually . Groups not demonstrating successful leadership risk having Group status revoked per Article V .Section 5 .

(c) Networks of the IADR may be initiated by a minimum of 50 Members of the Association . Once formed, Networks should strive to increase their membership . Council will review Networks annually . Networks not demonstrating successful leadership risk having Network status revoked per Article V .Section 5 .

(d) Sections, Groups, and Group Chapters will include Members, Affiliate Members, Student Members, and IADR Retired Members .

(e) Only Members and IADR Retired Members of the Association shall have voting privileges on matters concerning the Association and be eligible to hold office in a Region, Division or Section .

(f) The IADR Scientific Groups and Networks shall be managed in accordance with the IADR Scientific Group/Network Handbook, as approved by Council

(g) All Divisions and Sections should adapt the Principles of the IADR Code of Ethics to their own Code of Ethics .

(h) Each Division and Non-Divisional Section of an IADR defined Region shall be represented on a Regional Board of Directors . The composition of each Regional Board of Directors shall be defined in their on Constitution and Bylaws as approved by the IADR Board .

(i) Each Regional Board of Directors shall appoint a Regional Board Member to serve a three-year term on the IADR Board of Directors .

4. TERMINATION OF MEMBERSHIP.

(a) Membership may be terminated automatically by a member upon delivery of a formal notice of resignation to the Chief Executive Officer .

(b) Members are terminated from membership after 30 days of non-payment of dues .

SECTION B. EXCEPTIONS TO THE PAYMENT OF DUES

1. **SUSPENSION OF DUES.** The Board may in any year suspend the dues of a member upon request from the member including a motivation for the request .
2. **RIGHTS.** Rights of membership shall not be affected if a member is excused from paying dues .

SECTION C. OFFICIALS

1. **INSTALLATION.** At the annual General Session of the Association, an appropriate ceremony of installation shall inaugurate the term of service of each Officer of the Association .

2. DUTIES.

(a) The duties of the Officers shall be those ordinarily associated with the official titles, and such other duties as the Association or the Council may assign .

(b) In the event that an officer vacates his/her office prior to completion of his/her term of office, *ad interim* assumes responsibility as follows: President – Immediate Past President; President-elect – Vice-president; Vice-president – Vice-president-elect; Immediate Past President – President; Treasurer – to be decided by the Board, until a new appointment can be made .

(c) The Treasurer shall maintain surveillance over the Association's finances and assist the Board in the development of budgets .

Upon completion of his/her term, the incumbent will become the Immediate Past Treasurer and will assist the incoming Treasurer as necessary for one year .

(d) In addition to his/her other duties, the Chief Executive Officer shall provide the Board of Directors with written quarterly financial statements in a timely manner.

(e) Each Officer shall report annually in writing to the Council on the conduct of his/her office .

(f) The Council shall report annually to the Association on the nature and scope of its proceedings .

3. BOARD OF DIRECTORS

(a) The annual recipient of the IADR Young Investigator Award will be asked to serve a two-year term on the IADR Board of Directors commencing at the conclusion of the General Session where their award was received .

4. BONDING. Officers and employees collecting, disbursing, or holding in trust assets of the Association shall be bonded by a reliable surety company in such an amount as shall be determined by the Council .

5. ELECTION OF VICE-PRESIDENT. Candidates may compete for the office of Vice-president only twice .

SECTION D. COMMITTEES

1. Appointments to standing committees shall be made usually by the Board of Directors to *ad hoc* committees shall be made usually by the President .The Council or Board of Directors may designate membership for committees created by them for special functions .
2. **STANDING COMMITTEES.** The following standing committees shall be appointed:

(a) **Annual Session Committee** of five members who have served as IADR General Session Group Program Chairs or a similar experience to manage the overall planning for the General Session program, including the timing and sequence of activities, assist in the identification of potential meeting sites, establishing the theme, symposia, workshops, etc , for the annual General Session .Additional members may include (a) representative(s) from the Local Organizing Committee and the host/sponsoring Division(s) .

(b) **Constitution Committee** of nine members to review the Constitution and Bylaws, advise the Council regarding essential revisions, and monitor compliance of the activities of the Association with the Constitution .

(c) **Ethics in Dental Research Committee** of five members who have expertise in ethics to disseminate the IADR Code of Ethics to Divisional Committees on Ethics and to sponsor education programs through symposia and workshops on ethical conduct in research . The Ethics Committee shall also serve in an advisory capacity to the IADR Board on ethical issues .

(d) **Fellowships Committee** of six members to advertise, receive, and judge applications for fellowships; recommend policy or policy changes on newly proposed or currently sponsored fellowships; and assist in raising funds for new fellowships .

(e) **Awards Review Committee** of ten members to arrange the program of the Hatton Competition at the annual General Session and to select winners to receive the awards .The Awards Review Committee will also review the Research in Prevention Travel Award abstracts and select recipients before the annual General Session .

(f) **IADR/AADR Gies Award Committee** of nine members to select annually the best paper(s) published in the IADR/AADR jointly owned Journal of Dental Research, one in each of the three categories, Biological, Biomaterials & Bioengineering and Clinical .

(g) **Membership and Recruitment Committee** of eleven members to develop plans and strategies for the recruitment of new members and retention of existing members of the Association .This committee will also consider the development of programs to attract new members and Sections in countries where IADR has not been very active .

(h) **Nominating Committee** of seven members to advise the Council on the selection of nominees for the various offices of the Association .One of the members shall be the most recent Past President no longer serving on the Board without privilege of serving as chair .

(i) **Regional Development Committee** of ten members to advise the Board of Directors on the management and direction of the Regional Development Program through evaluation and selection of proposals from Divisions/Sections to undertake programs on oral health research and clinical applications thereof in and for the benefit of developing regions of the world .

(j) **Science Awards Committee** consisting of a chair and members in such number as to equal the number of science awards .The function of the Committee is to make recommendations to the Board on (a) administration of the science awards program and (b) the selection of the Distinguished Scientist Awards recipients .The chair shall serve for three years, and the other members of the Committee will serve for two years .Each, excluding the chair, will chair a subcommittee for one of the science awards .

(k) **Tellers Committee** of three members to tally the votes of the membership of both IADR and AADR for elected positions, Constitutional amendments, and any other such business as shall be determined by Council .

(l) **Young Investigator Award Committee** of nine members, each serving a three-year term, to ensure proper representation of the various disciplines for this award .

(m) **Science Information Committee** of nine members to develop programs for promoting to the public and the dental profession knowledge resulting from dental, oral and craniofacial research, including policy statements, position papers, and white papers .

3. JOINT PUBLICATIONS

(a) **MEMBERS OF THE IADR/AADR PUBLICATIONS COMMITTEE.**

The IADR/AADR Publications Committee's role is to review the quality and financial status of the *Journal of Dental Research* and other journals owned jointly by IADR/AADR . Membership consists of: three representatives from IADR; three representatives from AADR; most recent Past Presidents of IADR and AADR no longer serving on the Boards, who alternately serve as Chairs of the Committee; the IADR and AADR Treasurers; the Editors of the jointly owned journals . The Editor-in-Chief and Associate Editors(s) of all jointly owned journals and Chief Executive Officer shall serve as members without vote .

(b) **THE IADR/AADR PUBLICATIONS COMMITTEE** will analyze and make recommendations regarding publication of all journals to the Editors-in-Chief and Associate Editors and the Chief Executive Officer and will report annually to the IADR and AADR Councils through the Joint Boards of Directors .

(c) **TERM OF OFFICE OF APPOINTED/ ELECTED MEMBERS.** Each member shall be appointed or elected for a three-year period, the terms staggered so that one each from IADR and AADR is selected each year, except in case of vacancy . The most recent Past President of IADR and AADR no longer serving on the Board will serve for one year .

(d) **REPORTS.** Annually and at such other times that the Council, the Chief Executive Officer, or the Editors-in-Chief may direct, the Publications Committee shall report to the Council concerning the conduct of the joint publications .

4. TERMS OF APPOINTMENT TO COMMITTEES shall be three years unless otherwise stated in the Constitution or Bylaws .The terms shall be so staggered that new members are appointed each year, except in case of a vacancy .

SECTION E. MEETINGS

1. **GENERAL SESSIONS.** The time and place of each annual General Session shall be determined by the Council .

   The Council shall meet in conjunction with each annual General Session .

   In years where the General Session is unable to be held for any reason, the Council shall meet by electronic means and this meeting shall serve as the conclusion of the Association year .

2. **SCIENTIFIC SESSIONS.**

   (a) The arrangements for the scientific program of each annual General Session of the Association shall be made in accordance with the instructions from the Association or the Council by an Annual Session Committee .Additional members may include (a) representative(s) from the Local Organizing Committee and the host/sponsoring Division(s) .

3. **REGISTRATION FEES.** The Council shall determine the amount of the registration fees for the annual General Session .Members whose dues have not been paid through the current year will be required to pay the non-member fee .

SECTION F. QUORUM/RULES

1. **COUNCIL.** At any meeting of the Council, a quorum shall be comprised of at least one-half of the Council members, representing at least one-half of the Divisions existing at the time of the meeting, and provided notice of the meeting shall have been given in fact or mailed to all members at least 60 days prior to the date on which the meeting is called .
2. **RULES.** The Association shall operate under the rules of Parliamentary procedure as outlined in "Roberts' Rules of Order" .In the event of a tied vote for an Officer position, the Council will determine the outcome by ballot at its annual meeting .

SECTION G. AUTHORIZED BANKS AND EXPENDITURES

Funds of the Association shall be deposited in a bank or banks, or invested in securities approved for the purpose by the Board of Directors .Authorized expenditures from the general funds of the Association shall be made by check, each of which must be signed by the President, the President-elect, the Vice-president, the Treasurer, or the Chief Executive Officer, provided each expenditure is within the limit of each budgeted item .

SECTION H. DEFINITIONS

1. Members of this Association, for purposes of notice or other communications or actions, are those persons who are members according to the latest information possessed by the Chief Executive Officer at the time of mailing of the notice or communication, or at the time of the action .
2. Notice shall be considered to have been given to a member when a written statement of the notice has been mailed to the member at the last address for the member known to the Chief Executive Officer at the time of the mailing .
3. In this Constitution and Bylaws, "mail" is understood to mean any form of communication from the Association to the members, including traditional mail and electronic mail .
4. The term "Joint Boards" is understood to mean the Board of Directors of IADR functioning jointly with the Board of Directors of AADR to carry out duties pertaining to the joint activities mentioned in this Constitution and Bylaws or otherwise agreed to .

The 53rd Annual Meeting of the AADOCR

The 102nd General Session of the IADR was held in conjunction with the 53rd Annual Meeting of the American Association for Dental, Oral, and Craniofacial Research (AADOCR) and the 48th Annual Meeting of the Canadian Association for Dental Research on March 13-16, 2024 .The event provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest cutting-edge research in New Orleans, LA, USA .

The meeting was attended by 4,280 total delegates representing 85 different countries .Those in attendance attending the meeting could choose from among 399 Oral Presentations, 2,147 Poster Presentations, 9 Lunch & Learning Sessions, 19 Hands-on Workshops, 7 Satellite Symposia, 85 Symposia, and three Distinguished Lecture Series plenary sessions .Delegates also had the opportunity to visit the exhibit hall, which had 19 Corporate booths and 64 Institutional booths .

The 2024 Distinguished Lecture Series speakers were Barbara Burtness, Anthony N .Brady Professor of Medicine, Yale Cancer Center, USA, Jukka Jernvall, Academy Professor, University of Helsinki, Finland, and Paul Whelton, Show Chwan Professor of Global Public Health, Tulane University, USA .

Satoshi Imazato was installed as IADR's President at the conclusion of the 2024 General Session .His inaugural address, "We Are the Ones Who Make a Brighter Day, So Let's Start Research," is published in the *Journal of Dental Research* .

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

- 3M for being a Gold Scientific Session Partner
- The Borrow Foundation in support of the IADR E W . Borrow Memorial Award
- CareQuest Institute for Oral Health for being a Bronze Scientific Session Partner and in support of an IADR Distinguished Scientist Award
- Church & Dwight Co , Inc .in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Gold Scientific Session Partner and in support of the IADR Council Dinner, the IADR Past Executives' Business Meeting, the IADR Colgate Research in Prevention Travel Awards, IADR Distinguished Scientist Awards, a Symposium, and an Industry-Sponsored Symposium
- Delta Dental for being a Bronze Scientific Session Partner
- Dentsply Sirona for being a Bronze Scientific Session Partner and in support of an IADR Distinguished Scientist Award
- GC Corporation in support of the Networking Center and an Industry-Sponsored Symposium
- Geistlich being a General Meeting Sponsor
- Haleon in support of a Symposium, an Industry-Sponsored Symposium, IADR Distinguished Scientist Awards, the Innovation in Oral Care Award, and the Coffee Station
- The Henry Schein Cares Foundation in support of a Symposium
- The IADR Dental Materials Group in support of an IADR Distinguished Scientist Award
- IR Scientific in support of an Industry-Sponsored Symposium
- J .Morita in support of the IADR/AADOCR William J .Gies Award, the IADR Distinguished Service Award, and for being a General Meeting Sponsor
- Kenvue in support of an IADR Distinguished Scientist Award and the IADR Joseph Lister Award for New Investigators
- The Osteology Foundation in support of the IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of the IADR/AADOCR/CADR President's Reception, an Industry-Sponsored Symposium, and in support of an IADR Distinguished Scientist Award
- The Sarnat Family Foundation in support of an IADR Distinguished Scientist Award
- Shofu in support of an Industry-Sponsored Symposium
- Unilever Oral Care in support of an IADR Distinguished Scientist Award

Proceedings of the AADOCR 2024 Council Meeting

AADOCR Council Meeting • March 13, 2024 • 9 a.m. – 12 p.m. UTC
New Orleans Convention Center, New Orleans, LA

AADOCR Board of Directors: President, Alex Vieira; President-elect, Effie Ioannidou; Vice President, Jennifer Webster-Cyriaque; Treasurer, Ana Bedran-Russo; Immediate Past President, Jane Weintraub; Members-at-Large: Benjamin Chaffee, and Erin Bumann; Board Member, Mark Heiss; Student Representatives, Seung Jin (James) Jang and Shawn Hallet; Patient Advocate Paige Falion; *JDR* Editor-in-Chief, Nick Jakubovics; *JDR CTR* Editor-in-Chief, Jocelyne Feine; and Chief Executive Officer, Christopher Fox .

Board Member Brian Foster was unable to attend .

Incoming Board Member, Modupe Coker and Incoming Student Representative, Caris Smith were in attendance .

AADOCR Councilors from Groups/Networks: Behavioral, Epidemiologic and Health Services Research Group, Raul Garcia; Clinical and Translational Science Network, Theresa Madden; Craniofacial Biology Group .Lorri Morford; Dental Anesthesiology and Special Care Research Group, Justin Hunt; Dental Materials Group, Saulo Geraldeli; Digital Dentistry Research Network, Adaias Matos; Education Research Group, Man Hung; Lasers & Bio-photonics Group, Georgios Romanos; Microbiology/Immunology Group, Gill Diamond; Mineralized Tissue Group, Hongli Sun; Minimally Invasive Dentistry Network, Athena Papas; Network for Practice-based Research, Linda Kaste; Neuroscience Group, Estephan Moana-Filho; NSRG Student Research Group, Christina Jones; Nutrition Research Group, Teresa Marshall; Oral Health Research Group, Patricia Lenton; Oral Medicine and Pathology Group, Cristiane Squarize; Periodontal Research Group, Hatice Hasturk; Prosthodontics Group, Mijin Choi; Pulp Biology and Regeneration Group, Fatima Syed-Picard; Salivary Research Group, Kihoon Nam; Stem Cell Biology Group, Jacques Nör; Student Training and Research (STAR) Network, Ana Bedran-Russo; Women in Science Network, Grace De Souza .

AADOCR Councilors from Sections: AADOCR Corporate Section, Shashikant Singhal; Alabama Section, Hope Amm; Boston Section, M .Marianne Jurasic; Chicago Section, Linda Kaste; Colorado Section, Jeffrey Stansbury; Dallas Section, Yongbo Lu; Georgia Section, Rafael Pacheco; Houston Section, Chun-The Lee; Indiana Section, Simone Duarte; Iowa Section, Alberto Gasparoni; Kansas City Section, Mary Walker; Kentucky Section, Dolphus Dawson; Long Island Section, Stephen Walker; Michigan Section, Hajime Sasaki; Missouri Section, Sharon Gordon; Nashville Section, Jacinta Leavell; New Jersey Section, Mona Alikhani; New York Section, Chinapa Sangsuwon; Oregon Section, Ana Paula Fugolin; Pittsburgh Section, Fatima Syed-Picard; Rochester Section, Linda Rasubala; Seattle Section, Lisa Heaton; Utah Section, Lilliam Pinzon; Washington DC Section, Claudia Cotca; Wisconsin Section, David Berzins .

Non-voting Councilors and Observers: AADOCR Annual Session Committee, Justin Merritt; AADOCR Committee on Diversity and Inclusion, Bruno Lima; AADOCR Development Committee, Matthew Doyle; AADOCR Ethics in Dental Research Committee, Marcelo Araujo; AADOCR Honorary Membership Committee, J .Timothy Wright; IADR/AADOCR Tellers Committee, Liran Levin; New Jersey Section, Steven Singer; San Francisco Section, Rebecca Moazzez .

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; Executive Assistant to the CEO and Recording Secretary, Brenda Moreno .

The meeting was called to order at 9:09 a m .

1. ADMINISTRATIVE

1.1. Council Attendees

It was ascertained that a quorum was present .Dr . Vieira welcomed everyone to the meeting .

1.2. Approval of Council Agenda

Motion 1: That the March 13, 2024, AADOCR Council meeting agenda be approved .

Motion 1: Georgios Romanos

Seconded: Lisa Heaton

The motion passed unanimously .

1.3. Approval of March 2023 Council Minutes

Motion 2: That the March 7, 2023, AADOCR Council meeting minutes be approved as submitted .

Motioned: Hope Amm

Seconded: Dolphus Dawson

The motion passed unanimously .

1.4. Election Results – Tellers Report

Dr .Vieira reviewed the election results and congratulated the newly elected Vice President Nisha D'Silva and AADOCR Representative to the IADR/AADOCR Publications Committee, Abraham Schneider .

The successful candidates will begin their terms at the conclusion of the 2024 IADR/AADOCR/CADR General Session & Exhibition .

1.5. President's Report

Dr .Vieira noted that the President's Report is provided for information and

took a moment to review his written report included in the manual .

1.6. CEO's Report

Dr .Fox noted that the CEO's report is provided for information and gave a brief overview of his report . He highlighted the upcoming IADR/AADOCR/ CADR General Session and Exhibition, specifically the Distinguished Lecture Speaker Series .

2. BOARD OPERATIONS COMMITTEE (BOC)

2.1. Nominations for AADOCR Vice President

Dr .Vieira gave a brief overview of Azeez Butali, Margherita Fontana, and Luciana Shaddox's qualifications .Dr .Vieira opened the floor for discussion .

Motion 3: That Azeez Butali, Margherita Fontana, and Luciana Shaddox be considered as candidates for the AADOCR election of AADOCR Vice-President .

Motioned: Jacques Nör

Seconded: Athena Papas

The motion passed unanimously .

2.2. AADOCR Treasurer Candidates

Dr .Vieira gave a brief overview of Mary Farach-Carson, Julie Frantsve-Hawley, and Frank Lippert's qualifications and opened the floor for discussion .

Motion 4: That Mary Farach-Carson, Julie Frantsve-Hawley, and Frank Lippert be to stand for election by the membership in 2024 for the office of AADOCR Treasurer .

Motioned: Jacques Nör

Seconded: Christina Jones

The motion passed unanimously .

2.3. AADOCR Member-at-Large

The nominees left the room for this portion of the Council discussion .

Dr .Vieira gave a brief overview of Hope Amm, Grace D'Souza, and Ana Paula Fungolin's qualifications .Dr . Vieira opened the floor for discussion and Athena Papas recommended Georgios Romanos be added to the ballot for consideration .The Council discussed the 3 candidates alongside Georgios Romanos, the proposed 4th candidate from the floor .The ballots were counted, and Hope Amm was selected to stand for approval by the Council .

Motion 5: The AADOCR Council appoints Hope Amm as the 2024-2027 AADOCR Member-at-Large .

Motioned: Christina Jones

Seconded: Saulo Geraldeli

The motion passed unanimously .

2.4. AADOCR Board Member

Dr .Vieira welcomed Modupe Coker to the AADOCR Board of Directors .

2.5. AADOCR Representative to the IADR/ AADOCR Publications Committee

Dr .Vieira reviewed the candidates for the IADR/ AADOCR Publications Committee and opened up the floor for discussion .

Motion 6: That Stefan Habelitz and Ariadne Letra be considered as candidates for the AADOCR election of AADOCR Representative to the IADR/AADOCR Publications Committee .

Motioned: Hatice Hasturk

Seconded: Effie Ioannidou

The motion passed unanimously .

2.6. Approval of Committee Appointments

Dr .Vieira reviewed the Committee Appointments presented in the manual .

Motion 7: To accept the 2024-2025 AADOCR and Joint (IADR/AADOCR) Committee appointments as presented by the AADOCR Board Operations Committee .

Motioned: Saulo Geraldeli

Seconded: Christina Jones

The motion passed unanimously .

2.7. Revised IADR/AADOCR MOU

Dr .Vieira reviewed the revised IADR/AADOCR MOU and highlighted the following:

- The relationship between the IADR and the AADOCR is governed by a Memorandum of Understanding (MOU) which was last updated in 2005 .In the intervening nearly 20 years, the regional structure was adopted, the Associations have expanded their names, there is a new jointly owned *JDR CTR* publication, the title of the chief staff officer has changed, and the business office is now referred to as the Global Headquarters .In addition to these overdue housekeeping changes, a change to the formula for sharing a General Session Meeting Dividend is proposed .Previously, a Meeting Dividend was shared regardless of an overall General Session surplus or deficit .The business environment for General Sessions has changed considerably since 2005, most notably since COVID in 2020, and recent General Sessions have failed to generate a surplus . Both the IADR and AADOCR Boards have agreed it is fiscally prudent to only share a Meeting Dividend when the General Session generates a surplus .

Motion 8: That the Council approve the revised MOU as recommended by the AADOCR Board of Directors .

Motioned: Lorri Morford

Seconded: Rafael Pacheco

The motion passed unanimously .

3. PERFORMANCE MONITORING/AUDIT COMMITTEE (PMAC)

3.1. AADOCR 2022 Independent Auditors' Report

Dr .Bedran-Russo 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 .

She also highlighted the following:

- Assets are overwhelmingly made up of the investment portfolio (87%) .
- Liabilities are very small in comparison to assets . Mostly made up of Accounts payable, Deferred compensation payable, Deferred Dues and Annual Meeting Revenues and Sponsorship amounts received for future years .
- Net Assets were $8 1 Million at the end of 2022, down $2,593,000 from 2021 due in a large part to market value investment losses in 2022 .
- The Association's financial position continues to be strong despite large investment portfolio losses in 2022 that were in line with the broader market .
- The main sources of Revenue in 2022 are from Dues, Meeting Registrations, Contributions/ Sponsorships and Publications .
- The main expense categories are Meetings, Government Affairs, Management, Awards, Grants & Followships and Publications costs .
- The 2022 change in Net Assets from Operating Activities was a deficit of ($431,000) due to lower than budgeted dues revenue and a larger than expected meeting deficit due to lower than expected sponsorships and exhibitor fees and higher than expected AV costs .
- When 2022 investment losses are included, Net Assets decreased by $2,593,000 for the year .
- Investments make up such a large percentage of our total assets (87% in 2022), that changes in net assets are most dramatically affected by investment returns .For example, 2022, like 2018 saw a decrease in Net Assets due to investment losses, 2021, 2019 and 2017 saw sharp increases in Net Assets due to strong investment returns . 2020 was unusual due to the large operating loss caused by AADOCR's 50% share of the cancelled joint meeting loss, which was partially offset by strong investment returns . Tight budgets have kept Operating Net Income relatively low each year, so it has little impact on Net Assets .
- Despite the challenges of the last several years, Net assets have remained relatively unchanged primarily due to strong positive investment returns in several of those years .

Motion 9: That the AADOCR Council approves the AADOCR 2022 Independent Auditor's Report .

Motioned: Georgios Romanos

Seconded: Linda Kaste

The motion passed unanimously .

3.2. Investment Portfolio Report

Dr .Bedran-Russo reviewed the investment portfolio and highlighted the following:

- Following large negative investment returns of (16 5%) in 2022, the AADOCR investment portfolio was up by 15 6% in 2023 .
- The portfolio balance at the end of 2023 was just over $8 7 million (an increase of $423,000 from year end 2022) . This net increase takes into account the $810,000 of investments sold in 2023 to fund operations .
- The market consensus is for modest growth in 2024, although market returns have been strong in the first two months of 2024 .
- The portfolio continues to screen for both SSB and tobacco companies .
- The portfolio is used to fund operations, as well as various projects, awards, and grants .
- Withdrawals from the portfolio had been infrequent . However, 2023 was one of the years in which withdraws were necessary to fund ongoing operations . As mentioned above, $810,000 of investments were sold in 2023 to fund operations . Withdraws of $560,000, $230,000 and $1,151,000 were made in 2022, 2021 and 2020, respectively .

3.3. Unaudited 2023 Year-End Estimate

Dr .Bedran-Russo reviewed the unaudited 2023 year-end estimate and highlighted the following:

- The unaudited year-end estimates show a balanced budget ($0 Overall Net Income) with an investment allocation being used to balance the budget .
- The 2023 results were $62,000 favorable to the budget .This is primarily due to a lower-than-expected general operations deficit, a greater-than-expected meeting surplus and a better-than-expected publications surplus .
- A $496,000 investment allocation is expected to be needed to balance the budget versus the $558,000 investment allocation that was budgeted, or $62,000 less or favorable to budget .
- AADOCR membership increased 9% between non-member annual meeting registrants being extended a membership (4 0%) and membership growth (5 1%) .The 2023 budget included an expected 5 0% increase in membership .
- Expenses are expected to be $3,000 less than budget due to due to lower than expected member recruitment costs, organizational dues and programmatic sponsorships, partially offset by higher-than-expected Board, government affairs and NSRG Board meeting costs .
- The overall meeting surplus is expected to be $79,000, which is $24,000 greater (better) than the $55,000 surplus budgeted . This is due to greater than expected registration revenues and lower than budgeted travel, staffing and promotion & printing costs .
- The Research Summit was the FFS for 2023 . No registration fees were collected and sponsorships and the MIND The Future grant covered most of the direct costs of the meeting .The expected deficit is just over $32,000 which is $4,000 greater than the budgeted deficit .

- GHQ - Salary & benefits costs are expected to be $5,000 lower than budget primarily due to lower than expected benefits costs .
- GHQ Overhead costs are expected to be $46,000 greater than budget primarily due to higher than budgeted information technology costs (due to additional system configuration work that was needed for the Nimble AMS and website) .
- The *JDR* surplus is currently expected to be about $60,000 greater than budgeted .Royalty income is estimated to be approximately $55,000 greater than the budgeted amount .
- The *JDR CTR* deficit is expected to be similar to budget .Royalty income is currently estimated to be $1,000 less than the budgeted amount .

Dr .Bedran-Russo noted that additional details about the expected 2023 financial results can be found in the Council Manual .

4. STRATEGIC AND OPERATIONAL PLANNING COMMITTEE (SOPC)

4.1. *JDR* Editor-in-Chief Report

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

- In the latest metrics, published in June 2023, the *JDR* achieved another high 2-year Journal Impact Factor™ (JIF) of 7 6 ranking #3 of 91 journals in "Dentistry, Oral Surgery & Medicine" .The journal remains #1 in terms of total citations at 25,849 and continues to perform strongly in other metrics such as Article Influence Score and Eigenfactor .
- *JDR* has a broad international reach, with papers accepted from 26 different countries .

Dr .Jakubovics encouraged Councilors to review the report included in the manual .

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

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

- The *JDR CTR* is in its 8th year of existence (January 2024 issue),
- After 7 years of publishing 4 issues/year, our first impact factor was announced at 3 0, which is an exceptionally high rating for such a new journal with only 4 issues/year .
- Experienced researchers are often not able or willing to act as reviewers; thus, we have been taking steps to train graduate students and early career investigators students in how to carry out proper reviews, as well as to encourage and empower them to participate as reviewers:
  - Following up on Effie Ioannidou's initiative, our Associate Editor, Vanessa Muirhead, is now spearheading the latest iteration of the yearly NSRG Reviewer Workshop titled "Becoming an Effective Peer Reviewer" to be held on March 14th from 8:00 to 9:30am in Room 276 .
- Vanessa Muirhead and Jocelyne Feine also plan to provide reviewer workshops for our SAB members who will then use the material to train future reviewers in their countries .

4.3. Philanthropic Update

Dr .Ioannidou noted that as of February 1, 2024, AADOCR has received more than $1 5 million in donations and planned gifts since 2014 .AADOCR has matched $339,189 in endowment funds and received $450,000 in estate gifts .

4.4. Approval of the 2024 AADOCR Budget & 2024 Joint IADR/AADOCR Budgets

Dr .Ioannidou reviewed the 2024 AADOCR budget and the 2024 Joint IADR/AADOCR budgets highlighted the following:

- General Operations are always in deficit due to the costs of staff salaries, benefits, HQ overhead, Board costs, and Government Affairs advocacy costs .Meeting budgets are typically strongest in years when we have Joint IADR/AADOCR meetings (2020 and 2021 of course being the exceptions due to Covid!) . The joint New Orleans meeting is budgeted for a modest surplus .
- Overall, 2024 shows a balanced budget, this is only achieved with a $615,000 allocation from the Investment Portfolio .
- For 2025 & 2026 targeted meeting surpluses were calculated to assist the Board and HQ in determining the level of meeting surplus needed to achieve a balanced operating budget (which is defined as a net operating budget deficit equal to the expected allocation to operations from the investment portfolio) .
- The expected needed investment allocation of $615,000 to balance the budget does exceed the Association's 4% investment spending policy, a situation that is not sustainable for future years .
- Staff continue several efforts to expand membership .The number of 2023 members exceeded 2022 members by 9%, nearly doubling the budgeted 5% goal . 2024 membership is aggressively budgeted for another 5% increase from 2023 .
- A modest surplus is budgeted for this joint meeting in New Orleans .The surplus shown includes meeting dividends, division share and AADOCR's 50% share of the remaining meeting surplus .Both Associations recognized cost savings beginning in 2023 by bringing meeting registration in-house .
- Under GHQ costs a full global headquarters staff is budgeted in 2024, IT costs are expected to remain high in 2024, however depreciation costs will begin declining in 2024 thru 2026 as capitalized costs associated with office renovations, the Nimble AMS system and the website redesign are fully depreciated .

- As has been typically done for *JDR & JDR-CTR*, to be conservative, a 5% reduction in Royalty income from expected 2023 results is budgeted for 2024 .The Editorial Stipend revenue provided by Sage remains unchanged .
- Approval of the 2024 budgets also includes approval of the 2025 subscription, dues, and registration rates shown in the executive summary .

Motion 10: That the AADOCR Council approves the 2024 AADOCR and Joint IADR/AADOCR Budgets which includes the 2025 member dues, subscriptions and meeting registration rates .

Motioned: Linda Kaste

Seconded: Saulo Geraldeli

The motion passed unanimously .

5. MEMBER/STAKEHOLDER RELATIONS COMMITTEE (MSRC)

5.1. Committee on Diversity and Inclusion Update

Dr .Weintraub reviewed the AADOCR Diversity and Inclusion Update and highlighted the following:

- The Committee on Diversity and Inclusion is once again presenting the symposium 'Diversity Matters' on Saturday, March 16 .
- AADOCR responded to the U S .Supreme Court's restriction of affirmative action programs via a press release .
- AADOCR has joined the NIDCR's Oral Health Research Workforce K-12 Pathway Task Force to work to expand the oral health research workforce pathway at the K-12 level .

Dr .Weintraub encouraged Councilors to review the manual for additional details on these initiatives .

5.2. Science Policy Update

Dr .Weintraub reviewed the Science Policy Update and highlighted the following:

- AADOCR responded to several Federal agencies' Requests for Information and for Comments, which are detailed in your manual .
- AADOCR provided a response to the APHA's Proposed Dental Amalgam Policy Statement which contained inaccuracies and detailed in AADOCR's response .

Dr .Weintraub encouraged Councilors to review the manual for additional details .

5.3. Government Affairs Update

Dr .Weintraub reviewed the Government Affairs Update and highlighted the following:

- AADOCR/ADEA/FNIDCR Advocacy Day 2024 will be held on April 10-11, 2024 in Washington, D C .
- AADOCR is spearheading an effort to have the NIDCR 75th Anniversary Congressional Resolution that recognizes NIDCR's decades of scientific accomplishment .
- Party leaders agreed on funding levels for Fiscal Year 2024 appropriations and a continuing resolution was extended to March 1 for four bills and March 8 .
- Dental Coverage was expanded under ACA and Medicare .
- The FDA postponed its ban on menthol cigarettes and flavored cigars and remains on hold .

5.4. AADOCR Friends of NIDCR Update

Dr .Weintraub noted that the FNIDCR Patient Advocacy Council continues to communicate with congressional leaders and conduct meetings with NIDCR .

5.5. NSRG Update

Dr .Weintraub reviewed the NSRG Update included in the manual and highlighted the following:

- Elections were recently held, and new members are listed in the manual .
- NSRG is presenting a symposium and hands-on workshop at the General Sessions .Details on all are included in the manual .

5.6. Approval of IADR and AADOCR Tobacco Funded Research Policy Statement

Dr .Weintraub reviewed the IADR and AADOCR Tobacco Funded Research Policy Statement and noted that the IADR and AADOCR Boards jointly requested the creation of a task force to draft a policy statement that will govern how the Association deals with abstracts and manuscripts funded by tobacco companies .AADOCR has Tobacco and Electronic Nicotine Delivery Systems position statements that were adopted in 2023, but this is the first to address tobacco-funded research .

The statement was shared with the IADR Community for comments which were submitted to MSRC and BOC for approval .

Motion 11: That the Tobacco Funded Research Policy Statement be approved by the Council as submitted .

Motioned: Raul Garcia

Seconded: Theresa Madden

The motion passed unanimously .

6. IN MEMORIAM

Dr .Vieira led Council members in observing a moment of silence in honor of AADOCR members who have passed during the preceding year .

There being no other business, the meeting was adjourned at 11:07 a.m.

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

Effie Ioannidou
University of California, San Francisco

AADOCR Presidential Address by Effie Ioannidou at the 53rd Annual Meeting of the AADOCR/CADR

IADR President Klein, AADOCR President Vieira, and CADR President Kishen, friends and colleagues .

It is a privilege to stand before you in New Orleans as your 53rd AADOCR president, the 11th woman, and the 2nd Greek American woman to hold this esteemed position .A testament to my dedication to this organization is my annual absence from my daughter's birthday .

Reflecting on my journey, I vividly remember my pride when my first IADR/AADR poster was accepted in the mid-'90s .Within the AADOCR, I discovered a community where I shared my aspirations, fears, news, and research findings .This community spoke my language; these were my people .

Together, we have navigated several challenges: a global pandemic, pivotal elections, landmark Supreme Court decisions, significant personal and professional milestones, relocations, study sections, and dreadful summary statements .We experienced debates and disagreements, yet our bond remained unbreakable with a shared commitment to oral, dental, and craniofacial research and innovation .

We stand at a critical juncture, contemplating the future of science and education .It is a moment of decision-making about inclusion and advancement .

Consider this: only 44% of research funded by NIDCR is conducted within academic dental institutions .Notably, dentist-scientists, primarily those previously receiving K-awards, secure their first R-awards, typically in their early 50s .While training grants exhibit a near-equal distribution between genders, a disparity emerges with R-awardees, where men are disproportionately represented .There is a need for diversity in the scientific workforce to retain and support underrepresented minorities and women scientists we train .We at MIND the Future developed a national mentoring network in a safe space for the mentees to support their science needs, professional work/life relationships, and well-being .The program, generously supported by NIDCR, has significantly benefited early career investigators from diverse, underrepresented backgrounds . After completing the program, 60% of our mentees secure NIH awards .

The NIH's principle of funding excellence is paramount; however, dental institutions must actively support early and mid-career dentist-scientists in pursuing research excellence and grant acquisition .We can no longer afford delay .In 1995, the Institute of Medicine emphasized the critical role of scholarship and research in university-based education to improve oral health .At this pivotal moment, when science and technology advance rapidly, dental education must foster a culture of scientific inquiry and curiosity .

Academic institutions *must* move beyond NIH funding to support the efforts of clinicians or dentist scientists .This entails a dual responsibility, underscored by the Commission on Dental Accreditation (CODA) .However, although CODA Standard 6 exists, its flexibility allows schools to meet the requirements with minimal effort and investment .Is this enough? It is not .To serve the public and advance oral health in America, we need to do more .

Here is my call to action for you: Do not remain complacent—your career, profession, community, and the public welfare are at stake .Use your voice powerfully and persuasively .

While lobbying in Congress for increased research funding is essential, advocating within your institutions for developing supportive frameworks for early career investigators is equally crucial .This includes time protection and financial support for research .Engage with CODA during public hearings to advocate for revisions to Standard 6, demanding greater accountability and specific reporting on financial investments in research and the explicit requirement on how time protection of dentist- and clinician-scientist occurs .

Together, as a collective of approximately 3,000 individuals united by a singular passion, we possess the strength to champion research across all schools for the benefit of the students and the public at large .Together, we can make a difference .

Editor's Report for the Journal of Dental Research, 2024 (See page 11)

Editor's Report for the JDR Clinical & Translational Research, 2024 (See page 16)

Chief Executive Officer's Report

OVERVIEW

The 53rd Annual Meeting of the American Association for Dental, Oral, and Craniofacial Research (AADOCR) was held in conjunction with the 102nd General Session of the IADR and the 48th Annual Meeting of the Canadian Association for Dental Research (CADR) on March 13-16, 2024 .The event provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest cutting-edge research in New Orleans, LA, USA .

The meeting was attended by 4,280 total delegates representing 85 different countries .Those in attendance attending the meeting could choose from among 399 Oral Presentations, 2,147 Poster Presentations, 9 Lunch & Learning Sessions, 19 Hands-on Workshops, 7 Satellite Symposia, 85 Symposia, and three Distinguished Lecture Series plenary sessions .Delegates also had the opportunity to visit the exhibit hall, which had 19 Corporate booths and 64 Institutional booths .

Meeting Within a Meeting: Women in Dental, Clinical, and Translational Research

The 2024 AADOCR/CADR Annual Meeting featured a two-day "Meeting Within a Meeting" on the topic of "Women in Dental, Clinical, and Translational Research" organized by AADOCR Then- President Alexandre Vieira .During these sessions, speakers were challenged to reflect on how women are differentially affected by health and societal issues by factors that go beyond biology .The goal was to promote current research on women issues that are relevant to dental, oral, and craniofacial scientists .These sessions are summarized in the upcoming issue of *Advances in Dental Research* .

Day one provided an overview of sex biology and the origin of sex disparities, the impact of such disparities on the well-being of women, an analysis of the effect of autoimmune diseases on women, and the impact of gender on TMD and orofacial pain processes in the brain .Day two focused on incorporating sex as a biological variable into clinical and translational training, promoting health for underserved populations, and the role of heart disease as a leading cause of death among women .

The Meeting Within a Meeting concluded that health promotion for underserved women should encompass gender and health equity and include access to dental care, oral health education, oral health promotion during pregnancy, and cultural competency .It should also address intersectionality to target oral health disparities, incorporate community-based interventions, policy, and advocacy .Collaborative partnerships, preventive care and early intervention, and the empowerment and self-care of women are essential components in this comprehensive approach .

PUBLICATIONS

The *Journal of Dental Research* (*JDR*) 2-Year Journal Impact Factor™ is now 5 .7, ranking it tied for #4 of 158 journals in the "Dentistry, Oral Surgery & Medicine" category . The *JDR Clinical & Translational Research* (*JDR CTR*) Journal Impact Factor™ is now 2 .2, ranking tied for #52 in the same category . The*JDR* 5-year Journal Impact Factor™ is again 7 .6, ranking #4 of 158 journals . Its new Immediacy Index of 1 .1 is ranked #13 of 158, and its Article Influence score of 1 .771 is ranked #4 of 158 . The*JDR* ranks #1 of 158 journals in total citations, with a total of 24,424 in 2023, and ranks #3 in Eigenfactor with a score of 0 .01265 . The*JDR CTR* now has an Immediacy Index of 0 .3 and an Eigenfactor score of 0 .00142 . This news comes from the 2023 Journal Citation Reports® (Clarivate™, 2024) .

AADOCR President's Inaugural Address

Effie Ioannidou was installed as AADOCR's President at the conclusion of the General Session .View her inaugural address, "Don't Keep Calm, Give a Damn!"

AADOCR Awards Presentations

View the AADOCR Awards presentation shown during the Opening Ceremonies of the 2024 IADR/AADOCR/CADR General Session & Exhibition .Congratulations to all the winners!

IADR/AADOCR announced the publication of revised guidelines for adequately reporting findings from oral health research .The new guidelines, called the "OHStat Guidelines," were published in *JDR* in July as part of a collaborative effort with *The Angle Orthodontics, Journal of Endodontics, Journal of the American Dental Association,* and *Journal of Oral Maxillofacial Surgery* .On July 12, *JDR* Editor-in-Chief Nick Jakubovics hosted an informational webinar, "OHStat: Introducing New Statistical Guidelines for Oral Health Research," which was broadcast in the IADR Webinar & CE On Demand Library .A companion paper was also published in *JDR CTR* in July .

Another key study published in *JDR* this year highlights the global economic impact of oral diseases, which reached an estimated $710 billion in 2019 due to treatment costs and productivity losses .The study reveals stark spending disparities, with high-income countries averaging $260 per capita on dental care versus $0 52 in low-income countries .These findings emphasize the need for prioritized, cost-effective oral health programs and improved data monitoring, as supported by recent WHO oral health initiatives .

A special issue of *JDR* in late 2024 will highlight the innovations and applications of advanced imaging techniques for the benefit of dental, oral, and craniofacial health .The guest editors are Dana Graves, University of Pennsylvania School of Dental Medicine, and Sergio Uribe, Rīga Stradiņš University, Latvia .

An upcoming supplement to *JDR CTR* entitled, "Medical-Dental-Behavioral Integration: Embracing Whole Person Health in Research and Practice" emphasizes and supports establishing and maintaining integrated health care systems that address all aspects of a person's health, given the complex links between oral, behavioral, and systemic health .

JDR Featured Editor's Collection Articles

Every month, the *Journal of Dental Research* highlight 2-3 articles to be included in the Featured Editor's Collection and offers free access to these papers for 30 days after the publication of the issue .Included in 2024 are:

- "Injectable Tissue-Specific Hydrogel System for Pulp–Dentin Regeneration" by Y .Han, J .Xu, and M C .Bottino . *Journal of Dental Research* https://doi org/10 1177/00220345241226649
- "The Essential Role of Proteoglycans and Glycosaminoglycans in Odontogenesis" by J .Chen, T .Sun, and J .Wu .*Journal of Dental Research* https://journals sagepub com/doi/abs/10 1177/00220345231224228
- "Intelligently Quantifying the Entire Irregular Dental Structure" by H .Liu, J .Duan, and Z .Chen .*Journal of Dental Research* https://journals sagepub com/doi/abs/10 1177/00220345241226871

AADOCR WEBINARS & CONTINUING EDUCATION

The IADR Webinar & CE On Demand Library allows users to participate in upcoming live webinars and view the growing portfolio of on demand educational content .To help expand our offerings, 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 .2024 AADOCR webinars included:

- **Recruitment Opportunity for DDS/DMD Students: NIH Medical Research Scholars Program (2025-2026)**
  Sponsored by the AADOCR National Student Research Group
  October 24, 2024
- **Scientific Peer Review: Fundamentals and Implications on Scholarly Impact**
  Sponsored by the AADOCR & CADR National Student Research Groups
  October 15, 2024
- **Honing Your Research Presentation Skills and Scientific Communication**
  Sponsored by the AADOCR & CADR National Student Research Groups
  August 14, 2024
- **IADR/AADOCR Institutional Sections' and Research Deans' Meeting: Oral Health for All Realizing the Promise of Science**
  Sponsored by AADOCR
  March 27, 2024

MEMBERSHIP

As of October 1, 2024, AADOCR had 3,147 members, representing 34 6% of the IADR membership of 9,090 .This represents a 9 6% increase from 2023 .

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 November 2024, AADOCR had 9 Corporate Section members and 110 Institutional Section members .

Continuing from 2015, complimentary membership in one of the 36 IADR Scientific Groups and Networks is included as an IADR membership benefit .Participation in IADR Scientific Groups and Networks will enhance the overall membership experience . Members can join Scientific Groups or Networks beyond the included one for an additional fee .Students continue to receive up to three IADR Scientific Group or Network memberships as part of their dues .

AADOCR Ambassador Program

As part of AADOCR's Science First initiative, the AADOCR Ambassador Program is a group of highly-motivated members who help attract new investigators, particularly those funded by NIDCR, as well as authors, students, and other professionals engaged in DOC research .Calls for members to become AADOCR Ambassadors by recommending their colleagues for membership are made several times throughout the year .

MARKETING & COMMUNICATIONS

AADOCR will engage its current and prospective members via its website, marketing automation & email blast platform (Higher Logic), the *Global Research Update* monthly newsletter, webinar library, social media channels (LinkedIn, X (formerly Twitter), Facebook, Instagram, and YouTube), and our online community .IADR/AADOCR emails have again shown consistently strong performance throughout the year .As of November 2024, the average open rate for all emails sent to groups of more than 100 members was 49 0%, down from 52 3% in 2023 but still above the 38 6% industry average for Nonprofits .The average clickthrough rate for our emails in 2024 was 6 4%, up from 4 93% in 2023 and well above the industry average .

Social Media

AADOCR regularly publishes content on the AADOCR @AADOCR, *JDR CTR* @JDRClinTransRes, and the *JDR* @JDentRes X (formerly Twitter) accounts .Among the new tactics implemented in 2024 has been a customized promotional campaign for first-time presenters at the AADOCR Annual Meeting, an expanded presence on the Instagram platform to reach the younger demographic that comprises its principal user base, and an increase in the frequency of engagement with AADOCR mentions by third-party accounts .

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 .

Ask Me Anything

Ask Me Anything (AMA) is a live, one-hour virtual event where IADR Community members interact through online discussions with an expert in dental, oral, and craniofacial research .AMA events are held exclusively on the IADR Online Community and are available only to IADR members .Four have been held so far in 2024:

- **Newly Identified Pathogens in Periodontitis**
  Host: Flavia Teles
  Associate Professor of Microbiology
  University of Pennsylvania School of Dental Medicine
  February 7, 2024

- **Revolutionizing Oral Health from the Individual to Society**
  Host: Alejandra Garcia Quintana
  Research Coordinator
  UTHealth Houston
  May 31, 2024

- **The Use of Fine Art to Simplify Qualitative Research for Beginners**
  Host: Faaiz Alhamdani
  Assistant Professor
  Ibn Sina University of Medical & Pharmaceutical Sciences
  August 9, 2024

- **Accuracy of Intraoral Scanners**
  Host: Ji-Man Park
  Associate Dean of Planning and Coordination
  Seoul National University School of Dentistry
  November 4, 2024

FINANCE

The 2023 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, 2023, 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, 2023, AADOCR's total assets were $10 0 million (an increase of $0 5 million from 12/31/22) .The increase is primarily due to an increase in investments and contributions receivable, partially offset by a decrease in fixed assets .

Total revenues were $3 4 million up from $2 9 million in 2022 primarily due to higher membership dues, conference registrations and contributions & sponsorships .

Total operating expenses for 2023 were $3 6 million, up from $3 3 million in 2022, primarily due to increased Annual Meeting, government affairs, award and management & general costs .Net assets at the end of year were $8 9 million, an increase of $0 7 million from the end of 2022 .$8 2 million of the net assets were without donor restrictions .

Although unaudited, the AADOCR portfolio balance as of Q3 2024 was $9 4 million, an increase of $0 7 million from the balance as of December 31, 2023 . The increase is primarily due

strong investment returns year-to-date, partially offset by draws to fund operations . Cambridge Associates continues to provide investment advice to AADOCR, and the portfolio has met our benchmarks for the last several years despite market volatility .

Preliminary year-end estimates for 2024 based on YTD Q3 results project AADOCR ending the year needing a $505,000 investment allocation to get to a balanced budget as compared to a $615,000 budgeted investment allocation, or $110,000 favorable to budget .The lower than budgeted investment allocation is due to a smaller than expected general operations deficit due to lower allocated salary and benefit costs and government affairs costs and a greater than expected meeting surplus .

AADOCR MIND THE FUTURE

In September, AADOCR announced the program participants (mentees) for the fifth cohort of the AADOCR Mentoring an Inclusive Network for a Diverse Workforce of the Future (AADOCR MIND the Future) .

- **Marvellous Akinlotan**
  Texas A&M University, Dallas
- **Insoon Chang**
  University of California, Los Angeles
- **Renan Dal Fabbro**
  University of Michigan, Ann Arbor
- **Alice Goodwin**
  University of Pittsburgh, PA
- **Wei Huang**
  Rutgers University, Newark, NJ
- **Hagar Kenawy**
  University of Pennsylvania Children's Hospital of Philadelphia
- **Ejvis Lamani**
  University of Alabama at Birmingham
- **Yuan Liu**
  Temple University, Philadelphia, PA
- **Dayane Oliveira**
  University of Florida, Gainesville
- **Linda Sangalli**
  Midwestern University-Illinois
- **Caroline Sawicki**
  University of North Carolina at Chapel Hill
- **Zoe Zhu**
  Tufts University, Boston, MA

In 2020, AADOCR was awarded a five-year grant of more than $1 3 million by the National Institute of Dental and Craniofacial Research (NIDCR) in response to FOA RFA-DE-19-007: NIDCR Mentoring Network to Support a Diverse Dental, Oral and Craniofacial Research Workforce .The grant project dates are March 2020 through February 2025 (Grant No . 5UE5DE029439) .

Principal Investigators for the grant are David Drake, Professor of Microbiology, University of Iowa and the Iowa Institute for Oral Health Research, Effie Ioannidou, AADOCR President and Department Chair of Orofacial Sciences, University of California, San Francisco School of Dentistry, and IADR/AADOCR Chief Executive Officer Christoper Fox .The NIDCR program partner is Dr .Rachel Saré, Chief, Research Training and Career Development Program .

The primary goal of this NIDCR-funded program is to establish a mentoring network that will support a diverse pool of early career investigators, including individuals from diverse backgrounds (e g , see Notice of NIH's Interest in Diversity), in developing independent research careers dedicated to improving dental, oral and craniofacial health .Please see the AADOCR Website for more details .

The program will offer one year of educational activities and interactive opportunities between mentors and mentees to support the development of a diverse oral and craniofacial biomedical research workforce .Once the mentees complete the program in September 2025, they are able to continue as program alumni and remain engaged in the program .

SCIENCE POLICY UPDATE

AADOCR Continues to Support Community Water Fluoridation

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) is aware of the United States District Court – Northern District of California Food & Water Watch v .the United States Environmental Protection Agency (EPA) ruling that fluoridation of water at 0 7 milligrams per liter poses an unreasonable risk of reduced IQ in children .The Court's ruling relied heavily on United States National Toxicology Program (NTP) review ("NTP" is cited 131 times) .But the *NTP Monograph on the State of the Science Concerning Fluoride Exposure and Neurodevelopment and Cognition: a Systematic Review* released in August 2024 clearly stated, in bold, "**This Monograph and Addendum do not address whether the sole exposure to fluoride added to drinking water in some countries (i.e., fluoridation, at 0.7 mg/L in the United States and Canada) is associated with a measurable effect on IQ** ." The NTP review further stated that "[m]ore studies are needed to fully understand the potential for lower fluoride exposure to affect children's IQ ." Hence, the Court's decision exceeds what the NTP concluded .The AADOCR, and specifically the AADOCR Science Information Committee, conducted a thorough evaluation and risk of bias assessment of the studies

contained in the NTP review and in the Court's decision and reached a different conclusion than the Court .The AADOCR continues to support community water fluoridation as a safe and effective, evidence-based intervention for the prevention of dental caries .Nonetheless, the AADOCR respects the Court's decision and awaits the response from the EPA .In the meantime, AADOCR always welcomes new research on the safety and efficacy of community water fluoridation .

IADR and AADOCR Policy Statement on Tobacco Funded Research

In light of the tobacco industry's long history of deception and its ongoing efforts to undermine public health, the IADR and the American Association for Dental, Oral, and Craniofacial Research (AADOCR) will not accept symposia sessions or abstract submissions for IADR or AADOCR meetings that present research funded, in whole or in part, by a tobacco company (as defined above) .Additionally, IADR and AADOCR jointly own the *Journal of Dental Research* and the *JDR Clinical &Translational Research* .These journals will not consider papers in which support, in whole or in part, comes from a tobacco company .That support includes funding for research personnel, the research study itself, or publication and/or ancillary charges .It is well established that tobacco companies use peer-reviewed journals to promote their products or cast doubt on the adverse health effects of tobacco product usage .Companies also use paid or sponsored content to promote their products or to influence public policy .It is therefore unethical and irresponsible to support the reputation of the tobacco industry .By refusing to publish papers or allow conference presentations that are supported by tobacco companies, IADR and AADOCR are protecting public health and promoting the integrity of scientific research .

GOVERNMENT AFFAIRS UPDATE

Fiscal Year 2025 Federal Appropriations

AADOCR is prepared to engage Congress regarding FY 2025 appropriations .In early April, the Association finalized its annual dental community letter to congressional appropriators requesting adequate increases in funding for the federal agencies and programs engaged in dental research and oral health .The letter, cowritten with the American Dental Association (ADA), the American Dental Education Association (ADEA), and the American Academy of Pediatric Dentistry (AAPD), calls for $559 million (+7 5%) for the NIDCR in FY 2025 and includes recommended report language about some of the Institute's core research initiatives .

AADOCR Leads Opposition to NIH Restructuring Plan

On July 1, AADOCR issued a press release in response to the subcommittee mark-up of the House Appropriations Committee's Labor, Health and Human Services (HHS) spending bill for Fiscal Year (FY) 2025 .Earlier in the week, a House committee approved the FY 2025 Labor-HHS bill with drastic funding cuts to federal agencies and programs that are critical to advancing medical research, science, and our public health infrastructure .The committee also brazenly appropriated funds to an unauthorized structure of the National Institutes of Health (NIH) that was simply a framework for discussion proposed by House Energy and Commerce Committee Chair Cathy McMorris Rodgers (R-WA) on June 14, 2024 .AADOCR strongly opposes the proposal to consolidate the NIH's existing 27 institutes and centers (ICs) into 15 newly renamed ICs, as well as the overall FY 2025 spending level for HHS, which amounts to a $8 5 billion cut below the FY 2024 enacted level .Read the press release .

In August, AADOCR helped coalesce dental/oral health community opposition to a proposal from House Energy and Commerce Committee Chair Cathy McMorris Rodgers (R-WA) that would fundamentally restructure the National Institutes of Health (NIH) .More than 20 associations and patient advocacy organizations signed onto a letter, led by AADOCR, urging the committee to abandon the proposed reorganization plan due to its detrimental impact on dental, oral, and craniofacial research . AADOCR also partnered with ADA on a similar letter, which raised concerns about the NIH consolidation and commented on proposed policy changes .

2024 AADOCR/FNIDCR/ADEA Advocacy Day

In April, AADOCR partnered again with the Friends of NIDCR and the American Dental Education Association (ADEA) on their annual Advocacy Day on Capitol Hill .About 60 dental researchers, scientists, educators, students, and other oral health advocates from 20 states traveled to Washington, D C .to spend the day meeting with policymakers on Capitol Hill .Together,

they raised the visibility of oral health, championed NIDCR-funded research, and promoted robust investment in dental education and oral health training programs .Together, the oral health science community delivered a unified message to federal policymakers about the vital role of dental, oral and craniofacial research and federally funded oral health programs .

Next Generation "Cures 2.0" Legislation

On August 2, AADOCR submitted a comment letter to Reps . Diana DeGette (CO-01) and Larry Bucshon, MD (IN-08) in response to a request for information (RFI) they issued in June seeking input on ideas to further the work of the 21st Century Cures Act that was enacted in 2016 .That legislation steered billions in new funding for biomedical research, but the funding expired last year .The current effort, "Cures 2 0", seeks to enhance or improve the effectiveness of the steps already taken, including any structural reform to agencies, offices, or programs .

AADOCR Announces 2024 Gert Quigley Fellowship Winner

The winner of the 2024 AADOCR Gert Quigley Government Affairs Fellowship is Soomin Park from Columbia University's College of Dental Medicine .The Gert Quigley Fellowship is designed to familiarize graduate-level students with the federal legislative process in the context of dental, oral, and craniofacial research and the oral health care delivery system .As part of the Fellowship, Ms .Park will complete a short work stay at AADOCR headquarters in Alexandria, VA .She will serve a one-year term as a member of AADOCR's Government Affairs Committee and as the government affairs liaison to the AADOCR National Student Research Group (NSRG) .Read the press release .

AADOCR MEMBERS ELECTED AS AAAS FELLOWS

The Fellows of the American Association for the Advancement of Science (AAAS) are a distinguished cadre of scientists, engineers, and innovators who have been recognized for their achievements across disciplines in academia, industry, and government in an annual tradition dating back to 1874 .Three AADOCR members were elected as AAAS Fellows in the "Dentistry and Oral Health Sciences" section:

- **Nisha Jacinta D'Silva,** *University of Michigan School of Dentistry*
  For distinguished contributions to the field of head-and-neck cancer, especially on biomarkers and molecular mechanisms of tumor progression and treatment resistance .
- **Margherita Ruth Fontana,** *University of Michigan School of Dentistry*
  For distinguished contributions on the design and assessment of strategies for reducing disparities in how dental caries are recognized and treated in children in underserved regions .
- **Deborah E. Polk,** *University of Pittsburgh*
  For distinguished contributions in the fields of clinical psychology and oral health sciences, particularly in deepening our understanding of behavioral factors of patients and practitioners in improving oral health .

AADOCR FELLOWS PROGRAM

This year AADOCR installed its ninth class of AADOCR Fellows .The AADOCR Fellows Program is designed to recognize leaders of AADOCR and individuals who have served AADOCR in various ways throughout their careers and is open to active AADOCR members .2024 Fellows:

- Brian Foster, The Ohio State University, Columbus
- Elizabeth Kaye, Boston University, MA
- Sharukh Khajotia, University of Oklahoma, Oklahoma City
- Patricia Miguez, University of North Carolina, Chapel Hill
- Marcelle Nascimento, University of Florida, Gainesville
- Christopher Okunseri, Marquette University, Milwaukee, WI
- Stefan Ruhl, University at Buffalo, NY

Applicants who are accepted into the AADOCR Fellows Program receive the following benefits upon induction: recognition at AADOCR Annual Meeting Opening Ceremonies, recognition in AADOCR *Science Advocate*, an AADOCR Fellows Program lapel pin, and opportunities to network with other Fellows at the Fellows Lounge at the AADOCR Annual Meeting .Twenty-four AADOCR Fellows were accepted in the inaugural class of 2016, 19 for 2017, three for 2018, 11 in 2019, five in 2020, 20 in 2021, five for 2022, seven for 2023, and seven for 2024 .

AADOCR DIVERSITY INITIATIVES

Diversity Matters: Advancing Dental, Oral, and Craniofacial Research Leaders

On Saturday, March 16, AADOCR's Committee on Diversity and Inclusion (CDI) hosted a symposium session reflecting the need to emphasize diversity in the dental, oral, and craniofacial research space .The session took a step forward towards establishing an equitable and civil culture within the dental research enterprise and reducing barriers to racial equity in the dental research workforce .

It specifically supported undergraduate, dental, and graduate students within underrepresented populations to build peer networks and establish novel mentoring relationships .The student cohort engaged in discussions about the AADOCR's, diversity, equity, and inclusion initiatives and learned about opportunities and potential benefits of student memberships .Professors and students discussed 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 .The cohort participated in small group discussions within defined safe spaces for them to intimately address their concerns navigating their academic career, providing a unique opportunity to form a sustainable network amongst their peers *across* institutions and increasing access to meaningful professional relationships .

This initiative also provided a framework for the Committee on Diversity and Inclusion to intentionally support this cohort through future scheduled interactions using digital platforms to facilitate growth and career development to support skillset development, knowledge acquisition, confidence building, and cultural competence .

AADOCR/Procter & Gamble Underrepresented Faculty Research Fellowship

Stephanie Momeni, Oregon Health & Science University, Portland received the 2024 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 pleased with the quality of applicants and looks forward to reviewing applications for 2025 .

AADOCR Anne D. Haffajee Fellowship

Chenshuang Li, University of Pennsylvania Philadelphia, received the 2024 AADOCR Anne D .Haffajee Fellowship .The $10,000 Fellowship was created in recognition of Dr .Anne D .Haffajee's many contributions to clinical research in Periodontology and Oral Biology and her prominence as a female leader and role model in the field .The immediate goal of this fellowship is to support women researchers at the early stages of their scientific careers . The long-term objective of this fellowship is to increase the representation of women at the higher ranks in science and academia in the field of Oral Biology .

AADOCR SUPPORT FOR STUDENT RESEARCH

AADOCR Support of NIH MSRP Dental Students

The NIH Medical Research Scholars Program (MRSP) is a comprehensive, year-long research enrichment program designed to attract the most creative, research-oriented medical, dental, and veterinary students to the NIH intramural campus in Bethesda, MD .During the academic year, student scholars engage in a mentored basic, clinical, or translational research project that matches their professional interests and research and career goals .Their research experiences are supplemented by academic activities featuring lectures by world-renowned scientists, clinical rounds featuring research patients from the NIH Clinical Center, and an interactive Journal Club addressing major issues in clinical research .Since 2012, AADOCR has supported the MRSP providing a yearly contribution to NIH of $75,000 provided that at least one of the selected Fellows is a dental student .However, no dental students were selected as a Fellow for 2024-2025 .

AADOCR Student Research Fellowships

Supported by several major industrial companies as well as by AADOCR and IADR Group Chapters, Sections, and members, the AADOCR Student Research Fellowships are sponsored and administered by the AADOCR to encourage dental students living in the United States to consider careers in oral health research .Proposals are sought in basic and clinical research related to oral health .Industry partners include the American Academy of Periodontology, Colgate Oral Pharmaceuticals, P&G Professional Oral Health, Crest + Oral-B, Dentsply Sirona, and Haleon .The Fellowship was awarded to 14 students in 2024 .

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 2024 .The AADOCR Bloc Travel Grant is available to dental students enrolled in accredited U S .dental schools who are citizens or non-citizen nationals of the U S . and NIDCR-supported Trainees .AADOCR Bloc Travel Grant recipients are selected to receive funds based on the quality of an abstract accepted for presentation at the meeting .Thirty-one Bloc Travel Grant recipients were recognized during the Opening Ceremonies of the 2024 IADR/AADOCR/CADR General Session & Exhibition in March .

Student Research Day

AADOCR encourages academic institutions involved in dental, oral, and craniofacial research to apply for the AADOCR Student Research Day Award .This award is designed to recognize the best presentation at an academic institution's research day competition, and it will be determined by the institution's judging committee .Twenty-five students were selected for the 2024 AADOCR Student Research Day Award and were recognized during the Opening Ceremonies of the 2024 IADR/AADOCR/CADR General Session & Exhibition .Each was awarded $500 and complimentary registration to attend the meeting .

SCADA: Student Competition for Advancing Dental Research and its Application

For the seventh year, AADOCR collaborated with Dentsply Sirona to co-sponsor the Student Competition for Advancing Dental Research and its Application (SCADA), formerly known as the Student Clinicians of the American Dental Association, to advance the collective commitment to empower the next generation of dental leaders .Every U S .Dental School was invited to select a student to participate in the SCADA event in one of two categories: Clinical Science and Public Health Research and Basic and Translational Science Research .The winners were recognized during the Opening Ceremonies of

the 2024 IADR/AADOCR/CADR General Session Meeting & Exhibition .Read the press release here .

AADOCR FUNDRAISING

AADOCR is the only professional organization positioned to support and represent the oral health research community, provide career development, increase opportunities for scientific exchange, advance research in sciences related to oral health, facilitate the application of research findings, and advocate for oral health research .As of October 31, 2024, AADOCR has received more than $1 5 million in donations and planned gifts since 2014 .AADOCR has received $450,000 in planned gifts . AADOCR has five levels of giving:

- Innovation Society ($1-$999)
- Discovery Society ($1,000-$9,999)
- William J .Gies Society ($10,000+)
- Legacy Society (estate gifts)
- William Bowen Sustaining Society (Frequent, consistent donors over a five-year period of a minimum donation of $100 for each year)

Additionally, members can choose to donate specifically to the following program areas:

- 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 Endowments

AADOCR has four (4) endowments which are eligible for AADOCR's $1 million matching campaign .The AADOCR Match goes into effect once an endowment is fully realized .Donations continue to be accepted for these programs .

The AADOCR Anne D .Haffajee Fellowship, William Butler Fellowship, and the General Operating Endowment all met the endowment goals and funds were matched by AADOCR .

Endowment	Funding Goal/Status	Awarded (Year)
Anne D .Haffajee Fellowship	Goal met in 2016	2017-2023
William Butler Fellowship	Goal met in 2022	2023
General Operating Endowment	Goal met in 2022	N/A
New Investigator Research Development Fund	50% of goal reached to date	N/A

AADOCR New Investigator Research Development Fund

The new AADOCR New Investigator Research Development Fund will assist in developing and fostering junior scientists as they embark on a career in dental, oral, and craniofacial (DOC) research .The award recognizes original research by new investigators and is designed to stimulate research in all DOC disciplines .Once fully endowed, one award per year will be presented in the amount of at least $10,000 to be put towards the candidate's research, the establishment of research infrastructure, the completion of a research project, or preparing research for publication .The vision for the Fund is to accelerate opportunities for high-potential individuals, create leaders of the future research enterprise, and increase the DOC research pipeline .

Other updates include:

- Giving Tuesday is an opportunity for members to generously support the causes they care most about . This year, Giving Tuesday is December 3, 2024 .A series of solicitation emails, social media campaigns (#GivingTuesday), and thank-you emails will be sent coinciding with Giving Tuesday and end-of-year efforts in late 2024 .
- Beginning in 2022, AADOCR became a participating charity in the Combined Federal Campaign (CFC) . The mission of the CFC is 'to promote and support philanthropy through a program that is employee focused, cost-efficient, and effective in providing all federal employees the opportunity to improve the quality of life for all '. Pledges made by Federal civilian, postal and military donors during the campaign season support eligible nonprofit organizations that provide human health and welfare benefits throughout the world .
- The AADOCR Development Committee is a committee of seven members who consult on planning for philanthropic efforts and assist in executing fundraising initiatives .The committee continues to hold quarterly conference calls with AADOCR staff .

IN MEMORIAM

Harold C. Slavkin

Dr .Harold C .Slavkin was the Twenty-second President of the AADOCR (1993-94) and an international leader in dentistry, dental research, and oral health .He was driven by a commitment to social justice and a passion to eliminate disparities in access to healthcare .Slavkin was interviewed by Dr .Yang Chai, Director of the Center for Craniofacial Molecular Biology at the University of Southern California, as part of the NIDCR 75th Anniversary Symposium at the 2023 AADOCR/CADR Annual Meeting, where he reflected on his vision for NIDCR, his accomplishments, and memorable moments as NIDCR director .Read his tribute in the *Journal of Dental Research* .

Elisha R. Richardson

Dr .Elisha R .Richardson was a member of the IADR/AADOCR community since 1967 and served for many years as Councilor

for the AADOCR Nashville Section .Richardson held many positions during his long career — professor, tenured professor, chair of Orthodontics at two higher learning institutions, researcher, author, mentor, President of the National Dental Association, and Dean of the Dental School at Meharry Medical College .He chaired the writing of the Center of Excellence Grant, funded by the NIH, for the School of Dentistry in 1988 upon his appointment to Deanship and it has continuously been in service since its inception, making it the longest uninterrupted grant of its type in history .

Theresa Ann Cowley
AADOCR offered its heartfelt condolences to the TMJ Association upon the passing of its founder and president, Terrie Cowley, who died on July 22, 2024 .Terrie was a passionate advocate on behalf of patients with TMJ disorders and worked tirelessly to bring greater attention to the significant impact that Temporomandibular (jaw) Disorders (TMJ) impose on millions of people across the globe .Her active participation in the Friends of NIDCR's Patient Advocacy Council was invaluable to the coalition and its mission to educate policymakers about the importance of dental, oral, and craniofacial research .

FUTURE MEETINGS:

- The 54th AADOCR Annual Meeting & Exhibition with the 49th CADR Annual Meeting will take place March 12-15, 2025, in New York, NY, USA .
- The 103rd 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 .
- The 105th General Session & Exhibition of the IADR will take place on June 23-26, 2027, in Melbourne, Australia

CLOSING

I would like to thank the leadership of Alexandre Vieira, Effie Ioannidou, the AADOCR Board of Directors, the AADOCR GHQ staff, and all the AADOCR volunteer leaders .

Respectfully submitted,

Christopher H .Fox, DMD, DMSc
Chief Executive Officer
November 14, 2024

CBM
CENTERED ON YOUR SUCCESS

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

Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of American Association for Dental, Oral, and Craniofacial Research (the Association), which comprise the statement of financial position as of December 31, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Association as of December 31, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

To the Council and Members
American Association for Dental, Oral, and Craniofacial Research

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Report on Summarized Comparative Information

We have previously audited the Association's 2021 financial statements, and we expressed an unmodified audit opinion on those financial statements in our report dated September 26, 2022. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2021, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Councilor, Buchanan + Mitchell, P.C.

Bethesda, Maryland
October 17, 2023

Certified Public Accountants

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2022
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2021)

	2022	2021
Assets		
Current Assets		
Cash and Cash Equivalents	**$ 41,168**	$ 64,561
Accounts Receivable	**62,893**	64,438
Contributions Receivable	**64,900**	15,485
Due from IADR	**-**	24,981
Prepaid Expenses and Other Current Assets	**175,914**	196,649
Total Current Assets	**344,875**	366,114
Investments	**8,278,478**	10,194,759
Fixed Assets, Net	**566,275**	703,855
Investment in Deferred Compensation	**350,315**	430,895
Total Assets	**$ 9,539,943**	$ 11,695,623
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable and Accrued Expenses	**$ 51,760**	$ 132,543
Refundable Advances	**90,000**	90,430
Due to IADR	**299,052**	-
Deferred Revenue		
Member Dues	**332,557**	166,886
Annual Meeting	**250,084**	119,315
Publications	**2,945**	-
Total Deferred Revenue	**585,586**	286,201
Total Current Liabilities	**1,026,398**	509,174
Deferred Compensation Payable	**350,315**	430,895
Total Liabilities	**1,376,713**	940,069
Net Assets		
Without Donor Restrictions		
Undesignated	**7,220,679**	10,019,283
Board Designated	**384,326**	255,807
Total Without Donor Restrictions	**7,605,005**	10,275,090
With Donor Restrictions		
Purpose Restricted	**254,138**	134,639
Endowment Funds	**304,087**	345,825
Total With Donor Restrictions	**558,225**	480,464
Total Net Assets	**8,163,230**	10,755,554
Total Liabilities and Net Assets	**$ 9,539,943**	$ 11,695,623

See accompanying Notes to the Financial Statements.

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

	Without Donor Restrictions	With Donor Restrictions	**2022 Total**	2021 Total
Revenues				
Membership Dues	$ 601,635	$ 39,425	**$ 641,060**	$ 655,269
Conference Registration	740,897	-	**740,897**	-
Exhibitors' Fees	11,020	-	**11,020**	-
Symposia	7,585	-	**7,585**	-
Division Share, Meeting Share, and Meeting Dividend	12,933	-	**12,933**	230,534
Royalties and Publishing	489,028	-	**489,028**	474,231
Advertising	15,832	-	**15,832**	13,441
Contributions and Sponsorships	4,051	576,901	**580,952**	266,458
PPP Loan Forgiveness	-	-	**-**	254,264
Investment Return Designated for Current Operations	356,363	-	**356,363**	360,768
Miscellaneous	427	-	**427**	2,754
Net Assets Released from Restrictions	456,738	(456,738)	**-**	-
Total Revenues	2,696,509	159,588	**2,856,097**	2,257,719
Expenses				
Program Services				
Journal of Dental Research and Publishing	277,496	-	**277,496**	298,082
Annual Meeting and Symposia	1,228,071	-	**1,228,071**	26,607
Government Affairs and Science Policy	534,893	-	**534,893**	534,427
Awards, Grants, and Fellowships	426,345	-	**426,345**	327,431
Member Services and Other Programs	118,527	-	**118,527**	132,618
Total Program Services	2,585,332	-	**2,585,332**	1,319,165
Supporting Services				
Management and General Expenses	510,196	-	**510,196**	539,084
Membership Development	191,665	-	**191,665**	132,238
Total Supporting Services	701,861	-	**701,861**	671,322
Total Expenses	3,287,193	-	**3,287,193**	1,990,487
Change in Net Assets before Investment (Loss) Gain	(590,684)	159,588	**(431,096)**	267,232
Investment (Loss) Gain in Excess of Amounts Designated for Current Operations	(2,079,401)	(81,827)	**(2,161,228)**	1,008,265
Change in Net Assets	(2,670,085)	77,761	**(2,592,324)**	1,275,497
Net Assets, Beginning of Year	10,275,090	480,464	**10,755,554**	9,480,057
Net Assets, End of Year	$ 7,605,005	$ 558,225	**$ 8,163,230**	$ 10,755,554

See accompanying Notes to the Financial Statements.

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

	Journal of Dental Research and Publishing	Annual Meeting and Symposia	Government Affairs and Science Policy	Awards, Grants, and Fellowships	Member Services and Other Programs	Total Programs	Management and General	Membership Development	**2022 Total**	2021 Total
Expenses										
Salaries, Benefits, and Taxes	$ 173,319	$ 325,353	$ 327,964	$ 49,043	$ 73,240	$ 948,919	$ 236,758	$ 96,303	**$ 1,281,980**	$ 1,046,100
Professional Fees	12,132	1,230	78,327	59,247	269	151,205	42,560	27,624	**221,389**	225,951
Advertising and Promotion	465	24,631	1,808	117	665	27,686	1,249	24,899	**53,834**	16,782
Office Expenses	2,510	24,658	7,243	670	1,997	37,078	10,861	2,715	**50,654**	31,063
Information Technology	8,990	28,576	29,014	1,981	6,254	74,815	29,447	8,217	**112,479**	107,656
Occupancy	3,278	6,572	12,287	1,076	2,762	25,975	10,962	3,363	**40,300**	37,371
Travel	108	8,069	8,535	36,384	8,292	61,388	103,458	9,422	**174,268**	42,845
Conferences and Meetings	-	764,222	107	-	-	764,329	-	3,694	**768,023**	8,495
Depreciation and Amortization	8,586	33,175	45,758	2,293	7,269	97,081	40,683	9,538	**147,302**	103,600
General Insurance	1,906	6,059	6,046	420	1,326	15,757	5,122	1,742	**22,621**	15,431
Contributions and Sponsorships	-	-	-	239,140	-	239,140	-	-	**239,140**	168,468
Other Expenses	66,202	5,526	17,804	35,974	16,453	141,959	29,096	4,148	**175,203**	186,725
Total Expenses	$ 277,496	$ 1,228,071	$ 534,893	$ 426,345	$ 118,527	$ 2,585,332	$ 510,196	$ 191,665	**$ 3,287,193**	$ 1,990,487

See accompanying Notes to the Financial Statements.

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

	2022	2021
Cash Flows from Operating Activities		
Change in Net Assets	**$ (2,592,324)**	$ 1,275,497
Adjustments to Reconcile Change in Net Assets to		
Net Cash Provided by (Used in) Operating Activities		
Depreciation and Amortization	**147,302**	103,600
Net Realized and Unrealized Loss (Gain) on Investments	**1,942,491**	(1,200,059)
(Increase) Decrease in Assets		
Accounts Receivable	**1,545**	(52,353)
Contributions Receivable	**(49,415)**	500
Due from IADR	**24,981**	(24,981)
Prepaid Expenses and Other Current Assets	**20,735**	(69,577)
Investment in Deferred Compensation	**80,580**	(75,387)
Increase (Decrease) in Liabilities		
Accounts Payable and Accrued Expenses	**(80,783)**	45,721
Refundable Advances	**(430)**	86,139
Due to IADR	**299,052**	(338,107)
Deferred Revenue	**299,385**	35,782
Deferred Compensation Payable	**(80,580)**	75,387
Net Cash Provided by (Used in) Operating Activities	**12,539**	(137,838)
Cash Flows from Investing Activities		
Purchases of Investments	**(1,074,127)**	(1,524,981)
Proceeds from Sales and Maturities of Investments	**1,047,917**	1,606,343
Purchases of Fixed Assets	**(9,722)**	(225,357)
Net Cash Used in Investing Activities	**(35,932)**	(143,995)
Net Decrease in Cash and Cash Equivalents	**(23,393)**	(281,833)
Cash and Cash Equivalents, Beginning of Year	**64,561**	346,394
Cash and Cash Equivalents, End of Year	**$ 41,168**	$ 64,561

See accompanying Notes to the Financial Statements.

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AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The American Association for Dental, Oral, and Craniofacial Research (the Association) is a nonprofit organization established to promote the advancement of research in the United States for all branches of dental science.

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

The Association's significant sources of support include membership dues, conference registrations, royalties and publishing, and contributions and sponsorships.

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

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

Annual Meeting and Symposia: relates to the activities of the annual spring and fall meetings. The related registration revenue and expenses are recorded in the Association's financial statements. Joint meetings are generally held every other year with IADR. A stand-alone meeting was held in 2022. During years when the annual spring meeting is held jointly with the IADR, the Association receives its share of the meeting surplus in the form of division, meeting share and meeting dividend income.

Government Affairs and Science Policy: this program studies national affairs and their possible effect on dental research, and provides advice to the Council and Board of Directors on developments that might affect dental research. The program also helps to inform members of Congress on issues of importance to dental research and to dental scientists.

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

Membership Services and Other Programs: relates to services provided to members, including the online community and publication and distribution of the newsletter. Other programs include miscellaneous sponsorships and support of programs consistent with the mission of the Association.

Financial Statement Presentation

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

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

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

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

Financial Statement Presentation (Continued)

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

Cash and Cash Equivalents

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

Accounts Receivable

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

Contributions Receivable

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

Investments

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

Fixed Assets

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

The building is recorded at cost and is depreciated on a straight-line basis over its estimated useful life of 50 years. Building improvements are recorded at cost and are depreciated on a straight-line basis over the shorter of their estimated useful lives or over the remaining estimated useful life of the building. Expenditures and related betterments that extend the useful life of the assets are capitalized. Expenditures for maintenance and repairs, including planned major maintenance activities, are charged to expense as incurred.

Revenue Recognition

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

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

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

Revenue Recognition (Continued)

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

Tax Status

The Association is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and has been determined by the Internal Revenue Service not to be a private foundation within the meaning of Section 509(a) of the Code. Federal and state income taxes are imposed on income unrelated to the Association's exempt purpose. For the year ended December 31, 2022, the Association had net unrelated business income resulting in income tax expense of approximately $4,000.

The Association requires that a tax position be recognized or derecognized based on a "more-likely-than-not" threshold. This applies to positions taken or expected to be taken in a tax return. The Association does not believe its financial statements include, or reflect, any uncertain tax positions.

The Association's Form 990, *Return of Organization Exempt from Income Tax*, Form 990-T, *Exempt Organization Business Income Tax Return*, and Virginia Form 500, *Virginia Corporation Income Tax Return,* are generally subject to examination by the Internal Revenue Service and the Virginia Department of Taxation for three years after filing.

Estimates

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

Functional Expense Allocation

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

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

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, 2021. 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, 2021, from which the summarized information was derived.

Reclassifications

Certain 2021 amounts have been reclassified for comparative purposes.

2. LIQUIDITY AND AVAILABILITY OF RESOURCES

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

As of December 31, 2022, the following financial assets and liquidity sources are available for general operating expenditures in the year ending December 31, 2023:

Financial Assets	
Cash and Cash Equivalents	$ 41,168
Accounts Receivable	62,893
Contributions Receivable	64,900
Investments	8,278,478
Less Board Designated Funds for Future Awards and Fellowships	(384,326)
Less Purpose Restrictions by Donors	(254,138)
Less Endowment Funds Held in Perpetuity	(304,087)
Financial Assets Available to Meet Cash Needs for General Expenditures within One Year	$ 7,504,888

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

3. FAIR VALUE MEASUREMENTS

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

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

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

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

3. FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following presents the Association's assets and liabilities measured at fair value as of December 31, 2022:

Description	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	$ 52,276	$ -	$ -	$ 52,276
Vanguard ST Treasury Index Admiral	678,619	-	-	678,619
Vanguard Energy Fund Admiral	307,654	-	-	307,654
GMO Climate Change Institutional Shares	210,627	-	-	210,627
JOHCM Global Equity Fund Institutional Shares	1,189,550	-	-	1,189,550
Equity Securities	4,538,726	-	-	4,538,726
Fixed Income Securities	-	1,301,026	-	1,301,026
Total Investments at Fair Value	$ 6,977,452	$ 1,301,026	$ -	$ 8,278,478
Deferred Compensation Investments				
CREF Global Equities R1	$ 66,589	$ -	$ -	$ 66,589
CREF Growth R1	111,361	-	-	111,361
CREF Stock R1	122,959	-	-	122,959
Other Mutual Funds	21,395	-	-	21,395
Total Deferred Compensation Investments at Fair Value	$ 322,304	$ -	$ -	322,304
TIAA Traditional Annuity at Contract Value				28,011
Total Deferred Compensation Investments				$ 350,315
Deferred Compensation Liability at Fair Value	$ 322,304	$ -	$ -	$ 322,304
Deferred Compensation Liability at Contract Value				28,011
Total Deferred Compensation Liability				$ 350,315

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

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

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

4. INVESTMENT LOSS

Investment loss was as follows for the year ended December 31, 2022:

Description	Amount
Interest Income and Dividends	$ 176,192
Net Realized and Unrealized Loss	(1,942,491)
Investment Fees	(38,566)
Total Investment Loss	(1,804,865)
Less Investment Loss Designated for Current Operations	356,363
Investment Loss in Excess of Amounts Designated for Current Operations	$ (2,161,228)

During 2022 and 2021, the Board of Directors designated 4% of the average market value of investments for the prior 12 quarters for support of current operations; the remainder is retained to support operations of future years and to offset potential market declines.

5. FIXED ASSETS

Net fixed assets consisted of the following as of December 31, 2022:

Description	Amount
Buildings and Improvements	$ 1,133,538
Office Furniture and Equipment	677,713
	1,811,251
Less Accumulated Depreciation and Amortization	(1,244,976)
Fixed Assets, Net	$ 566,275

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

6. RETIREMENT PLAN

The Association has a defined contribution retirement plan (the Retirement Plan) administered through the Teacher's Insurance and Annuity Association/College Retirement Equities Fund. An employee is eligible to participate on the first day after the third month of employment. The Association contributes the equivalent of 10 percent of the employees' salary to the Retirement Plan. Employer contributions to the Retirement Plan for the year ended December 31, 2022, were approximately $94,000.

7. FINANCIAL RISK

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

7. FINANCIAL RISK (CONTINUED)

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

8. ENDOWMENTS

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

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

Investment Return Objectives, Risk Parameters and Strategies: The Association has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment assets. Endowment assets include those assets of donor-restricted and board designated funds that the Association must hold in perpetuity or for donor-specified periods. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the market while assuming a moderate level of investment risk. To satisfy its long-term rate-of-return objectives, the Association relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends).

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

8. ENDOWMENTS (CONTINUED)

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

Spending Policy: The Association has adopted a formal spending policy of 4% for fully funded endowments.

Composition and changes in endowment net assets were as follows for the year ended December 31, 2022:

	Without Donor Restrictions	With Donor Restrictions		
	Board Designated	Purpose Restricted	Invested in Perpetuity	Total
Endowment Net Assets, Beginning of Year	$ 255,807	$ 32,428	$ 345,825	$ 634,060
Investment Loss	-	(19,664)	(62,163)	(81,827)
Contributions	-	-	20,425	20,425
Transfer from Unrestricted	128,519	-	-	128,519
Amounts Appropriated for Expenditure	-	(12,764)	-	(12,764)
Endowment Net Assets, End of Year	$ 384,326	$ -	$ 304,087	$ 688,413

Endowment funds that are invested in perpetuity for the following purposes as of December 31, 2022:

Description	Amount
Anne Haffajee Fellowship	$ 108,904
William Butler Fellowship	101,488
General Operating Endowment	60,895
New Investigator Endowment	32,800
Total Endowments Invested in Perpetuity	$ 304,087

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or the Uniform State Prudent Management of Institutional Funds Act (UPMIFA) requires the Organization to retain as a fund of perpetual duration. Deficiencies of this nature exist in two donor-restricted endowment funds, which have a combined original gift value of approximately $270,000, a current fair value of approximately $210,000, and a deficiency of $60,000 as of December 31, 2022. This deficiency resulted from unfavorable market fluctuations that occurred during the year.

9. BOARD DESIGNATED NET ASSETS

As of December 31, 2022, board designated net assets are available for the following purposes:

Description	Amount
Anne Haffajee Fellowship	$ 235,900
William Butler Fellowship	140,974
William J. Gies Award	7,452
Total Board Designated Net Assets	$ 384,326

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

10. NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSE

As of December 31, 2022, net assets with donor restrictions are available for the following purposes:

Description	Amount
AADOCR Sections	$ 103,453
Delta Dental Award	54,000
Student Fellowships	29,925
National Student Research Group	19,238
FNIDCR Barmes	17,288
Underrepresented Faculty Award	11,063
Distinguished Scientist Award	9,381
William Clark Fellowship	5,400
Junior Investigator Award	4,390
Total Net Assets With Donor Restrictions for Purpose	$ 254,138

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, 2022:

Description	Amount
Annual Meeting	$ 151,000
MIND The Future Grant	146,130
Student Fellowships	41,157
Bloc Travel Grant	27,640
Mission Support	17,342
Joseph Lister Award for New Investigators	17,164
Anne Haffajee Fellowship	12,764
AADOCR Sections	12,160
Underrepresented Faculty Award	10,900
National Student Research Group	6,979
Distinguished Scientist Award	5,502
William Clark Fellowship	5,400
William J. Gies Award	1,750
Government Affairs	850
Total Net Assets Released from Restrictions	$ 456,738

11. DEFERRED COMPENSATION AND EMPLOYMENT AGREEMENT

During 2004, the Association established a nonqualified 457(b) deferred compensation plan (the Plan) for its Chief Executive Officer (CEO). The Plan requires that the Association establish and maintain a book entry account on behalf of the CEO for all contributions, deferrals, and investment experience related to the Plan. The Association is not liable for any specific investment success nor is it required to restore any loss of principal that may occur due to market conditions. Under current law, such funds remain the asset of the Association and, as such, are subject to the creditors of the Association. For the year ended December 31, 2022, the Association contributed $13,500 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.

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

12. RELATED PARTY TRANSACTIONS

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

13. DEFERRED REVENUE

Membership dues cover the calendar year. Those paid in advance are reported as deferred revenue. In addition, amounts received in advance for the following years annual meeting and publications are recorded as deferred revenue. Deferred revenue totaled $287,023 as of January 1, 2022. The full amount was recognized as revenue during the year ended December 31, 2022.

14. COMMITMENTS AND CONTINGENCIES

The Association has entered into several contracts with hotels and convention centers for its future conferences and meetings. Many of the contracts contain a clause whereby the Association is liable for liquidated damages in the event of cancellation based upon percentage of the contract price determined by the length of time between the cancellation and the event date. Management does not believe any cancellation under these contracts will occur and result in a material impact on the financial statements.

The Association occasionally receives a portion of its revenue directly from a federal government grant, which is subject to audit. A contingent liability exists to refund any amounts received in excess of allowable costs incurred and revenue recognized. Management believes that the adjustments, if any, from a government audit will not be material to the financial statements.

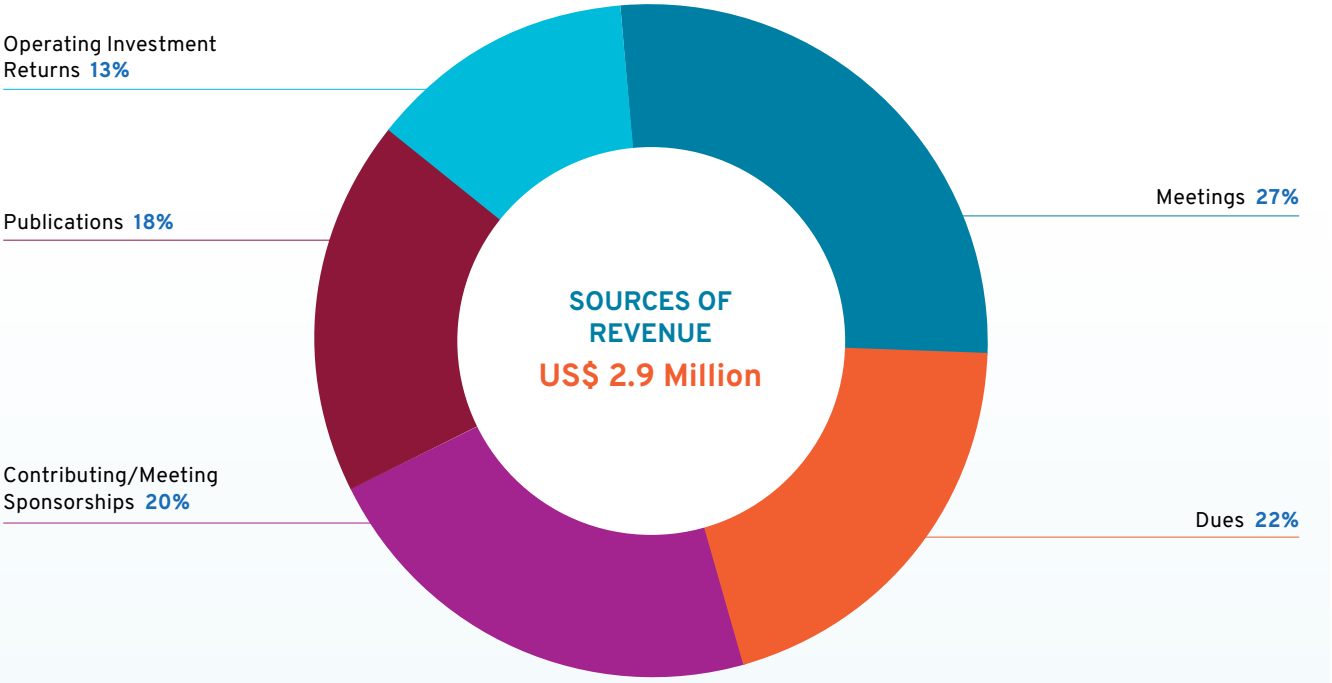
15. CONCENTRATIONS

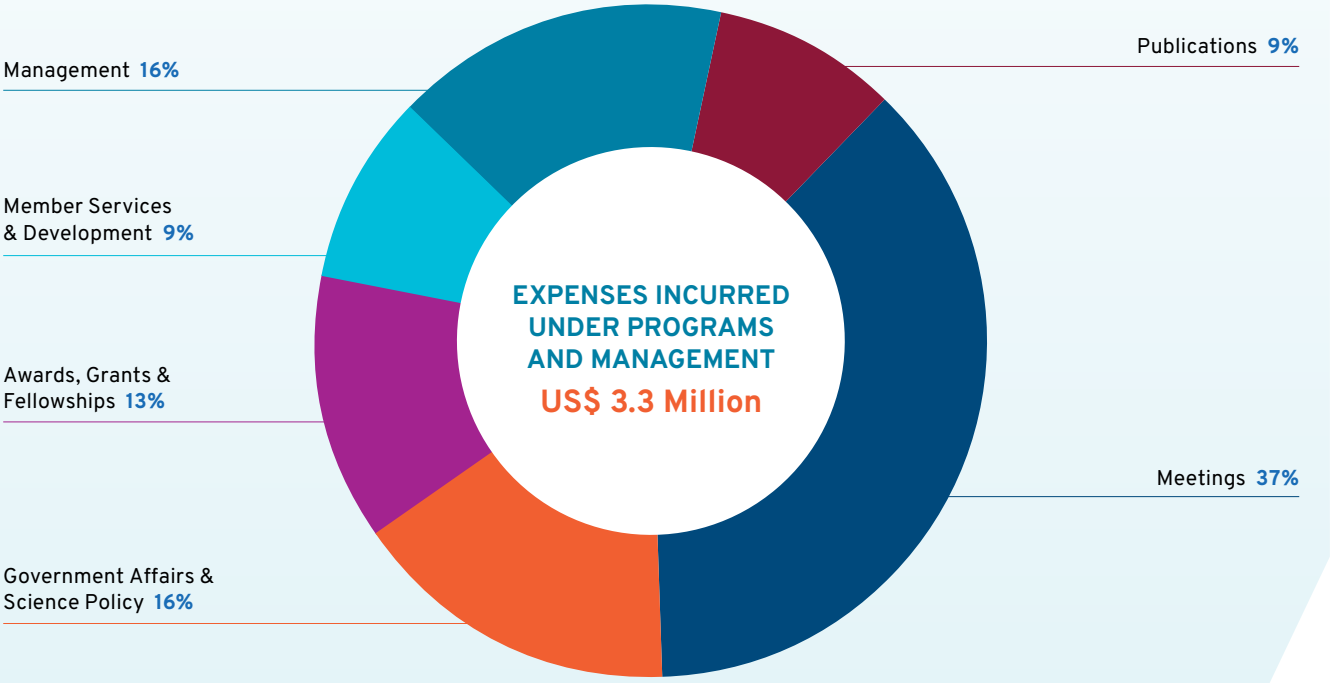
As of December 31, 2022, approximately 86% of accounts receivable is due from one entity and approximately 83% of contributions receivable is due from one entity. For the year ended December 31, 2022, approximately 26% of contributions and sponsorship revenue was received from one entity. Royalties and publishing revenue are primarily from one entity for the year ended December 31, 2022.

16. SUBSEQUENT EVENTS

Subsequent events were evaluated through October 17, 2023, which is the date the financial statements were available to be issued.

2022 OPERATIONAL HIGHLIGHTS





Overall Assessment

A summary of the AADOCR operating budget during the period 2023 through 2027 is illustrated in Table A1 .Investment allocations to balance the budget are included when necessary .For each year in this period, the total income and expenses in each of the programs is displayed with an overall total for each year .

In 2024, an investment allocation of $495,000 is estimated to be needed to balance the budget .This compares to the $615,000 estimated in the original budget .The smaller allocation is primarily due to AADOCR's lower general operations deficit and slightly larger than expected Joint Meeting surplus .

In 2025, an investment allocation of $894,000 is projected to be required to balance the budget .Additional investment allocations are also budgeted in 2026 and 2027 .Although investment allocations are typical in years when AADOCR holds separate meetings, it has been common to also require one in years in which Joint meetings are held with IADR (as in 2019, 2021 and 2024) as it has become more challenging to generate large joint meeting surpluses even in joint meeting years .

Surpluses have typically been largest during years when joint meetings are held inperson and in North America .However, portfolio allocations have been needed in all recent years to balance the budgets regardless of whether it is a joint or stand-alone meeting year .With increasing GHQ costs and the challenges in increasing memberships, overall surpluses are more challenging to achieve .

The Board increased the annual spending policy rate from 2% to 4% beginning in 2020 .However, given the smaller surpluses expected from future meetings, the Board will likely need to decide to approve one-time additional allocations from the investment portfolio or reflect a deficit for 2024 and future years .

Large swings can occur in the net income of Fellowships & Awards (F&A) due to timing issues related to receiving contributions in one year and issuing awards the following year .When F&A activity is included in the overall operating budgets, the results can be misleading .Because of this F&A are excluded from the Total Operations Budget amount .Fellowships & Awards are presented on the Summary Budget below the Total Operations amount for information purposes only .The assumptions for each of the programs will be described further in the subsequent tables .

Table A1. Summary

	2023 Actuals			Year-End Estimate 2024			2024 Budget		
AADOCR Operations	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**
General	677,069	1,425,241	(748,172)	724,260	1,512,350	(788,090)	716,659	1,552,770	(836,112)
Investment Returns Designated for Operations	393,821		393,821	392,648		392,648	399,872	0	399,872
Additional Investment Support Needed	104,890		104,890	102,346		102,346	214,638		214,638
Annual Meeting	1,326,845	1,248,291	78,554	157,309	0	157,309	109,893	0	109,893
Fall Focused Symposium	44,419	76,676	(32,257)	0	25,724	(25,724)	0	36,574	(36,574)
Subtotal - AADOCR	2,547,044	2,750,207	(203,164)	1,376,563	1,538,074	(161,511)	1,441,061	1,589,345	(148,283)
Joint Publications									
Journal of Dental Research*	440,006	228,092	211,914	440,970	263,898	177,072	423,670	259,058	164,612
JDR Clinical & Translational Research	48,485	57,235	(8,750)	45,513	61,074	(15,561)	48,435	64,764	(16,329)
Subtotal - Joint Publications	488,490	285,326	203,164	486,482	324,972	161,511	472,106	323,822	148,283
Total - Operations	**3,035,534**	**3,035,534**	**(0)**	**1,863,045**	**1,863,045**	**(0)**	**1,913,167**	**1,913,167**	**0**
Net Income as a Percent of Income			0.0%			0.0%			0.0%
Other									
Fellows & Awards **	234,146	150,672	83,474	143,809	129,441	14,368	140,963	140,422	541
Total - Operations and Awards	3,269,680	3,186,206	83,474	2,006,854	1,992,486	14,368	2,054,130	2,053,589	541

	2025 Budget			2026 Budget			2027 Budget		
AADOCR Operations	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**	**INCOME**	**EXPENSES**	**NET INCOME**
General	739,402	1,400,745	(661,344)	766,179	1,501,505	(735,326)	798,802	1,487,516	(688,714)
Investment Returns Designated for Operations	390,923	0	390,923	400,016		400,016	407,514		407,514
Additional Investment Support Needed	503,161		503,161	-		-	-		-
Annual Meeting	1,885,350	2,256,908	(371,558)	305,950	0	305,950	TBD	TBD	176,580
Fall Focused Symposium	0	31,390	(31,390)	0	32,405	(32,405)	0	32,717	(32,717)
Subtotal - AADOCR	3,518,836	3,689,043	(170,208)	1,472,146	1,533,911	(61,765)	1,206,315	1,520,233	(137,338)
Joint Publications									
Journal of Dental Research*	419,937	236,231	183,706	405,710	262,613	143,097	392,195	238,058	154,136
JDR Clinical & Translational Research	47,082	60,580	(13,498)	44,547	64,525	(19,978)	44,576	61,374	(16,799)
Subtotal - Joint Publications	467,019	296,812	170,208	450,257	327,138	123,119	436,770	299,433	137,338
Total - Operations	**3,985,855**	**3,985,855**	**0**	**1,922,403**	**1,861,049**	**61,354**	**1,643,086**	**1,819,666**	**(0)**
Net Income as a Percent of Income			0.0%			3.2%			0.0%
Other									
Fellows & Awards **	170,309	149,777	20,532	139,877	121,714	18,163			-
Total - Operations and Awards	4,156,164	4,135,632	20,532	2,062,280	1,982,763	79,517	1,643,086	1,819,666	(0)

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

Table A2. General Operations

REVENUE	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Institutional & Corporate dues	413,550	444,100	450,100	420,000	420,000	420,000	420,000
Membership Dues	275,705	303,883	303,883	305,766	348,155	378,669	410,926
Prepaid Membership Dues	(31,630)	(45,730)	(45,730)	(33,212)	(47,331)	(48,987)	(50,702)
Miscellaneous	19,444	11,931	16,007	24,104	18,577	16,497	18,577
TOTAL REVENUE	**677,069**	**714,184**	**724,260**	**716,659**	**739,402**	**766,179**	**798,802**
EXPENSES							
Employee salaries	676,303	546,200	701,367	732,267	679,357	741,583	744,203
Employee benefits	181,046	147,474	189,369	201,373	186,823	203,935	204,656
Overhead Allocation	237,488	181,491	268,680	264,687	216,967	229,157	202,303
Merchant Fees	21,900	9,242	12,323	15,121	17,668	18,369	19,111
Shipping & courier	345	246	500	1,545	1,000	1,030	1,061
Board Costs - Travel & Mtg	118,059	58,405	115,000	115,000	113,450	116,854	120,359
Travel - Staff	7,831	6,367	9,300	9,373	18,000	18,540	19,096
Government Affairs	100,709	73,141	93,941	106,167	62,000	63,860	65,776
Media & Public Relations	12,407	16,901	16,901	12,247	13,038	13,429	13,832
Member Retention	14,924	41,404	43,904	15,574	35,090	36,143	37,227
Member Recruitment	8,701	18,391	20,891	27,166	4,000	4,120	4,244
Organizational Dues	5,934	7,899	10,000	15,450	15,914	16,391	16,883
Programatic Sponsorships	3,318	3,441	3,441	10,000	10,000	10,000	10,000
Student Research Group	21,294	12,324	16,432	16,500	16,830	17,167	17,510
Miscellaneous	14,981	6,277	10,300	10,300	10,609	10,927	11,255
TOTAL EXPENSES	**1,425,241**	**1,129,203**	**1,512,350**	**1,552,770**	**1,400,745**	**1,501,505**	**1,487,516**
Net Income (before investment alloc)	**(748,172)**	**(415,019)**	**(788,090)**	**(836,112)**	**(661,344)**	**(735,326)**	**(688,714)**
Investment Allocation per Sepending Policy	498,711		494,994	614,510	894,084	0	0
Adjusted Net Income	**(249,461)**	**(415,019)**	**(293,096)**	**(221,602)**	**232,740**	**(735,326)**	**(688,714)**

Budget Assumptions	Actual 2023	YTD 09/30/2024	YE Estimate 12/31/2024	BUDGET 2024	BUDGET 2025	BUDGET 2026	BUDGET 2027
Member dues	1,342	1,381	1,381	1,409	1,429	1,479	1,531
	$ 175.00	$ 185.00	$ 185.00	$ 185.00	$ 200.00	$ 210.00	$ 220.00
Affiliate Member dues	39	48	48	41	50	52	54
	$ 140.00	$ 147.00	$ 147.00	$ 147.00	$ 159.00	$ 167.00	$ 175.00
Retired Member dues	93	98	98	98	101	105	109
	$ 55.00	$ 58.00	$ 58.00	$ 58.00	$ 60.00	$ 63.00	$ 66.00
Student dues	757	849	849	795	879	910	942
	$ 45.00	$ 47.00	$ 47.00	$ 47.00	$ 60.00	$ 63.00	$ 66.00

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 2018–2023 and expected to be needed each year from 2024–2027, the investment spending policy of the Association is expected be exceeded, requiring Board approval .

In an effort to help offset increasing expenses, increases are recommended to Member dues rates in future years .

Expenses

The largest expenses are typically allocated salaries, benefits, global HQ costs (overhead allocation), Board and government affairs costs .The global HQ cost allocation percentages applied to AADOCR general operations for 2025, 2026 and 2027 are 25 2%, 26 2% and 25 2% respectively .Total 2024 general operations expenses are estimated to be $41,000 lower than budgeted amount, due to lower allocated salaries and benefits, government affairs and member recruitment costs, partially offset by higher member retention costs .Future year budget figures are based on maintaining similar spending patterns to 2024 .The 2025 budget assumes full Board, staff and NSRG travel .

Comments

- The net result of the AADOCR general operations budget is a deficit, which is consistent with results since the early 1980s . This deficit underscores theimportance that the Meetings and Publications operate at significant surpluses to balance the overall AADOCR operating budget .
- 2024 membership figures show that the number of Members increased by 6 5% from 2023 totals .
- We are budgeting for a 3 5% increase in memberships in 2025 as compared to 2024 .The number of members and students is also budgeted to increase by 3 5% per year in 2026 & 2027 .

Table A3. Meetings

	Portland	New Orleans	New Orleans	New Orleans	New York City	San Diego	Minneapolis
	Actual	YTD	Year-End Estimate	Approved BUDGET	Preliminary BUDGET	Preliminary BUDGET	Preliminary BUDGET
REVENUE	**2023**	**06/30/2024**	**12/31/2024**	**2024**	**2025**	**2026**	**2027**
Registration	991,243				1,470,743		
Member reg							
Non-member reg							
Student reg							
Accomp persons	4,200				10,582		
Abstract Submission Fees	32,175				42,275		
Exhibition Fees	57,898				90,000		
Advertising							
Contributions							
Symposium	11,955				12,000		
Sponsorship & Advertising	210,000				258,000		
Division Share *		0	31,534	15,252		109,268	
IADR Meeting Share **		0	56,761	27,454		177,014	
Meeting Dividend	11,575	0	69,014	67,187		19,668	
Interest							
Miscellaneous	7,799				1,750		
TOTAL REVENUE	**1,326,845**	**0**	**157,309**	**109,893**	**1,885,350**	**305,950**	**TBD**
EXPENSES							
Employee Salaries	298,346				273,160		299,225
Employee Benefits	79,867				75,119		82,287
Overhead Allocation	97,078				82,600		79,038
Personnel							
Merchant Fees/Bank Charges	14,066						
Meeting Venue							
Scientific Program							
Exhibition							
Networking Opportunities							
Meeting Promotion							
Miscellaneous							
AV & Other Meeting Technical Costs	455,977				672,975		
Convention Center & Setup Costs	69,962				626,547		
Catering Costs	86,088				215,672		
Travel & Honorarium Costs	35,779				85,990		
Staffing Costs	23,825				50,705		
Registration & Abstract Mgmt Costs	42,735				53,585		
Promotion & Printing Costs	37,616				55,559		
Other Costs	6,951				64,996		
TOTAL EXPENSES	**1,248,291**	**0**	**0**	**0**	**2,256,908**	**0**	**TBD**
Net Income (Before Adjustments)	**78,554**	**0**	**157,309**	**109,893**	**(371,558)**	**305,950**	**176,580**

Meeting (Table A3)

Revenue

Meeting income is mainly determined by the number of attendees and the registration fees .In years when AADOCR does not hold a meeting separately from IADR, the main source of meeting revenue comes from the Division Share, IADR Meeting Share, and the AADOCR's share of the Meeting Dividend .

The Division Share is calculated based on 20% of IADR/ AADOCR meeting surplus when AADOCR is designated as a "Host Division" .The IADR Meeting Share is calculated as half of the remaining surplus from a joint IADR/AADOCR meeting held in North America after the allocation of Division Share, Developing Region Grant funding and Meeting Dividends, which is 32.4% of the meeting surplus .The Meeting Dividend is calculated based on AADOCR member attendance to IADR or joint IADR/AADOCR meetings .

Expenses

There are two main sets of expenses, 1) allocated staff salaries, benefits and overhead costs and 2) direct costs related to the meeting .Allocated staff costs vary according to whether the costs are distributed to one combined IADR/AADOCR meeting or to two separate meetings .The meeting department budgets meetings according to a very detailed line item budget, but the simplified budget presentation in this table groups the direct meeting costs under the following functional headings:

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

AADOCR's expected Division Share, IADR Meeting Share and share of the Meeting Dividend from the Joint 2024 Meeting in New Orleans is expected to total $157,000 .

AADOCR's budgeted meeting deficit for the 2025 Annual Meeting in New York City is budgeted to be ($372,000) .

For 2026 & 2027 targeted meeting surpluses have calculated to assist management and the Board in seeing what level of meeting surplus is needed to achieve a balanced operating budget (a net operating budget deficit equal to the expected allocation to operations from the investment portfolio) .

Table A4. Fall Focused Symposium

REVENUE	Actual 2023	YTD 06/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Member reg	0	0	0	0	0	0	0
Non-member reg	0	0	0	0	0	0	0
Student reg	0	0	0	0	0	0	0
Sponsorships/Contributions	44,419	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0	0
TOTAL REVENUE	**44,419**	**0**	**0**	**0**	**0**	**0**	**0**
EXPENSES							
Employee Salaries	14,992	10,417	15,323	15,999	13,560	14,403	14,760
Employee Benefits	4,013	2,813	4,137	4,400	3,729	3,961	4,059
Overhead Allocation	6,064	4,732	6,263	6,176	4,101	4,041	3,899
Merchant Fees	0	0	0	0	0	0	0
Organization	0	0	0	0	0	0	0
Meeting Venue	0	0	0	2,500	2,500	2,500	2,500
Scientific Program	40,346	0	0	7,500	7,500	7,500	7,500
Travel	8,318	0	0	0	0	0	0
Social Program	0	0	0	0	0	0	0
Printing & Promotion	193	0	0	0	0	0	0
Publication	0	0	0	0	0	0	0
Miscellaneous	2,750	0	0	0	0	0	0
TOTAL EXPENSES	**76,676**	**17,962**	**25,724**	**36,574**	**31,390**	**32,405**	**32,717**
Net Income	**(32,257)**	**(17,962)**	**(25,724)**	**(36,574)**	**(31,390)**	**(32,405)**	**(32,717)**

Fall Focused Symposium (Table A4)

AADOCR created the Fall Focused Symposium (FFS) with the objective to provide networking opportunities and exchange of ideas, and to offer small regional symposia focused on cutting-edge technology and techniques .The first Fall Focused Symposium was held in 2008 .

No Fall Focused Symposium or Research Summit will be held in 2024 .The overall meeting deficit will be $0 as a result .

Revenue

The two main sources of revenue are registration fees and sponsorships .No event is scheduled for 2024 .No registration revenues are budgeted for 2025 – 2027 events .

Expenses

For 2025 through 2027 modest in-person meetings are contemplated .These meetings are expected to result in deficits consistent to net deficits for prior in-person events .

Comments

- Due to the changing subject matter and location, attendance is difficult to predict .
- The goal is to break even each year .However, due to costs and low non-member attendance at this meeting (who are typically asked to pay a small registration fee) it has been difficult to achieve .
- A deficit of about $22,000 from this symposium has the same overall financial impact to the Association as not holding the symposium at all .This is the amount of staff costs and overhead allocated to the FFS budget that would need to be absorbed in other budget departments if AADOCR no longer held the symposium .It is financially better for AADOCR to have a small deficit on this meeting than to not hold it at all .
- Although the symposium has resulted in deficits and may continue to result in deficits, the Board has previously agreed that these costs are offset by the investment in AADOCR's membership and the benefits accomplished through communication of AADOCR's scientific impact .

Table A5. Fellowships, Awards, and *Quasi*-Endowments Summary

REVENUE	Actual 2023	YTD 06/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Contributions	138,706	84,926	90,420	99,380	126,540	98,380	126,540
AADOCR Portfolio Allocation	4,130	425	1,500	2,000	1,000	1,000	1,000
Total Return On Investment	91,310	51,889	51,889	39,583	42,769	40,497	41,854
TOTAL REVENUE	**234,146**	**137,240**	**143,809**	**140,963**	**170,309**	**139,877**	**169,394**
EXPENSES							
Awards/Fellowships/Mission Support	141,375	117,701	119,600	130,700	135,300	111,800	135,300
Plaques	640	318	318	80	310	80	310
Miscellaneous	952	73	0	0	2,350	0	2,350
Admin Fees	4,944	3,830	6,007	6,497	8,577	6,497	8,577
Investment Fees	2,761	2,637	3,516	3,145	3,239	3,337	3,437
TOTAL EXPENSES	**150,672**	**124,559**	**129,441**	**140,422**	**149,777**	**121,714**	**149,974**
Net Income	**83,474**	**12,681**	**14,368**	**541**	**20,532**	**18,163**	**19,420**
Balance from Previous Year	797,233	806,031	880,707	912,975	913,516	934,048	952,211
Prior Year Balance Adjustment							
Balance at Year End	**880,707**	**818,712**	**895,075**	**913,516**	**934,048**	**952,211**	**971,631**

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 "quasi-endowed" to support the William J .Gies Award in perpetuity .Since this fund is not a true "endowment", the Board has the power to change the purpose of this "designated" fund at its discretion .

A planned giving campaign was initiated in 2014 to encourage creation of permanent endowments that will support the mission of the AADOCR .In 2014, AADOCR received contributions to create a permanent endowment, The Anne Haffajee Endowment .That endowment became fully funded in 2016, making it officially the first permanent endowment of the AADOCR .An award of $10,000 has been issued annually since 2017 for the Anne Haffajee Fellowship .The William Butler Endowment was approved to be fully funded at a lower level than the original level set for the endowment in 2022 .

The first award for this endowment was issued in 2023 . 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 J1. IADR & AADOCR – All Global Headquarters Costs

Staff costs	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Staff Salaries	2,606,284	1,961,626	2,591,626	2,705,803	2,699,508	2,827,987	2,947,811
Staff Benefits	697,594	526,696	699,739	744,096	742,365	777,696	810,648
Subtotal	3,303,878	2,488,322	3,291,365	3,449,899	3,441,872	3,605,684	3,758,459
% Change from Prior Year	5.3%		-0.4%	4.4%	4.6%	4.8%	4.2%
% Diff. From Current Year Budget	-0.2%		-4.6%		-0.2%		
Overhead costs							
Accounting fees	5,901	4,313	6,051	7,725	7,500	7,725	7,957
Audit	74,550	43,700	75,000	75,000	77,250	79,568	81,955
Bank charges	18,105	14,353	23,000	22,660	24,150	25,358	26,625
Building maintenance	54,119	48,023	69,431	70,990	76,329	78,619	80,977
Depreciation (50/50 Joint Assets)	227,663	175,266	225,619	221,300	113,934	73,204	35,370
Information Technology	292,391	229,047	273,917	271,626	312,729	322,111	331,774
Insurance	52,036	52,600	52,600	54,000	59,400	57,860	60,753
Leases & equipment	16,001	10,023	11,103	12,000	4,940	5,088	5,241
Legal fees	2,299	2,717	10,000	10,000	10,300	10,609	10,927
Miscellaneous	17,318	6,803	8,933	7,674	9,201	9,477	9,761
Office supplies	12,995	7,491	9,988	7,725	10,288	10,596	10,914
Postage & Shipping	1,142	225	500	1,000	1,030	1,061	1,093
Recruitment costs	2,644	5,302	15,660	5,000	5,150	5,305	5,464
Staff Development	8,519	16,366	21,821	24,000	24,720	25,462	26,225
Staff Events/Appreciation	6,759	5,244	9,000	6,500	6,695	6,896	7,103
Taxes - Property	34,135	20,130	35,690	35,690	36,760	37,863	38,999
Taxes - Other	0	0	0	0	0	0	0
Telephone/Internet	25,146	19,106	25,475	25,309	25,925	26,702	27,503
Temporary Help	0	9,921	12,000	15,700	10,000	10,000	10,000
Subtotal	851,723	670,630	885,787	873,898	816,300	793,503	778,641
% Change from Prior Year	1.1%		4.0%	2.6%	-7.8%	-2.8%	-1.9%
% Diff. From Current Year Budget	5.7%		1.4%		-6.6%		
GRAND TOTAL	**4,155,601**	**3,158,952**	**4,177,152**	**4,323,797**	**4,258,173**	**4,399,187**	**4,537,100**
% Change from Prior Year	4.4%		0.5%	4.0%	1.9%	3.3%	3.1%
% Diff. From Current Year Budget	1.0%		-3.4%		-1.5%		

Joint Budgets – Executive Summary

Proposed 2025 Budgets

GHQ: Total 2025 GHQ costs are budgeted to decrease by (1 5%) as compared to 2024 budgeted costs and increase by 1 9% when compared to projected 2024 year-end expenses .

- Salaries and benefits costs in 2024 are expected to be lower than budgeted due to multiple staff vacancies for part of the year as well as some roles that have been or will be refilled with less experienced candidates .A full staff of 20 full-time employees, 2 part-time employees and 1 intern is budgeted for 2025 .This is one less full-time employee and one more part-time employee when compared to the 2024 budget .Salary and benefit costs are budgeted to decrease in 2025 by (0 2%) when compared to 2024 budgeted costs and increase by 4 6% compared to projected 2024 year-end expenses .
- Depreciation costs are budgeted to be lower in 2025 as compared to expected 2024 actual expenses .The capitalized costs associated with the website upgrade will be fully depreciated in late-2024 .Second and third floor renovation costs for GHQ will be fully depreciated in early 2025 .
- Information technology costs are expected to be similar to budget in 2024 .Budgeted information technology costs for 2025 contemplate a $39,000 increase over expected 2024 costs .This increase is due to the cost of a new AI bot to replace the chat monitoring function previously performed by our receptionist position which has been eliminated, new recurring costs associated with a new internet switch and wireless access points for the office which we are budgeting to replace in 2025, and the higher costs associated with our new IT support vendor which includes a greatly enhanced security function .
- Insurance costs have been budgeted with a 10% increase, an estimate to cover the higher umbrella insurance coverage required by the Javits Center for the upcoming 2025 Annual Meeting .

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 2024 results is budgeted for 2025 .The Editorial Stipend provide by Sage remains unchanged from 2024 and will remain the same for the duration of the contract term .Editorial expenses are also budgeted to remain unchanged .Legal fees increased sharply in 2024 as compared to 2023 .Legal fess for 2025 have been budgeted for a modest increase over 2024 expected actuals .

JDR CTR: Royalty income, similar to *JDR* has been conservatively budget to decrease by 5% from expected 2024 results .Editorial expenses are unchanged from 2024 .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 2026 & 2027 Budgets

GHQ: Costs are budgeted to include modest increases in 2026 and 2027, with the exception of depreciation costs which will begin decreasing 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 JP1. *Journal of Dental Research*

REVENUE	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Member subs	7,750	7,700	7,700	6,975	6,930	6,237	5,613
Student subs	1,925	2,250	2,250	1,733	2,025	1,823	1,640
Advances in Dental Research	0	14,083	14,083	0	0	0	0
Miscellaneous	0	0	0	800	800	800	800
Less: Subscription Rev to SAGE	(9,675)	(9,950)	(9,950)	(8,708)	(8,955)	(8,060)	(7,254)
Advertising Share	21,284	27,617	27,617	12,500	26,236	24,925	23,678
Editorial Stipend	265,000	198,750	268,831	270,000	270,000	270,000	270,000
Royalty Income	593,727	571,408	571,408	564,041	542,838	515,696	489,911
TOTAL REVENUE	**880,011**	**811,858**	**881,939**	**847,341**	**839,874**	**811,420**	**784,389**
EXPENSES							
Employee salaries	136,028	117,973	155,861	162,727	131,305	166,273	135,317
Employee benefits	36,415	31,853	42,082	44,750	36,109	45,725	37,212
Overhead Allocation	43,341	40,332	53,271	52,556	39,705	46,654	35,743
Merchant Fees	378	171	342	270	296	266	239
Printing	0	0	0	0	0	0	0
Editorial expenses/Ed Board	217,400	155,744	221,382	221,550	221,550	221,550	221,550
Taxes	1,500	0	0	1,500	1,500	1,500	1,500
Advances in Dental Research	11,438	0	14,083	0	0	0	0
Legal	9,657	38,085	40,000	32,960	41,200	42,436	43,709
Media/PR/Communication/Ann Rpt	0	0	775	773	798	822	847
Miscellaneous	26	0	0	1,030	0	0	0
Editor Search	0	0	0	0	0	0	0
TOTAL EXPENSES	**456,183**	**384,157**	**527,796**	**518,116**	**472,463**	**525,226**	**476,117**
Net Income	**423,828**	**427,701**	**354,143**	**329,224**	**367,411**	**286,194**	**308,273**

Budget Assumptions	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
JDR							
Member Print							
Rate	$50	$50	$50	$50	$50	$50	$50
Number of	155	154	154	140	139	125	112
	7,750	7,700	7,700	6,975	6,930	6,237	5,613
Student Subs Print							
Rate	$25	$25	$25	$25	$25	$25	$25
Number of	77	90	90	69	81	73	66
	1,925	2,250	2,250	1,733	2,025	1,823	1,640

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

Joint Publications Budgets

Journal of Dental Research (Table JP1)

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

Revenue

SAGE handles the billing and collection of institutional subscriptions, advertising and most other revenue sources for the Journal .Member and Student subscription revenue is collected by IADR/AADOCR during the membership renewal process and all subscription revenue is then forwarded to SAGE . IADR/AADOCR receives royalty income from SAGE according to the terms of the contract .SAGE also provides an editorial stipend to offset *JDR* editorial service costs .

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

Royalty revenue is expected to decline from 2023 to 2024 due to a Sage systems issue in July which causes a sharp decline in revenue that month .We are closely watching the monthly reports to see if revenues recover for the year .September results show an improvement, with YTD results still below 2023, but better than the 2024 budget .Editorial stipend revenue is in line with the budget .

Expenses

IADR/AADOCR is responsible for paying editorial costs and various management and overhead costs .Expected 2024 expenses are projected to be slightly lower than budget .

Editorial expenses are budgeted to remain unchanged in 2025 as the same agreements will be in place for the editorial staff as in 2024 .

Table JP2. *JDR Clinical & Translational Research*

REVENUE	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Member subs	1,840	2,040	2,040	1,932	2,029	2,130	2,237
Student subs	300	408	408	330	363	399	439
Less: Subscription Rev to SAGE	(2,140)	(2,448)	(2,448)	(2,262)	(2,392)	(2,529)	(2,676)
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	40,000	42,500
Royalty Income	56,969	51,025	51,025	54,121	51,415	48,844	46,402
TOTAL REVENUE	**96,969**	**81,025**	**91,025**	**96,871**	**94,165**	**89,094**	**89,152**
EXPENSES							
Employee salaries	47,768	38,317	50,623	52,853	48,236	55,588	50,460
Employee benefits	12,787	10,346	13,668	14,535	13,265	15,287	13,877
Overhead Allocation	15,210	13,100	17,302	17,070	14,586	15,597	13,329
Merchant Fees	85	40	53	70	74	78	83
Marketing	0	0	0	1,500	1,500	1,500	1,500
Editorial expenses/Ed Board	38,619	29,250	39,000	41,500	41,500	39,000	41,500
Legal	0	0	1,500	1,500	1,500	1,500	1,500
Miscellaneous	0	0	0	500	500	500	500
TOTAL EXPENSES	**114,470**	**91,052**	**122,147**	**129,528**	**121,161**	**129,051**	**122,749**
Net Income	**(17,501)**	**(10,027)**	**(31,122)**	**(32,658)**	**(26,996)**	**(39,957)**	**(33,597)**

Budget Assumptions	Actual 2023	YTD 09/30/2024	Year-End Estimate 12/31/2024	Approved BUDGET 2024	Preliminary BUDGET 2025	Preliminary BUDGET 2026	Preliminary BUDGET 2027
Member Print							
Rate	$20	$20	$20	$20	$20	$20	$20
Number of	92	102	102	97	101	107	112
	1,840	2,040	2,040	1,932	2,029	2,130	2,237
Student Subs Print							
Rate	$12	$12	$12	$12	$12	$12	$12
Number of	25	34	34	28	30	33	37
	300	408	408	330	363	399	439

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 2024, with a supplement published in September 2022 .

Royalty income has exceeded the budgeted estimate most years .The current year estimate assumes the budgeted royalty revenue will be slightly less than budget .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 .

2024 expenses are expected to be slightly less than budget . Future year budgets are planned at similar amounts to the 2024 budget .Editorial expenses are budgeted to remain unchanged in 2025 as the same agreements will be in place for the editorial staff as in 2024 .

Although a deficit is budgeted for the Journal, the deficit amount is less than the amount of staff salaries, benefits, and overhead that would need to be absorbed by other budget departments if this Journal was not published .The Associations are more financially successful with a small *JDR CTR* deficit than without the *JDR CTR* .

Appendix 4 — 2023-24 AADOCR Board of Directors and Committees

Board of Directors

Alexandre Vieira, President
Effie Ioannidou, President-Elect
Jennifer Webster-Cyriaque, Vice President
Jane A. Weintraub, Immediate Past President
Ana Bedran-Russo, Treasurer (2025)
Erin Bumann, Member-at-Large (2026)
Ben Chaffee, Member-at-Large (2024)
Sheila Riggs, Member-at-Large (2025)
Paige Falion, Patient Advocate (2025)
Ben Foster, Board Member (2024)
Mark Heiss, Board Member (2026)
Shawn Hallett, Student Representative (2025)
James Seung Jin Jang , Student Representative (2024)
Nicholas Jakubovics, *JDR* Editor-in-Chief (2025)
Jocelyne Feine, *JDR CTR* Editor-in-Chief (2024)
Christopher H . Fox, Chief Executive Officer (2025)

Annual Session Committee

Justin Merritt (2024), Chair
Nisha D'Silva (2025)
Kimon Divaris (2026)
Se-Lim Oh (2026)
Jin Xiao (2025)

Committee on Diversity and Inclusion

Bruno Lima (2024), Chair
Hend Alqaderi (2026)
Carolina Cucco (2024)
Sukirth Ganesan (2026)
Dina Garcia (2025)
Kimberly Jasmer (2026)
Diana Messadi (2024)
Abraham Schneider (2025)
Bernal Stewart (2025)

Constitution Committee

Kamran Awan (2024), Chair
Dolph Dawson (2024)
Mateus Garcia Rocha (2025)
Fatemeh Momen-Heravi (2026)
Gisele F. Neiva (2025)
Jeremie Douglas Oliver (2025)
Tracy Popowics (2026)
Claudia Téllez Freitas (2025)
Ilser Turkyilmaz (2024)

Development Committee

Matthew Doyle (2024), Chair
Marco Bottino (2026)
Lois Cohen (2026)
David Johnsen (2026)
Paul Krebsbach (2024)
John Mitchell (2026)
Tim Wright (2025)

Edward H. Hatton Awards Committee

Patricia Miguez (2024), Chair
Cristiane M. França (2025)
Quamarul Hassan (2026)
Boyen Huang (2026)
Georgios Kotsakis (2025)
Chun-Teh Lee (2025)
Flavia Pirih (2024)
Apoena Ribeiro (2026)
Geetha Duddanahalli Siddanna (2026)

Ethics in Dental Research Committee

Marcelo Araujo (2024), Chair
Jacqueline Abranches (2025)
Joana Cunha-Cruz (2026)
Eric Everett (2025)
Cristina Garcia-Godoy (2026)
Sue Herring (2024)
Regina Messer (2025)
Andrea Pobocik (2024)
Sarah Raskin (2024)

Fellowships Committee

Yu Lei (2024), Chair
Clarisa Amarillas Gastelum (2025)
Kyounga Cheon (2026)
Christopher Donnelly (2026)
Clarissa Fontoura (2025)
Elisabeta Karl (2025)
James Lipton (2024)
Lauren McKay (2026)
Mary Ann Melo (2024)
Wanida Ono (2025)
Michelle Visser (2024)

Government Affairs Committee

Christy McKinney (2024), Chair
Olga J. Baker (2025)
Eric Everett (2025)
Amid I. Ismail (2025)
Vivek Thumbigere Math (2026)
Fotinos Panagakos (2024)
Christine D. Wu (2026)
Pamela C. Yelick (2025)
Christopher Fox, Chief Executive Officer, *ex officio*

Nominating Committee

Stephen Bayne (2024), Chair
Bruno N. Cavalcanti (2025)
Ana Paula Fugolin (2025)
Rajesh Vishno Lalla (2025)
Anh Le (2026)
Jacques Nör (2024)
Mike Reddy (2026)
Maria Ryan (2024)
Martha Somerman (2024)
Qian Wang (2025)

Science Information Committee

Xin Li (2025), Chair
Praveen R. Arany (2025)
Xuelian Huang (2025)
Gaurav Vijay Joshi (2025)
Regina L.W. Messer (2025)
Shillpa Naavaal (2026)
Richard Sherwood (2026)
Yau-Hua Yu (2025)

National Student Research Group Faculty Advisors

Hope Amm (2024)
Brian Foster (2025)

IADR/AADOCR William J. Gies Award Committee

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

IADR/AADOCR Tellers

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

Distinguished Scientist Award

Jacques Eduardo Nör (2028), Chair
Raul Garcia (2024)
Mark Herzberg (2027)
Maria Emanuel Ryan (2025)
Tim Wright (2026)

Honorary Membership Committee

Tim Wright (2024), Chair
Mark Herzberg (2025)
Jacques Nor (2026)

IADR/AADOCR Publications Committee

Eric Reynolds (2024) (ANZ), Chair
Jacques Nör (2024) (AADOCR)
Carmem Pfeifer, AADOCR Rep (2024) (AADOCR)
Jorge Perdigao, AADOCR Rep (2025)
Purnima Kumar, AADOCR Rep (2026) (elected)
Vijay Mathur, IADR Rep (2024) (Indian Division)
Raj Nair, IADR Rep, (2025) (ANZ Division)
Wei Ji, IADR Rep, (2026) (Chinese Division) (appointed by IADR Board)
Nick Jakubovics (2025), Editor-in-Chief, *Journal of Dental Research* (British Division), *ex officio*
Ana Paula Colombo, Associate Editor, *Journal of Dental Research* (Brazilian Division), *ex officio*
Gustavo Garlet, Associate Editor, *Journal of Dental Research* (Brazilian Division), *ex officio*
Dana Graves, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*
Jacques Nör, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*
Carmem Pfeifer, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*
Joy Richman, Associate Editor, *Journal of Dental Research* (Canadian Division), *ex officio*
Falk Schwendicke, Associate Editor, *Journal of Dental Research* (CED), *ex officio*
Jocelyne Feine, Editor-in-Chief, *JDR Clinical & Translational Research* (Canadian Division), *ex officio*
Vanessa Muirhead, Associate Editor, *JDR Clinical & Translational Research* (British Division), *ex officio*
Christopher H. Fox, IADR/AADOCR Chief Executive Officer (AADOCR), *ex officio*

AAAS Representative (through March 2024)

Christopher H. Fox

ADA Standards Committee on Dental Products

Marco Bottino (2024)
Robert Kelly (2024)
Carmem Pfeifer (2024)
Yu Zhang (2024)

ADA Standards Committee on Dental Informatics

Marcelo Freire (2024)

Dental Quality Alliance Committee

Kathryn Atchison

Appendix 5 — AADOCR Fellows

The AADOCR Fellows Program is designed to recognize leaders of AADOCR and individuals who have served AADOCR in various ways throughout their careers .Through this Program, AADOCR will strengthen its mission to drive dental, oral, and craniofacial research to advance health and well-being .

2016 Kathryn Atchison, University of California – Los Angeles
Stephen Bayne, University of Michigan
O .Ross Beirne, University of Washington
William Bowen, University of Rochester
John P .Brown, University of Texas at San Antonio
Rena D'Souza, National Institute of Dental & Craniofacial Research
Ananda Dasanayake, New York University
Matthew Doyle, Procter & Gamble Company
Christopher Fox, IADR/AADOCR
Lawrence Gettleman, University of Louisville
Kaumudi Joshipura, University of Puerto Rico
Mel Kantor, University of Wisconsin-Eau Claire
Linda Kaste, University of Illinois Chicago College of Dentistry
Keith Kirkwood, University at Buffalo
Mary MacDougall, University of British Columbia
Grayson Marshall, University of California – San Francisco
Sally Marshall, University of California – San Francisco
John Mitchell, Midwestern University
John Powers, Dental Consultants, Inc .
Alexandre Vieira, University of Pittsburgh, SDM
Mary Walker, University of Missouri - Kansas City
Jane Weintraub, University of North Carolina
J .Timothy Wright, University of North Carolina
Pamela Yelick, Tufts University

2017 John Bartlett, The Ohio State University
Nisha D'Silva, University of Michigan
Jeffrey Ebersole, University of Nevada, Las Vegas
Jack Ferracane, Oregon Health & Science University
Margherita Fontana, University of Michigan
Carlos Gonzalez-Cabezas, University of Michigan
Sharon Grayden, University of Michigan
Effie Ioannidou, University of Connecticut
David Kohn, University of Michigan
Daniel McNeil, West Virginia University
Jacques Nör, University of Michigan School of Dentistry
Rade Paravina, University of Texas at Houston
Peter Polverini, University of Michigan
Georgios Romanos, Stony Brook University
Frank Scannapieco, State University of New York at Buffalo
James Simmer, University of Michigan
Russell Taichman, University of Alabama at Birmingham
Yu Zhang, University of Pennsylvania

2018 Timothy DeRouen, University of Washington
Sue Herring, University of Washington
Jeffrey Stansbury, University of Colorado

2019 David Drake, University of Iowa
Renny Franceschi, University of Michigan
William Giannobile, Harvard School of Dental Medicine
Paul Krebsbach, University of California – Los Angeles
Mina Mina, University of Connecticut
E .Dianne Rekow, King's College London
Harvey Schenkein, Virginia Commonwealth University – VCU/MCV
Thomas Van Dyke, The Forsyth Institute
Cun-Yu Wang, University of California – Los Angeles
David Wong, University of California – Los Angeles
Yun-Po Zhang, Colgate-Palmolive

2020 Paul Dechow, Texas A&M University College of Dentistry
Hatice Hasturk, The Forsyth Institute
Alpdogan Kantarci, Forsyth Institute
Purnima Kumar, The Ohio State University
Bjorn Steffensen, Tufts University School of Dental Medicine

2021 Ana Bedran-Russo, Marquette University School of Dentistry
Clifton Carey, Univ Colorado, Denver
Lois Cohen, NIH/NIDCR
Pamela Den Besten, University of California – San Francisco
Kimon Divaris, University of North Carolina
Carla Evans, Boston University
Eric Everett, University of North Carolina
Jian Feng, Texas A&M College of Dentistry
Hansel Fletcher, Loma Linda University
Sylvia Frazier-Bowers, University of North Carolina
Anne George, University of Illinois at Chicago
Sudarat Kiat-Amnuay, University of Texas at Houston
Jessica Lee, University of North Carolina
Ariadne Letra, University of Texas Health Science Center at Houston
Carmem Pfeifer, Oregon Health & Science University
Luciana Shaddox, University of Kentucky – College of Dentistry
Dimitris Tatakis, Ohio State University
Flavia Teles, University of Pennsylvania
Jennifer Webster-Cyriaque, University of North Carolina
Charles Widmer, University of Florida

2022 Judith Albino, University of Colorado, Aurora
Brenda Heaton, Boston University
Alireza Moshaverinia, University of California, Los Angeles
Yong Wang, University of Missouri, Kansas City
Christine D .Wu, University of Illinois at Chicago

2023 Grace De Souza, University of Louisville
Raul Garcia, Boston University
Chung How Kau, University of Alabama at Birmingham
Binnaz Leblebicioglu, The Ohio State University
Spiro Megremis, American Dental Association
David Scott, University of Louisville
Tamanna Tiwari, University of Colorado, Aurora

2024 Brian Foster, The Ohio State University, Columbus
Elizabeth Kaye, Boston University, MA
Sharukh Khajotia, University of Oklahoma, Oklahoma City
Patricia Miguez, University of North Carolina, Chapel Hill
Marcelle Nascimento, University of Florida, Gainesville
Christopher Okunseri, Marquette University, Milwaukee, WI
Stefan Ruhl, University at Buffalo, NY

Appendix 6 — AADOCR Student Research Fellowship Recipients

(supported by American Academy of Periodontology, Colgate-Palmolive, P&G Professional Oral Health, Crest + Oral-B, Dentsply Sirona, Haleon and AADOCR Group Chapters, Sections, and Members)

2016 Amir Aryaan, University of Michigan
Andrew Bertagna, University of Illinois at Chicago
Danielle Bitton, Midwestern University – CDMA
Derrick Crawford, Texas A&M College of Dentistry
Kunal Dani, Tufts University School of Dental Medicine
Yifen (Wendy) Fu, University of California San Francisco
Toni Jilka, University of Nevada, Las Vegas
Kyung Min, Ohio State University
Francisco Nieves, University of Texas Health Science at Houston School of Dentistry
Aneesa Sood, University of Alabama at Birmingham
Basma Ibrahim Tamasas, University of Washington
Sing Wai Wong, University of North Carolina, Chapel Hill

2017 Danielle Burgess, University of North Carolina, Chapel Hill
Carissa Choong, Oregon Health & Science University
Elizabeth Clanahan, Columbia University
Kendra Clark, University of Mississippi
Eric Feuer, University of Pittsburgh
Jeffrey Garcia, Marquette University
Heran Getachew, University of Florida
Tanner Godfrey, University of Alabama at Birmingham
Bronwyn Hagan, University of California San Francisco
Melissa Jarvis, Midwestern University – CDMA
Leonardo Koerich, Virginia Commonwealth University
Mingyu Kwak, Stony Brook University
Ke'Ale Louie, University of Michigan
Andrew Lum, Tufts University School of Dental Medicine
Andrew McCall, State University of New York at Buffalo
Annette Merkel, University of Illinois at Chicago
Tyler Mesa, Louisiana State University
Seth Nye, Texas A&M College of Dentistry
Jayesh Patel, Boston University
Leigha Rock, University of British Columbia
Delton Tatum, The Ohio State University
Charles Taylor , Arizona School of Dentistry and Oral Health, A T .Still University
Thuy LeAnn Truong, University of Texas Health Science at Houston School of Dentistry
Joshua Welborn, Southern Illinois University School of Dental Medicine
Matthew Yarmosky, University of Maryland

2018 Brandon Breard, Louisiana State University
Elizabeth Clanaman, Columbia University
Adrian Danescu, University of British Columbia
Michael Eskander, University of Texas Health Science Center at San Antonio
Keagan Foss, University of Texas Health Science Center at Houston
Michael Halcomb, University of Michigan
Courtney Johnson, University of Colorado
Jeremy Kiripolsky, State University of New York at Buffalo
Grethel Millington, University of Connecticut
Erica Muller, Midwestern University
Zachary Nicholson, Marquette University
Seth Nye, The Ohio State University
Vidhi Pandya, Southern Illinois University
James Parker, East Carolina University
Veena Raja, Stony Brook University
Robert Rudnicki, Texas A&M University
Karen Schey, University of North Carolina at Chapel Hill
Austin Shackelford, Arizona School of Dentistry and Oral Health, A T .Still University
Adam Staffen, Virginia Commonwealth University
Wylie Tang , University of Nevada, Las Vegas
Hailey Taylor, University of California, San Francisco
Victor Tran, Oregon Health & Science University
Delaney Turner, Tufts University
Danielle Vermilyea, University of Florida
Jennifer Wu, Indiana University
Livia Favaro Zeola, University of Washington
Yuqiao Jennifer Zhou, University of Pittsburgh

2019 Robert Brock, University of Texas Health Science Center at San Antonio
Ana Chang, University of Washington
Jie Deng, Stony Brook University
Anthony Falone, Tufts University
Josh Ferraro, The Ohio State University
Gilberto Garcia, University of Texas Health Science Center at Houston
Julia Giardina, Virginia Commonwealth University
Gavin Golas, University of Florida
Brian Greco, University of Connecticut
Arezoo Holdaway, Midwestern University – Arizona
Adam Hoxie, University of North Carolina
Ariana Kelly, University of Pittsburgh
Allyn LaCombe, Louisiana State University
Reed McKinney, Indiana University
Sumeet Minhas, Columbia University
Margaret Newton, Texas A&M University
Erika Ramos, Boston University
Cameron Swift, East Carolina University
Shernel Thomas, University of Michigan
Nikita Tongas, Marquette University
Taylor Velasquez, A T .Still University – Arizona
Trystan Wiedow, The University of Iowa
Scarlett Woods, University of Mississippi Medical Center

2020 Erin Britt, Virginia Commonwealth University
Zachary Burk, University of North Carolina
Nicholas Fischer, University of Minnesota
Jacob Graca, University at Buffalo
Tyler Laurel, University at Buffalo
Andrew Magee, Midwestern University – Arizona
An Nguyen, University of California, San Francisco
Alexandra Oklejas, University of Michigan
Nathan Riexinger, University at Buffalo
Conor Scanlon, Oregon Health & Science University
Michelle Scott, The Ohio State University
Ida Shaffer, University of California, San Francisco
Dam Soh, University at Buffalo
Claire Stickler, University of Michigan
W .Benton Swanson, University of Michigan
Gabriel Valencia, University at Buffalo

2021 Natalie Atyeo, University of Florida, Gainesville
Jessica Cook, University of California, San Francisco
Ramin Farhad, University of California, San Francisco
Taylor Glovsky, Oregon Health & Science University, Portland
Charles Holjencin, Medical University of South Carolina, Charleston
Gwen Hryciw, Oregon Health & Science University, Portland
Marsha-Kay Hutchinson, University of Michigan, Ann Arbor
Yejin Ki, University of Pittsburgh, PA
Alisa Lee, University of Pennsylvania, Philadelphia
Mary Li, University of Iowa, Iowa City
Eric Madsen, University of Michigan, Ann Arbor
Charlotte Martin, Columbia University, NY
Lea Sedghi, University of California, San Francisco
Ben Swanson, University of Michigan, Ann Arbor
Jihee Yoon, University of California, San Francisco
Yuanchun Zhou, Nova Southeastern University, Fort Lauderdale, FL

Appendix 6 *(continued)*

2022 Natalie Atyeo, University of Florida, Gainesville
Jonathan Banks, University of Illinois at Chicago
Bradley Brow, Midwestern University, Downers Grove, IL
Kristelle Caistrano, University of Illinois at Chicago
Darnell Cuylear, University of California, San Francisco
Andrew Doan, Indiana University, Indianapolis
Christina Gordon, Virginia Commonwealth University, Richmond
Shawn Hallett, University of Michigan, Ann arbor
Amy Hensel, Midwestern University, Downers Grove, IL
Mikki Jaramillo, Indiana University, Indianapolis
Jessica Kim, University of Southern California, Los Angeles
Kasey Leung, University of Illinois at Chicago
Marcus Levitan, Indiana University, Indianapolis
Amy Li, University of Michigan, Ann Arbor
Kazune Pax, The Ohio State University, Columbus
Casey Sheehy, Virginia Commonwealth University, Richmond
Benjamin Shelling, University of Pennsylvania, Philadelphia
Ben Swanson, University of Michigan, Ann Arbor
Kenya Velez, University of California, San Francisco
Carrie Walton, Indiana University, Indianapolis
Robert Wolf, Midwestern University, Downers Grove, IL

2023 Natalie Andras, The Ohio State University, Columbus
Thao Do, University of Pennsylvania, Philadelphia
Alexandra Herzog, University of Michigan, Ann Arbor
Julie Hong, University of Pennsylvania, Philadelphia
Yanjie Huang, University of Michigan, Ann Arbor
Parandis Kazemi, University of Minnesota, Minneapolis
Tommy Lau, University of Michigan, Ann Arbor
Luke Lucido, University of California, San Francisco
Jonathan Nguyen, Oregon Health and Science University, Portland
Khanh Nguyen, Virginia Commonwealth University, Richmond
Michelle Nguyen, University of California, San Francisco
Shahrzad (Sharzy) Sadeghi, University of California, San Francisco
Erica Siismets, University of Michigan, Ann Arbor
David Sung, University of California, San Francisco
W .Benton Swanson, University of Michigan, Ann Arbor
Sydnie Taylor, Midwestern University, Downers Grove, IL
Byron Zhao, University of California, San Francisco

2024 Manuel Acuna, University of Pennsylvania, Philadelphia
Natalie Andras, The University of Ohio, Columbus
Jonathan Banks, University of Illinois Chicago
Kristelle Capistrano, University of Illinois Chicago
Angela Chen, University of North Carolina, Chapel Hill
Shawn Hallett, University of Michigan, Ann Arbor
Minyoung Kim, University of California, San Francisco
Kasey Leung, University of Illinois Chicago
Kyungjoon Park, University of Pennsylvania, Philadelphia
Lauren Rudolph, University of Pennsylvania, Philadelphia
Karin Shamardani, University of California, San Francisco
Caris Smith, University of Alabama at Birmingham
Michael Troka, University of Pennsylvania, Philadelphia
Eric Yin, University of California San Francisco

Appendix 7 — 2024 AADOCR Bloc Travel Grant Recipients

Supported by the National Institutes of Health – National Institute of Dental and Craniofacial Research (NIH-NIDCR) (Grant No R13DE032910)

Sarah Aitken, University of Minnesota, Minneapolis
Anna Elizabeth Allen, Virginia Commonwealth University, Richmond
Loraine Blanco, Midwestern University, Downers Grove, IL
Yen Dinh, Harvard University, Boston, MA
Quinn Easter, ADA Science & Research Institute, Gaithersburg, MD
Jeremy Elias, The ADA Forsyth institute, Cambridge, MA
Deshawna Glenn, University of Pittsburgh, PA
Jessica Hao, University of Pennsylvania, Philadelphia
Liam Hopfensperger, East Carolina University, Greenville, NC
Kuei-Ling Hsu, University of Maryland at Baltimore
Melissa Hsu, Midwestern University, Downers Grove, IL
Mahbube Jafari, University of Iowa, Iowa City
Theodore Kao, University of California, Los Angeles
Keun Hwan Kim, Stony Brook University, NY
Lauren Lamoutte, University of Florida, Gainesville
Min Lin, University of Washington, Seattle
Brianyell McDaniel Mims, Medical University of South Carolina, Charleston
Dustin Mueller, Medical University of South Carolina, Charleston
Jake Ngu, University of California, San Francisco
Marshall Padilla, University of Pennsylvania, Philadelphia
Achamaporn Punnanitinont, University at Buffalo, New York
Macey Siegel, The Ohio State University, Columbus
Bree Smith, University of North Carolina at Chapel
Julie Tokatlian, University of Kentucky, Lexington
Meilinn Tram, UT Health, San Antonio
Amy Tran, UT Health, Houston
Cathy Tran, Dental College of Georgia at Augusta University
Cassandra Villani, University of Illinois at Chicago
Albert Wang, Columbia University, New York, NY
Bridgette Wellslager, Medical University of South Carolina, Charleston
Michelle Wu, Texas A&M University, Dallas

Appendix 8 — AADOCR MIND the Future Program

AADOCR Mentoring an Inclusive Network for a Diverse Research Workforce of the Future (AADOCR MIND the Future)

In 2020, AADOCR was awarded a five-year grant of more than $1 3 million by the National Institute of Dental and Craniofacial Research (NIDCR) in response to FOA RFA-DE-19-007: NIDCR Mentoring Network to Support a Diverse Dental, Oral and Craniofacial Research Workforce .The grant project dates are March 2020 through February 2025 (Grant No .5UE5DE029439) .

Principal Investigators for the grant are AADOCR's CEO Dr .Christopher H .Fox, Dr .David Drake, Professor of Microbiology, University of Iowa and the Iowa Institute for Oral Health Research, and Dr .Effie Ioannidou, Department Chair of Orofacial Sciences, University of California, San Francisco School of Dentistry .

The primary goal of this NIDCR-funded program is to establish a mentoring network that will support a diverse pool of early career investigators, including individuals from diverse backgrounds, in developing independent research careers dedicated to improving dental, oral and craniofacial health .

The program offers one year of educational activities and interactive opportunities between mentors and mentees to support the development of a diverse oral and craniofacial biomedical research workforce .Once the mentees complete the program in September 2024, they will continue as program alumni and will remain engaged in the program .

2020-2021 Cohort of Mentees and their Mentors

Mentee	Institution	Mentor	Institution
Susana Calderon	Illinois State University	Margherita Fontana	University of Michigan
Modupe Coker	Rutgers University	Luciana Shaddox	University of Kentucky
Dina Garcia	Virginia Commonwealth University	Raul Garcia	Boston University
Cherice Hughes-Oliver	Medical University of South Carolina	Mildred Embree	Columbia University
Bruno Lima	University of Minnesota	David Drake	University of Iowa
Stephanie Momeni	Oregon Health & Science University	Jorge Frias-Lopez	University of Florida
Indra Mustapha	Howard University College of Dentistry	Purnima Kumar	The Ohio State University
Susana Maria Salazar Marocho	University of Mississippi Medical Center	Jack Ferracane	Oregon Health & Science University
Tamanna Tiwari	University of Colorado Denver School of Dental Medicine	Donald Chi	University of Washington
Cristina Vidal	University of Iowa	Carmem Pfeifer	Oregon Health & Science University

2021-2022 Cohort of Mentees and their Mentors

Mentee	Institution	Mentor	Institution
Hope Amm	University of Alabama at Birmingham	Nisha D'Silva	University of Michigan
Erin Bumann	University of Missouri at Kansas City	Azeez Butali	University of Iowa
Jacqueline Burgette	University of Pittsburgh	Raul Garcia	Boston University
Leticia Chaves de Souza	University of Texas Health Science Center at Houston	Ariadne Letra	University of Texas Health Science Center at Houston
Bianca Dearing	Howard University	Franciso Ramos-Gomez	University of California
Rubelisa Oliveira	University of Kentucky	Purnima Kumar	The Ohio State University
Nosayaba Osazuwa-Peters	Duke University	Luisa Borrell	City University of New York
Aline Petrin	University of Iowa	Alex Vieira	University of Pittsburgh
Ana Paula Piovezan Fugolin	Oregon Health & Science University	Grace De Souza	University of Toronto
Guiqin Xie	Howard University	Yu Leo Lei	University of Michigan
Camila Zamperini	University of Illinois at Chicago	Luciana Shaddox	University of Kentucky

2022-2023 Cohort of Mentees and their Mentors

Mentee	Institution	Mentor	Institution
Hend Alqaderi	Harvard University	Patricia Diaz	University at Buffalo
Mariana Bezamat Chappel	University of Pittsburgh	Azeez Butali	University of Iowa
Emily Chu	University of Maryland	Marco Bottino	University of Michigan
Cristiane Franca	Oregon Health & Science University	Mary Farach-Carson	UT Health Houston
Tumader Khouja	University of Pittsburgh	Stefanie Russell	New York University
Marshall Padilla	University of Pennsylvania	Jacques Nör	University of Michigan
Jay Patel	Temple University	Lucia Cevidanes	University of Michigan
Sarah Peters	The Ohio State University	Mina Mina	University of Connecticut
Genevieve Romanowicz	University of Oregon	Ana Bedran Russo	Marquette University
Mairobys Socorro	University of Pittsburgh	Margharita Fontana	University of Michigan
Rong (Rose) Wang	University of Missouri–Kansas City	Nisha D'Silva	University of Michigan

2023-2024 Cohort of Mentees and their Mentors

Mentee	Institution	Mentor	Institution
Shaun Abrams	NIH/NIDCR, Bethesda, MD	Ariadne Letra	University of Pittsburgh, Pennsylvania
Louise Dornelas-Figueira	University of Florida, Gainesville	Jeffrey Ebersole	University of Nevada, Las Vegas
Christina Graves	University of North Carolina at Chapel Hill	Yu Leo Lei	University of Michigan, Ann Arbor
Kimberly Jasmer	University of Missouri-Columbia	Jill Kramer	University at Buffalo, New York
Isha Mutreja	University of Minnesota, Minneapolis	Marcela Carrilho	Midwestern University, Illinois
Mariana Reis-Havlat	University of Illinois at Chicago	Reginald Taylor	Texas A&M University, Dallas
Mauricio Sousa	Oregon Health & Science University, Portland	Alireza Moshaverinia	University of California, Los Angeles
Jean Star	University of California, San Francisco	Margherita Fontana	University of Michigan, Ann Arbor
Caroline Szczepanski	Michigan State University, East Lansing	Carmem Pfeifer	Oregon Health & Science University, Portland
Yan Wang	University of California, Los Angeles	David Drake	University of Iowa, Iowa City

2024-2025 Cohort of Mentees and their Mentors

Mentee	Institution	Mentor	Institution
Marvellous Akinlotan	Texas A&M University School of Dentistry	Jane Weintraub	University of North Carolina
Insoon Chang	University of California, Los Angeles	Hatice Hasturk	ADA Forsyth
Renan Dal Fabbro	University of Michigan	John Mitchell	Midwestern University
Alice Goodwin	University of Pittsburgh	Ariadne Letra	University of Pittsburgh
Wei Huang	Rutgers School of Dental Medicine	Mina Mina	UCONN Health
Hagar Kenawy	University of Pennsylvania/Children's Hospital of Philadelphia	Pam Yelick	Tufts University
Ejvis Lamani	University of Alabama at Birmingham	Wanida Ono	UT Health Houston
Yuan Liu	Temple University	Margherita Fontana	University of Michigan
Dayane Oliveira	University of Florida	Livia Tenuta	University of Michigan
Linda Sangalli	Midwestern University	Jill Kramer	University at Buffalo
Caroline Sawicki	University of North Carolina	Alexandre DaSilva	University of Michigan
Zoe Zhu	Tufts University	Flavia Teles	University of Pennsylvania

Appendix 9 — AADOCR Awards & Fellowships Winners *(through 2024)*

AADOCR Distinguished Scientist Award
(supported by Haleon)

Ronald Gibbons	1992	Ronald Dubner	2012
Paul Goldhaber	1995	Rafael Bowen	2014
Henning Birkedal-Hansen	1998	Robert Genco	2016
Roy Page	2001	William Maixner	2018
James Beck	2004	Sally J .Marshall	2020
Sigmund Socransky	2006	Barbara Boyan	2022
Kenneth Yamada	2008	Christopher Bowman	2023
John Greenspan	2010	*Next award in 2025*	

AADOCR/CADR Joseph Lister Award for New Investigators
(Supported by Kenvue)

Xue Yuan	2018	Viviane Hass	2023
Vivek Thumbigere Math	2018	Ana Carolina Morandini	2023
Archana Kamalakar	2022		
Chukwuebuka Ogwo	2022		

ADOCR Anne D. Haffajee Fellowship
(supported in 2021 by an endowment created by donations from individuals and companies)

Yong-Hee Patricia Chun	2017	Ning Yu	2021
Kyounga Cheon	2018	Nini Tran	2022
Julie Marchesan	2019	Caroline Sawicki	2023
Fatemeh Memen-Heravi	2020	Chenshuang Li	2024

AADOCR Irwin D. Mandel Distinguished Mentoring Award

Irwin D .Mandel – Columbia University, NY	2010
Mary MacDougall – University of Alabama at Birmingham	2011
Bjorn Steffensen – University of Texas Health Science Center at San Antonio	2012
Sally Marshall – University of California, San Francisco	2013
Peter Milgrom – University of Washington, Seattle	2014
William Bowen – University of Rochester, NY	2015
Kenneth Anusavice – University of Florida, Gainesville	2016
Rena D'Souza – Uinversity of Utah, Salt Lake City	2017
Grayson Marshall – University of California, San Francisco	2018
Yvonne Kapila – University of California, San Francisco	2019
Frank Scannapieco – University at Buffalo, NY	2020
Nisha D'Silva – University of Michigan, Ann Arbor	2021
No-Hee Park – University of California, Los Angeles	2022
Cun-Yu Wang – University of California, Los Angeles	2023
Hom-Lay Wang, University of Michigan, Ann Arbor	2024

AADOCR Jack Hein Public Service Award

John Hein	1996	Isabel Garcia	2012
Gert Quigley	1997	Alice DeForest	2013
Christopher Squier	1998	Bruce Baum	2014
Jay Gershen	1999	Daniel Meyer	2015
Anthony Picozzi	2000	Harold Slavkin	2016
John Crawford	2001	Christian Stohler	2017
Michael Barnett	2002	Teresa Dolan	2018
Judith Sherman	2003	Scott Tomar	2019
Michael Alfano	2004	Ernest Newbrun	2020
Linda Niessen	2005	Martha Somerman	2021
Robert Collins	2006	Kathleen T .O'Loughlin	2022
Dushanka Kleinman	2007	Bruce Dye	2023
Joan Wilentz	2008	Judith Albino	2023
Roseann Mulligan	2009	Bei Wu	2024
David Johnsen	2010	Karen Tracy	2024
Lawrence Tabak	2011		

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	Mina Mina	2022
Sebastian Ciancio	2019	Peter Polverini	2022
Mary MacDougall	2019	Martha J .Somerman	2022
John W .Stamm	2020	*(Not awarded in 2023)*	
Stephen Bayne	2021	Rena D'Souza	2024
Jeffrey Ebersole	2021	Ophir Klein	2024
Sharon Grayden	2021		

AADOCR Procter & Gamble Underrepresented Faculty Research Fellowship
(supported by P&G Professional Oral Health, Crest + Oral-B)

Jessica Scoffield	2019	Susan Salazar Marocho	2022
Bruno Lima	2020	Gina Roque-Torres	2023
Patricia Miguez	2021	Stephanie Momeni	2024

AADOCR Sjögren's Syndrome Foundation Student Fellowship

Sheede Khalil	2011	Kerry Leehan	2014
Page Linae Collymore	2012	Annie Chou	2015
Adrienne Gauna	2013	*(Discontinued)*	

AADOCR William B. Clark Fellowship
(supported by P&G Professional Oral Health; Crest + Oral-B)

Ruth Nowjack-Raymer	1996	Leena Bahl-Palomo	2012
Lamont MacNeil	1997	Jill Bashutski	2013
Gregory Oxford	1998	Changming Lu	2014
Stephen Meraw	2000	Ramzi Abou-Arraj	2015
Bjorn Steffensen	2001	Yau-Hua Yu	2016
Katherine Schrubbe	2003	Nada Souccar	2017
Ryan Harris	2004	Yogalakshmi Rajendran	2018
Petros Papagerakis	2005	Francesca Bonino	2019
Thomas Oates	2006	Karren Komitas	2020
Maria del Pilar Valderrama	2007	Dennis Sourvanos	2021
Maria Geisinger	2009	Georgios Kotsakis	2022
Isabel Gay	2010	*(Not awarded in 2023)*	
Paula Ortiz	2011	*(Not awarded in 2024)*	

Harald Löe Scholars

Norman Tinanoff	1995	Paul Moore	2000
John D .Rug	1996	Jane .Atkinson	2001
J .Michael Cohen Jr .	1997	Fred Certosimo	2003
Marc W .Heft	1999	*(Discontinued)*	

JDR Cover of the Year

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

AADOCR William Butler Fellowship

Sarah Peters	2023	Jay Patel	2024

Appendix 9 *(continued)*

AADOCR DDI Oral Health Equity Research Award

Astha Singhal – Access to Care	2023
Tamanna Tiwari – Oral Health Literacy	2023
Cameron Randall – Oral Health Literacy	2023
Jason Semprini – Access to Care	2024
Marvellous Akinlotan – Access to Care	2024
Dan Burch – Access to Care	2024
Alva Ferdinand – Access to Care	2024

AADOCR Hatton Competition

David Russell	Post-doctoral	1967
Burton Horowitz	Post-doctoral	1967
Sherman Sweeney	Junior	1967
Dick Lavender	Post-doctoral	1968
Mladen Kuftinec	Post-doctoral	1968
Marlin Walling	Junior	1968
Stuart White	Junior	1968
Richard Selmont	Post-doctoral	1970
Benjamin Ciola	Post-doctoral	1970
Michael Barkin	Junior	1970
George Kelly	Junior	1970
Lawrence Freilich	Post-doctoral	1971
Manuel Gonzalez	Post-doctoral	1971
Richard Croissant	Junior	1971
Marcia Wadell	Junior	1971
Robert Hurst	Post-doctoral	1972
Michael Reed	Post-doctoral	1972
Bruce Trefz	Junior	1972
Louiza Puskulian	Junior	1972
Kent Palcanis	Junior	1973
Robert Chuong	Junior	1973
Alan Sproles	Junior	1973
Terry Wallen	Post-doctoral	1974
Craig Harrison	Junior	1974
Jon Goldberg	Junior	1974
Steven Schonfeld	Post-doctoral	1975
Sean Meitner	Post-doctoral	1975
Neil Blumenthal	Junior	1975
Frederick Wood	Junior	1975
Ming Tung	Post-doctoral	1976
Sukum Thiradilok	Post-doctoral	1976
Waldemar De Rijk	Junior	1976
Alan Gould	Junior	1976
Lien Nguyen	Post-doctoral	1990
Clark Stanford	Post-doctoral	1990
Cataldo Leone	Post-doctoral	1990
John DiPasquale	Post-doctoral	1990
Theresa Madden	Post-doctoral	1990
Christopher Cutler	Post-doctoral	1990
Harry Dougherty	Junior	1990
Randy Todd	Junior	1990
Mikyung Lee	Junior	1990
Abou Bakr Rabie	Post-doctoral	1991
Geoffrey Gerstner	Post-doctoral	1991
Michael Ignelzi	Post-doctoral	1991
Catherine Schwab	Junior	1991
Frank Rude	Junior	1991
Wesley Belli	Junior	1991
Calogero Dolce	Post-doctoral	1992
Pamela Erickson	Post-doctoral	1992
David Sirois	Post-doctoral	1992
Jonathan Feldman	Junior	1992
Jessica Gardner	Junior	1992
Mark Engelstad	Junior	1992
Cindy Cootauco	Junior	1992
Rebecca Elovic	Post-doctoral	1993
Ridge Gilley	Post-doctoral	1993
Janet Guthmiller	Post-doctoral	1993
Sunil Kapila	Post-doctoral	1993
Amitabha Lala	Post-doctoral	1993
Thuan Le	Junior	1993
Angela Painter	Junior	1993
Jeffrey Thompson	Junior	1993
Jason Jenny	Junior	1993
Greg Kewitt	Junior	1993
Khaled Ghaffar	Post-doctoral	1994
Daniel Stevens	Post-doctoral	1994
Kaaren Vargas	Post-doctoral	1994
Susan Buck	Junior	1994
Earl Albone	Junior	1994
Arthur Wickson	Junior	1994
James Yang	Post-doctoral	1996
Tracy Mayfield-Donahoo	Post-doctoral	1996
Sotirios Tetradis	Post-doctoral	1996
Margherita Fontana	Post-doctoral	1996
Galen Schneider	Post-doctoral	1996
Nisha D'Silva	Post-doctoral	1996
Christopher Robinson	Junior	1996
Joseph Brogan	Junior	1996
Lisa Bueno	Junior	1996
Gayatri Jayaraman	Junior	1996
Stephen Godwin	Post-doctoral	1998
Christina Jespersgaard	Post-doctoral	1998
Trent Westernoff	Post-doctoral	1998
Paul Ezzo	Junior	1998
Kai Worch	Junior	1998
Jennifer Price	Junior	1998
Mo Kang	Junior	1998
Yvonne Kapila	Junior	1998
Mario Chorak	Junior	1998
Anne-Marie Clancy	Junior	1998
David Basi	Senior	2001
Rajesh Lalla	Senior	2001
Ginger Glayzer	Junior	2001
Andrew Fribley	Senior	2004
Manoj Muthukuru	Senior	2004
Monika Oli	Post-doctoral	2004
Sungyon Bang	Junior	2004
Jonathan Ross	Junior	2004
Bradley Henson	Senior	2005
Xiaozhe Han	Post-doctoral	2005
Marxa Figueiredo	Post-doctoral	2005
Jeremy Horst	Junior	2005
Elizabeta Karl	Senior	2006
Bruce Havens	Senior	2006
Marcela Romero-Reyes	Post-doctoral	2006
Cara Knight	Post-doctoral	2006
Cory Ernst	Junior	2006
Melina Cozby	Junior	2006
Mark Appleford	Senior	2007
Cristina Villar	Senior	2007
Nan Hatch	Post-doctoral	2007
Shuang Liang	Post-doctoral	2007
Jamie Luria	Junior	2007
Chi Viet	Junior	2007
Anjalee Vacharaksa	Senior	2008
Rodrigo Giacaman	Post-doctoral	2008
Erica Scheller	Junior	2008
Jessica Boehrs	Junior	2008
Lauren Turner	Junior	2008
Kathleen Neiva	Senior	2009
Turki Alhazzazi	Senior	2009
David Lam	Post-doctoral	2009

Appendix 9 *(continued)*

Andrew Jheon	Post-doctoral	2009
Bo Yu	Junior	2009
Alexander Nee	Junior	2009
Chad Novince	Senior	2010
Bojana Bojovic	Senior	2010
Maria Athanassiou-Papaefthymiou	Post-doctoral	2010
Sheede Khalil	Junior	2010
Anika Voisey Rodgers	Junior	2010
Angela Brown	Post-doctoral	2010
Ronald Siu	Senior	2011
Jeffrey Kim	Senior	2011
Jin Xiao	Post-doctoral	2011
Yunsong Liu	Post-doctoral	2011
Urvi Ruparelia	Junior	2011
Kaitrin Kramer	Junior	2011
Charles Billington	Senior	2012
Megan Falsetta	Post-doctoral	2012
Mildred Embree	Post-doctoral	2012
Jenny Sun	Junior	2012
Jonathan An	Junior	2012
Yinshi Ren	Senior	2012
Wanida Ono	Senior	2013
Aaron Havens	Senior	2013
Brian Foster	Post-doctoral	2013
Chi Viet	Post-doctoral	2013
Kyle Vining	Junior	2013
Brianna Yang	Junior	2013
Qingfen Pan	Senior	2014
Jin Hee Kwak	Senior	2014
Michael Valerio	Post-doctoral	2014
Marit Aure	Post-doctoral	2014
Kyulim Lee	Junior	2014
Lauren Katz	Junior	2014
Joe Nguyen	Senior	2015
Kevin Byrd	Senior	2015
Reniqua House	Post-doctoral	2015
Xuelian Huang	Post-doctoral	2015
Drake Williams	Junior	2015
Montserrat Ruiz-Torruella	Junior	2015
Insoon Chang	Senior	2016
Sung Hee Lee	Senior	2016
Padma Pradeepa Srinivasan	Post-doctoral	2016
Heidi Steinkamp	Post-doctoral	2016
Meredith Williams	Junior	2016
Mychi Nguyen	Junior	2016
Mohammed Alharbi	Senior	2017
Fatma Mohamed	Senior	2017
Andrew Jang	Post-doctoral	2017
Danielle Wu	Post-doctoral	2017
Zachary Pekar	Junior	2017
Mallory Morel	Junior	2017
Chiranjit Mukherjee	Senior	2018
Tanner Godfrey	Senior	2018
Yuan Liu	Post-doctoral	2018
Kevin Byrd	Post-doctoral	2018
Alexandra Oklejas	Junior	2018
Courtney Johnson	Junior	2018
Jiayu Shi	Senior	2019
Akrivoula Soundia	Senior	2019
Mizuki Nagata	Post-doctoral	2019
Martinna Bertolini	Post-doctoral	2019
Carson Smith	Junior	2019
Ashley Karczewski	Junior	2019
W .Benton Swanson	Senior	2020
Michael Chavez	Senior	2020
Christopher Donnelly	Post-doctoral	2020
Daniel Clark	Post-doctoral	2020
Grace Huang	Junior	2020
Delaney Clayton	Junior	2020
Waheed Awotoye	Senior	2021
Kyle Vining	Senior	2021
Zhi Ren	Post-doctoral	2021
Joshua Emrick	Post-doctoral	2021
Charlotte Martin	Junior	2021
Natalie Atyeo	Junior	2021
Maryam Baldawi	Junior	2022
Mohamed Rawas-Qalaji	Junior	2022
Michelle Scott	Senior	2022
Jaden Lee	Senior	2022
Fatma Mohamed	Post-doctoral	2022
Joe Nguyen	Post-doctoral	2022
Kisa Iqbal	Junior	2023
Michael Troka	Junior	2023
Emily Fisher	Senior	2023
Armond June	Senior	2023
Marwa Afifi	Post-doctoral	2023
Justin Burrell	Post-doctoral	2023
Jeremie Oliver Piña	Junior	2024
Cathy Tran	Junior	2024
Bridgette Wellslager	Senior	2024
Shawn Hallett	Senior	2024
Brianyell Mcdaniel Mims	Post-doctoral	2024
Marshall Padilla	Post-doctoral	2024

NSRG Dentsply Sirona Restorative Competition

Mary Hanlon	Basic	1989
George Nail	Basic	1989
Carl Jenkins	Basic	1989
Gerald Lipshutz	Basic	1989
Anne Nguyen	Basic	1990
Brian Finlay	Basic	1990
Safa Iranpour	Basic	1990
Steve Jacks	Basic	1990
William Giannobile	Basic	1991
Julie Rogers	Basic	1991
Carina L .Schwartz-Dabney	Basic	1991
Tera Moore	Basic	1991
Jennifer Cole	Basic	1992
J .Quintero	Basic	1992
Laura Marshall	Basic	1992
Rita McGrogan	Basic	1992
Mohammad Ghiabi	Basic	1993
Cindy Cootauco	Basic	1993
Joseph Stofko	Basic	1994
Laura Fogle	Basic	1994
Elizabeth Ramos	Basic	1994
Andrew Bagley	Basic	1994
Douglas MacLean	Basic	1995
Maryam Mojdehi	Basic	1995
Rick Heard	Basic	1995
John Caccamese	Basic	1995
Russell McCabe	Basic	1996
David Wilson	Basic	1996
Yooson Kim	Basic	1996
Eric D'Hondt	Basic	1996
John Wallace	Basic	1997
Mark Berkman	Basic	1997
Linda Huang	Basic	1997
Jacqueline Macy	Basic	1997
Michael Feinberg	Basic	1998

Appendix 9 *(continued)*

Dev Chandra	Basic	1998
Heera Chang	Basic	1998
Carrie Gandhi	Basic	1998
Leonardo Bordador	Basic	1999
George Kang	Basic	1999
Christopher Daniel	Basic	1999
Mario Tai	Basic	1999
Uma Devi Nair	Basic	2000
John McPherson	Basic	2000
Melanie Robinson	Basic	2000
Priya Ramachandran	Clinical	2000
Amin Ghandi	Clinical	2000
Michael Johnson	Clinical	2000
Matthew Abraham	Basic	2001
David Kim	Basic	2001
Adam Martin	Basic	2001
Danna Radcliff	Clinical	2001
Justin Dacy	Clinical	2001
Alexander Rabinovich	Clinical	2001
James Vandeberg	Basic	2002
Sohail Saghezchi	Basic	2002
Jessica Ibarra	Basic	2002
Gregory Segraves	Clinical	2002
Halley White	Clinical	2002
Manali Bhide	Clinical	2002
Michael Horan	Basic	2003
Andi McPhillips	Basic	2003
Robert Renner	Basic	2003
Eugenio Bedolla	Clinical	2003
Pardeep Brar	Clinical	2003
Marrissa Mikolich	Clinical	2003
Kelton Stewart	Basic	2004
Michael Dyal	Basic	2004
Michael Ryan	Basic	2004
Ritu Bahl	Clinical	2004
Jessica Heggen	Clinical	2004
Louis Whitesman	Clinical	2004
Matthew Miller	Basic	2005
Aaron Molen	Basic	2005
Michael Yost	Basic	2005
Jason Gladwell	Clinical	2005
Sung Pyo Hong	Clinical	2005
D .Craig Seager	Clinical	2005
Laura Milnor	Basic	2006
Robert Weaver	Basic	2006
Rosamond Tomlinson	Basic	2006
Matthew Madsen	Clinical	2006
Zachton Lowe	Clinical	2006
John Thomas	Clinical	2006
Lindsay Compton	Basic	2007
Brandon McGarrell	Basic	2007
Cheryl Lewis	Basic	2007
Mikaely Moore	Clinical	2007
Rebecca Bockow	Clinical	2007
Stephanie Blumenshine	Clinical	2007
Chi Viet	Basic	2008
Monet Ducksworth	Basic	2008
Alpesh Patel	Basic	2008
Gail Garrett	Clinical	2008
Niyati Mehta	Clinical	2008
Suzanne Delima	Clinical	2008
Alpesh Patel	Basic	2009
Mahshid Bahadoran	Basic	2009
Ashley Nemec	Basic	2009
Andrew Holpuch	Clinical	2009
William Sexton	Clinical	2009
Danielle Case	Clinical	2009
David Nedrelow	Basic	2010
Teddy Dyer	Basic	2010
Byungdo Han	Basic	2010
Nishith Patel	Clinical	2010
Rebecca Paquin	Clinical	2010
Dennis Beliveau	Clinical	2010
Angela Gullard	Basic	2011
Neha Das	Basic	2011
Bojana Bojovic	Basic	2011
Richard Baxter	Clinical	2011
Ryan Darr	Clinical	2011
Marcus Randall	Clinical	2011
Michael Border	Basic	2012
Nisha Mehta	Basic	2012
Danielle Larivey	Basic	2012
Arthur Jones	Clinical	2012
Nina Guba	Clinical	2012
Lauren Paul	Clinical	2012
Maria Kuzynski	Basic	2013
Hani Ahdab	Basic	2013
Austin Starr	Basic	2013
Devon Cooper	Clinical	2013
Justin Kolasa	Clinical	2013
Denise Gates	Clinical	2013
Amatul Salma	Basic	2014
Austin Starr	Basic	2014
Omar Elnabawi	Basic	2014
Amatul Salma	Basic	2014
Omar Elnabawi	Basic	2014
Nicole Hovencamp	Clinical	2014
Alexandria Hawkins	Clinical	2014
Jordan Seetner	Clinical	2014
Jordan Seetner	Clinical	2014
Alexandria Hawkins	Clinical	2014
Stuart Ryan	Basic	2015
Alaa Ahmed	Basic	2015
Steven Linden	Basic	2015
Lee Zamos	Clinical	2015
Joshua Evans	Clinical	2015
Alice Ko	Clinical	2015
Tian Liang	Basic	2016
Shaun Darrah	Basic	2016
Yiwen Fu	Basic	2016
Yandy Gonzalez Marrero	Clinical	2016
Andrew Lum	Clinical	2016
Aneesa Sood	Clinical	2016
Xue Yuan	Basic	2017
Richard Clough	Basic	2017
Shawn Gutman	Basic	2017
Adam Swan	Clinical	2017
Chungyu Chang	Clinical	2017
Scott Lowry	Clinical	2017

(Discontinued)

Appendix 9 *(continued)*

AADOCR NSRG Mentor of the Year Award

Linda LeResche, University of Washington	1998
Anthony Iacopino, Baylor College of Dentistry	1999
Barbara Boyan, University of Texas HSC at San Antonio	2000
Craig Miller, University of Kentucky College of Dentistry	2001
Sreenivas Koka, University of Nebraska College of Dentistry	2002
Mary MacDougall, Univeristy of Texas HSC at San Antonio	2003
Kenneth Etzel, University of Pittsburgh	2004
Rena D'Souza, University of Texas HSC at Houston	2005
John Greenspan, University of California, San Francisco	2006
Janet M .Guthmiller, University of Iowa	2007
Firoz Rahemtulla, University of Alabama at Birmingham	2008
Roger B .Johnson, University of Mississippi	2009
Gerard Kugel,Tufts University	2010
Luisa A .DiPietro, University of Illinois at Chicago	2011
Robert Spears, Baylor College of Dentistry	2012
Mary P Walker, University of Missouri, Kansas City	2013
David T W .Wong, Univeristy of California, Los Angeles	2014
Burton Edelstein, Columbia University	2015
Lisa Chung, University of California, San Francisco	2016
John C .Mitchell, Midwestern University – CDMA	2017
Angela Bruzzaniti, Indiana University School of Dentistry	2018
Teresa Pulido Hernandez, Midwestern University – Arizona	2019
Nathanial Lawson, University of Alabama at Birmingham	2020
Sylvia A .Frazier-Bowers, University of North Carolina, Chapel Hill	2021
Dharini van der Hoeven, UT Health Houston	2022
Karolina Kaczor Urbanowicz, University of California, Los Angeles	2023
Jaffer A .Shariff, Touro College of Dental Medicine, Hawthorne, New York	2024

AADOCR NSRG 411 Rapid Research Competition

1st – Grace Kim	Clinical Science/Public Health	2019
2nd – Susan Park	Clinical Science/Public Health	2019
3rd – Bright Chang	Clinical Science/Public Health	2019
1st – Alexandra Rogers	Basic Science	2019
2nd – Joseph Mullen	Basic Science	2019
3rd – Grace Chung	Basic Science	2019
1st – Joseph Bui	Clinical Science/Public Health	2020
2nd – Dane Risinger	Clinical Science/Public Health	2020
3rd – Mai Zong Her	Clinical Science/Public Health	2020
1st – Ligia Schmitd	Basic Science	2020
2nd – Gabriel Valencia	Basic Science	2020
3rd – Naeem Motlagh	Basic Science	2020
1st – Mary Younan	Clinical Science/Public Health	2021
2nd – Nicholas Tipton	Clinical Science/Public Health	2021
3rd – Olivia Rebecca Kallo	Clinical Science/Public Health	2021
1st – Juhi Uttamani	Basic Science	2021
2nd – Yao Yao	Basic Science	2021
3rd – James Cheng	Basic Science	2021
1st – Drashty Paresh Mody	Clinical Science/Public Health	2022
2nd – Christina Lieng	Clinical Science/Public Health	2022
3rd – Salima Asifali Sawani	Clinical Science/Public Health	2022
1st – Won Hee Cho	Basic Science	2022
2nd – Sara Alhaffar	Basic Science	2022
3rd – Natalie Atyeo	Basic Science	2022
1st – Natalie Andras	Basic Science	2023
2nd – Drashty Mody	Basic Science	2023
3rd – Yilan Miao	Basic Science	2023
1st – Manuela Miguel	Clinical/Public Health	2023
2nd – Colton Curtis	Clinical/Public Health	2023
3rd – Cyrus Mansouri	Clinical/Public Health	2023
1st – Nour Hilal	Basic Science	2024
2nd – Jonathan Matthew Banks	Basic Science	2024
3rd – Matthew Yee	Basic Science	2024
1st – Kaitlin Healy	Clinical/Public Health)	2024
2nd – Justin Hunt	Clinical/Public Health	2024
3rd – Braedon Gunn	Clinical/Public Health	2024

SCADA – Student Competition for Advancing Dental Research and its Application

(supported by Dentsply Sirona and AADOCR)

Nisarg Patel	Clinical Research & Public Health	2018
Galina Yakovlev	Clinical Research & Public Health	2018
Victoria Kuchuk	Clinical Research & Public Health	2018
Ke'ale Louie	Basic & Translational Science Research	2018
Timothy Yu	Basic & Translational Science Research	2018
Bronwyn Hagan	Basic & Translational Science Research	2018
Patrick Donnelly	Clinical Research & Public Health	2019
Deepti Karhade	Clinical Research & Public Health	2019
Kathleen Schessler	Clinical Research & Public Health	2019
Alexandra Oklejas	Basic & Translational Science Research	2019
Quynh Nguyen	Basic & Translational Science Research	2019
Blake Crosby	Basic & Translational Science Research	2019
Patrick Donnelly	Clinical Research & Public Health	2020
Kathryn Teruya	Clinical Research & Public Health	2020
Taylor Robertson	Clinical Research & Public Health	2020
Tanner Godfrey	Basic & Translational Science Research	2020
Blake LaTendresse & Eric Mullins	Basic & Translational Science Research	2020
Madison Aungst	Basic & Translational Science Research	2020
Joyce Lee	Clinical Research & Public Health	2021
Eleni Langas	Clinical Research & Public Health	2021
Corey Winkler	Clinical Research & Public Health	2021
James Seung Jin Jang	Basic & Translational Science Research	2021
Kazune Pax & Eric Mullins	Basic & Translational Science Research	2021
Alexandra Rogers-DeCotes	Basic & Translational Science Research	2021
Jack Harris	Clinical Research & Public Health	2022
Noah Barnes	Clinical Research & Public Health	2022
Taylor Jackson	Clinical Research & Public Health	2022
Sofia Park	Basic & Translational Science Research	2022
Emma Warren	Basic & Translational Science Research	2022
Erin Britt	Basic & Translational Science Research	2022
Mackenzie Andrews	Clinical Research and Public Health	2023
Jay Dalal	Clinical Research and Public Health	2023
Julia Kishanie Persaud	Clinical Research and Public Health	2023
Natalie Andras	Basic and Translational Science	2023
Darnell Cuylear	Basic and Translational Science	2023
W .Benton Swanson	Basic and Translational Science	2023
Daniel Rexin	Clinical Science and Public Health Research	2024
Robert Zhou	Clinical Science and Public Health Research	2024
Chao Dong	Clinical Science and Public Health Research	2024
Ameera Haque	Basic and Translational Science	2024
Conrad Harness	Basic and Translational Science	2024
Ali Al Hatem	Basic and Translational Science	2024

IADR/AADOCR William J. Gies Award

(supported by J .Morita Corporation)

Yutaka Matsuki *et al* .	1996	Mari Onozuka *et al* .	2004
Gary Wise *et al* .	1997	Jian Feng *et al* .	2005
M A .Moon & N P P . Ryba *et al* .	1998	William L .Murphy *et al* .	2005
Michael Paine *et al* .	1999	Jung-Wook Kim *et al* .	2005
Paul Allison *et al* .	2000	Atsushi Ohazama *et al* .	2006
J .Simmer *et al* .	2001	Xiu-Ping Wang *et al* .	2006
D B Ravassipour *et al* .	2002	Alexandre Viera *et al* .	2006
Eben Alsberg *et al* .	2003	Bing Hu *et al* .	2007
Kailash Bhol *et al* .	2003	Darnell Kaigler *et al* .	2007
Shuo Chen *et al* .	2003	Adriana Modesto Vieira *et al* .	2007
Kazuhiro Kohama *et al* .	2004	Carolyn Gibson *et al* .	2008
Courtney Young *et al* .	2004	Marcela Carrilho *et al* .	2008
		Gregory Essick *et al* .	2008

Appendix 9 *(continued)*

IADR/AADOCR William J. Gies Award *(continued)*

Erica Scheller *et al* .	2009
Anne Sanders *et al* .	2009
Sebastian Paris *et al* .	2009
Marta Miyazawa *et al* .	2010
Takahiro Ogawa *et al* .	2010
Carol Bassim *et al* .	2010
Luciano Casagrande *et al* .	2011
Rui Chen *et al* .	2011
Xiaoli Gao *et al* .	2011
Lisha Gu *et al* .	2012
Shinya Murakami *et al* .	2012
Naritaka Tamaoki *et al* .	2012
John R .Shaffer *et al* .	2013
Lei Cheng *et al* .	2013
Catherine Poh *et al* .	2013
Marja Laine *et al* .	2014
Yashuhiro Yoshida *et al* .	2014
Richard Darveau *et al* .	2014
Maiko Suzuki *et al* .	2015
Dean Ho *et al* .	2015
Moritz Kebschull *et al* .	2015
Waruna Dissanayaka *et al* .	2016
Keita Asai *et al* .	2016
Thomas Van Dyke *et al* .	2016
Yan Jing *et al* .	2017
Brian Howe *et al* .	2017
Yupeng Li *et al* .	2017
Yukano Fukushim-Nakayama *et al* .	2018
Nicholas Kassebaum *et al* .	2018
Liu Yang *et al* .	2018
Ivor Chestnutt *et al* .	2019
Shihai Jia *et al* .	2019
Kihoon Nam *et al* .	2019
Nigel Hammond *et al* .	2020
Elizabeth Smith *et al* .	2020
Olivia Urquhart *et al* .	2020
Claudia Brizuela *et al* .	2021
Mohammed Zahedul Nizami *et al* .	2021
Mark Payne *et al* .	2021
Xue Yuan *et al* .	2022
Jingou Liang *et al* .	2022
Kirtana Ramadugu *et al* .	2022
Yulai Xie et al .*et al* .	2023
Bei Chang *et al* .	2023
Patrick Yi Fen Wen *et al* .	2023
Anting Jin, et al .	2024
Yao Yao, et al .	2024
Harriet Larvin, et al .	2024

AADOCR Student Research Day Award Recipients

Danielle Bitton	Midwestern University – CDMA	2016
Kyung Min	Ohio State University	2016
Derrick Crawford	Texas A&M College of Dentistry	2016
Kunal Dani	Tufts University School of Dental Medicine	2016
Aneesa Sood	University of Alabama at Birmingham	2016
Yifen (Wendy) Fu	University of California San Francisco	2016
Andrew Bertagna	University of Illinois at Chicago	2016
Amir Aryaan	University of Michigan	2016
Toni Jilka	University of Nevada, Las Vegas	2016
Sing Wai Wong	University of North Carolina, Chapel Hill	2016
Francisco Nieves	University of Texas Health Science at Houston School of Dentistry	2016
Basma Ibrahim Tamasas	University of Washington	2016
Charles Taylor	Arizona School of Dentistry and Oral Health, A T .Still University	2017
Jayesh Patel	Boston University	2017
Elizabeth Clanahan	Columbia University	2017
Tyler Mesa	Louisiana State University	2017
Jeffrey Garcia	Marquette University	2017
Melissa Jarvis	Midwestern University – CDMA	2017
Carissa Choong	Oregon Health & Science University	2017
Joshua Welborn	Southern Illinois University School of Dental Medicine	2017
Andrew McCall	State University of New York at Buffalo	2017
Mingyu Kwak	Stony Brook University	2017
Seth Nye	Texas A&M College of Dentistry	2017
Delton Tatum	The Ohio State University	2017
Andrew Lum	Tufts University School of Dental Medicine	2017
Tanner Godfrey	University of Alabama at Birmingham	2017
Leigha Rock	University of British Columbia	2017
Bronwyn Hagan	University of California San Francisco	2017
Heran Getachew	University of Florida	2017
Annette Merkel	University of Illinois at Chicago	2017
Matthew Yarmosky	University of Maryland	2017
Ke'Ale Louie	University of Michigan	2017
Kendra Clark	University of Mississippi	2017
Danielle Burgess	University of North Carolina, Chapel Hill	2017
Eric Feuer	University of Pittsburgh	2017
Thuy LeAnn Truong	University of Texas Health Science at Houston School of Dentistry	2017
Leonardo Koerich	Virginia Commonwealth University	2017
Austin Shackelford	Arizona School of Dentistry and Oral Health, A T .Still University	2018
Elizabeth Clanaman	Columbia University	2018
James Parker	East Carolina University	2018
Jennifer Wu	Indiana University	2018
Brandon Breard	Louisiana State University	2018
Zachary Nicholson	Marquette University	2018
Erica Muller	Midwestern University	2018
Victor Tran	Oregon Health & Science University	2018
Vidhi Pandya	Southern Illinois University	2018
Jeremy Kiripolsky	State University of New York at Buffalo	2018
Veena Raja	Stony Brook University	2018
Robert Rudnicki	Texas A&M University	2018
Seth Nye	The Ohio State University	2018
Delaney Turner	Tufts University	2018
Adrian Danescu	University of British Columbia	2018
Hailey Taylor	University of California, San Francisco	2018
Courtney Johnson	University of Colorado	2018
Grethel Millington	University of Connecticut	2018
Danielle Vermilyea	University of Florida	2018
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

Appendix 9 *(continued)*

AADOCR Student Research Day Award Recipients *(continued)*

Emily Bujnoski	Arizona School of Dentistry and Oral Health, A T .Still University	2020
Elena Carrington	University of Connecticut	2020
Nischal Dalal	Virginia Commonwealth University	2020
Anthony Garcia	University of Texas Health Science at San Antonio	2020
Curtis Herzog	University of Michigan	2020
Alexander Karkazis	Marquette University	2020
Susan Keefe	University of California, San Francisco	2020
Martin Kim	University of Maryland	2020
Joyce Lee	University of Tennessee	2020
Kyulim Lee	University of Florida	2020
Sarah Malley	University of Mississippi	2020
Kareem Raslan	Oregon Health & Science University	2020
Spencer Roark	Louisiana State University	2020
Eugene Ro	Midwestern University – Illinois	2020
Trent Snow	Midwestern University – CDMA	2020
Ian Stewart	University of North Carolina at Chapel Hill	2020
Andrea Tsatalis	The Ohio State University	2020
Thuy Nhu Leora Truong	University of Texas Health Science at Houston School of Dentistry	2020
Apichai Yavirach	University of Washington, Seattle	2020
Catherine Bruni	University of Mississippi, Oxford	2021
Megan Chen	University of Pennsylvania, Philadelphia	2021
Benjamin Cross	University at Buffalo, NY	2021
Kathryn Forth	Boston University, MA	2021
Nathan Gutarts	The Ohio State University, Columbus	2021
Lily Hartsock	University of Pittsburgh, PA	2021
Courtney Lang	University of Washington, Seattle	2021
Megha Puranam	University of Iowa, Iowa City	2021
Lucas Reed	Virginia Commonwealth University, Richmond	2021
Nathan Riexinger	Stony Brook University, NY	2021
Mourin Serour	Marquette University, Milwaukee, WI	2021
Rebecca Shembarger	Indiana University, Bloomington	2021
Jessica Suhardjo	A T .Still University, Meza, AZ	2021
Erin Welter	University of California San Francisco	2021
Mary Younam	University of Texas Health Science, Houston	2021
Rui Zhang	Stony Brook University, NY	2021
Ryan Lee	UT Health Houston School of Dentistry	2022
Anna Olson	Midwestern University, Glendale, AZ	2022
Matthew Rose	University of Pennsylvania, Philadelphia	2022
Maryam Tunio	Marquette University, Milwaukee, WI	2022
Victoria Maglaras	University at Buffalo, New York, NY	2022
Samuel Ratcliffe	University of Connecticut, Farmington	2022
Senan Susan	Midwestern University – Downers Grove, IL	2022
William Quotasze	A T .Still University, Kirksville, MO	2022
Lgia Botolo Schmitd	University of Michigan, Ann Arbor	2022
Teagan Byrnes	University of Iowa, Iowa City	2022
Kelly Doan	The Ohio State University, Columbus	2022
Bridgette Wellslager	Medical University of South Carolina, Charleston	2022
Elise Ambrose	University of Colorado, Aurora	2023
Jaclyn Chalmers	University of California, Los Angeles	2023
Jay Dalal	University of Connecticut, Farmington	2023
Lindsey Enders	Marquette University, Milwaukee, WI	2023
Paige Madden	Midwestern University, Downers Grove, IL	2023
Vincent Mak	Stony Brook University, NY	2023
Anna Nguyen	University of California, San Francisco	2023
Alexis Powers	The Ohio State University, Columbus	2023
Miguel Simancas-Pallares	University of North Carolina at Chapel Hill	2023
Tina Shekari	Midwestern University, Glendale, AZ	2023
Jackson Valencia	UT Health Houston	2023
Tanveer Vasdev	University of Iowa, Iowa City	2023
Bridgette Wellslager	Medical University of South Carolina, Charleston	2023
Golnoush Zakeri	Roseman University, South Jordan, UT	2023
Sarah Aitken	University of Minnesota, Minneapolis	2024
Cassandra Altimirano	Virginia Commonwealth University, Richmond	2024
Caroline Anselmi de Oliviera	University of Michigan, Ann Arbor	2024
Perry Bachstein	Roseman University, South Jordan, UT	2024
Jocelyn Chen	University of California, Los Angeles	2024
Carter Coppinger	University of Iowa, Iowa City	2024
Carlos Curay	University of Maryland, Baltimore	2024
Qi Dai	Stony Brook University, NY	2024
Lindsey Enders	Marquette University, Milwaukee, WI	2024
Gosia Fryc	University of Connecticut, Farmington	2024
Jason Firth	University of Missouri-Kansas City	2024
Daniel Fleming	The Ohio State University, Columbus	2024
Raju Gandhi	Boston University, MA	2024
Janzel Garzon	Rutgers, Newark, NJ	2024
Simran Grewal	University of Pennsylvania, Philadelphia	2024
Gracie Groth	A T .Still University, Mesa, AZ	2024
Charles Holjencin	Medical University of South Carolina, Charleston	2024
Rodwan Ibrahim	The University at Buffalo, NY	2024
Wolfgang McLelland	University of Washington, Seattle	2024
Meredith Peterson	Tufts University, Boston, MA	2024
Nadine Robert	University of Pittsburgh, PA	2024
Poojan Shrestha	University of North Carolina, Chapel Hill	2024
Emily Tarr	Midwestern University, Glendale, AZ	2024
Yeongcheol Won	Southern Illinois University, Alton	2024
Eric Yin	University of California, San Francisco	2024

Appendix 10 — 2023-24 AADOCR Section Officers

Section	President	President-elect	Vice-president	Secretary/Treasurer	Councilor	Past President
Alabama Section	Jessica Scoffield	Ejvis Lamani	Joana Cunha-Cruz	Nathaniel Lawson	Hope Amm	Kyounga Cheon
Arizona Section	Alexandra Pierre-Bez	Marc Shlossman	Gina Agostini-Walesch		John Mitchell	
Baltimore Section	Abraham Schneider	Man-Kyo Chung	Michael Weir	Se-Lim Oh	Hanae Saito	
Boston Section	Francesca Gori	Felicitas Bidlack	Tingxi Wu	Peixi Liao	M .Marianne Jurasic	Susan Rittling
Buffalo Section	Thikriat Al-Jewair			Rui Li		
Chicago Section	Spiro Megremis				Linda Kaste	
Cincinnati Section	Svetlana Farrell		Matthew Doyle		Malgorzata Klukowska	
Colorado Section		Devatha Nair			Jeffrey Stansbury	Clifton Carey
Columbus Section						
Connecticut Section	Aniuska Tobin		Sumit Yadav	Tannin Schmidt	Rajesh Lalla	
Dallas Section						Peggy Timothe
Florida Section						
Georgia Section			Rafael Pacheco	Prajakta Kulkarni		Mohamed Meghil
Houston Section	Chun-Teh Lee	Wanida Ono		Alan Myers	Mary Farach-Carson	
Indiana Section	Sabrina Sochacki	Chandler Walker		Hadeel Ayoub	Simone Duarte	
Iowa Section	Sukirth Ganesan	Shaoping Zhang	Ariene Leme-Kraus	Sheila Britton	Cristina Vidal	Emily Lanzel
Kansas City Section	Mary Walker		JoAnna Scott	Rong Wang		
Kentucky Section	Dolphus Dawson	Gill Diamond	Mauro Santamaria	Himabindu Dukka		
Lincoln-Omaha Section	Meenakshi Vishwanath	Kavya Shankar Muttanahally	Amy Killeen			
Long Island Section	Ana Botta	Srinivas Rao Myneni Venkatasatya	Mina Mahdian	Clarisa Amarillas Gastelum	Ana Botta	
Memphis Section	Kenneth Anderson	Johnson Rajasingh	Yanhui Zhang		Yanhui Zhang	
Michigan Section	Livia Tenuta		Rafael Pacheco	Justine Moe	Hajime Sasaki	
Minnesota Section	Paul Klaiber		Paul Jardine	Donald Rindal		
Missouri Section	Olga Baker		Kihoon Nam	Richard Sherwood	Sharon Gordon	
Nashville Section	Ethel Harris		Pandu Gangula	Joyce Barbour	Jacinta Leavell	
New Jersey Section	Steven Singer		Jeanne Nervina	Carla Cugini	Mona Alikhani	
New Orleans Section						
New York Section			Cristina Teixeira	Chinapa Sangsuwon		
North Carolina Section	Apoena Ribeiro		Adam Lietzan			
Oklahoma Section			Sharukh Khajotia		Fernando Esteban Florez	
Oregon Section	Luiz Bertassoni		Kirsten Lampi	Ana Paula Fugolin		Jens Kreth
Philadelphia Section	Nezar Al-Hebshi	Shuying Yang	Santiago Orrego	Sumant Puri	Chukwuebuka Ogwo	Marisol Tellez
Pittsburgh Section	Fatima Syed-Picard		Rebecca Green	Samantha Manna		Jacqueline Burgette
Puerto Rico Section	Lydia López-Del Valle	Augusto Elias-Boneta	Milagros Toro	Sona Rivas-Tumanyan	Carmen Buxó-Martínez	Milagros Toro
Richmond Section	Oonagh Loughran					
Rochester Section	Dorota Kopycka-Kedzierawski		Jin Xiao			
San Antonio Section	Tiffany Tavares	Maria Karakousoglou		Fidel Del Toro	Brij Singh	Georgios Kotsakis
San Francisco Section	Rebecca Moazzez	Xiaoyuan Han	Erica Hutchins	Nejat Duzgunes	Karen Schulze	Karen Schulze
Seattle Section	Andrea Burke		Cameron Randall			
Southern California Section						
Utah Section	Lilliam Pinzon		Kamran Awan	Barbara Dixon		Melodie Weller
Washington, DC Section			Claudia Cotca			
West Virginia Section	R .Constance Wiener	Xiaoyuan Han	Michael Bagby	Elizabeth Kao	Stephen Pachuta	Elizabeth Kao
Wisconsin Section				Pradeep Bhagavatula	David Berzins	Christopher Dix

Appendix 11 — Past Presidents of the AADOCR

Helmut A .Zander (1972-73)
Paul Goldhaber (1973-74)
Howard M .Myers (1974-75)
David F .Mitchell (1975-76)
Harold M .Fullmer (1976-77)
Ronald J .Gibbons (1977-78)
Benjamin F .Hammond (1978-79)
Marie U .Nylen (1979-80)
Irwin D .Mandel (1980-81)
William H .Bowen (1981-82)
Roy C .Page (1982-83)
William D .McHugh (1983-84)
James W .Bawden (1984-85)
Robert J .Genco (1985-86)
John C .Greene (1986-87)
Walter J .Loesche (1987-88)
John S .Greenspan (1988-89)
Martin A .Taubman (1989-90)
Richard R .Ranney (1990-91)
Max A .Listgarten (1991-92)
Sally J .Marshall (1992-93)
Harold C .Slavkin (1993-94)
John D .Rugh (1994-95)
Marjorie K .Jeffcoat (1995-96)
Barbara D .Boyan (1996-97)
John C .Keller (1997-98)
Paul B .Robertson (1998-99)
Stephen C .Bayne (1999-2000)
Steven Offenbacher (2000-01)
Martha Somerman (2001-02)
Charles Bertolami (2002-03)
Ken Anusavice (2003-04)
Dominick DePaola (2004-05)
Mary MacDougall (2005-06)
E .Dianne Rekow (2006-07)
Marc Heft (2007-08)
Brian Clarkson (2008-09)
Grayson "Bill" Marshall (2009-10)
David T .Wong (2010-11)
Jeffrey Ebersole (2011-12)
Rena D'Souza (2012-13)
Peter Polverini (2013-14)
Timothy DeRouen (2014-15)
Paul Krebsbach (2015-16)
Jack Ferracane (2016-17)
Raul Garcia (2017-18)
Maria Ryan (2018-19)
J .Timothy Wright (2019-20)
Mark C .Herzberg (2020-21)
Jacques E .Nör (2021-22)
Jane Weintraub (2022-23)

Appendix 12 — Past Treasurers of the AADOCR

1972-77 Arthur R .Frechette (Executive Secretary, Central Office) *(This was a Council-appointed position)*
1977-80 Daniel B .Green (Executive Director, Central Office) *(The position was re-named "Executive Director")*
1980-81 Robert Mandell (Secretary/Treasurer) *(This was re-constituted as an elected position)*
1981-82 Erling Johansen (Secretary/Treasurer) *(Around this time, the Executive Director became the Secretary, and Treasurer was retained as an elected* position)
1982-85 Philias R .Garant
1985-88 John W .Hein
1988-91 William A .Gibson, Jr .
1991-94 Deborah Greenspan
1994-97 Stephen C .Bayne
1997-2000 Susan T .Reisine
2000 Lawrence Tabak *(Resigned almost immediately due to his taking up the position as Director of the National Institute of Dental and Craniofacial Research)* .Replaced by Marc Heft .
2000-04 Marc Heft
2004-07 Pamela DenBesten
2007-10 Paul Krebsbach
2010-13 Frank Scannapieco
2013-16 Pamela C .Yelick
2016-19 David Drake
2019-22 Olga Baker

Appendix 13 — Non-Officer AADOCR Board Members

Member-at-Large

Beginning in 1999, Two "Members-at-large" positions were added to the AADOCR Board . A 3rd "Member-at-large" was added at the Conclusion of the 2012 General Session .

1998-199 Charles Widmer
1999-2000 Jane A .Weintraub, Charles Widmer
2000-01 Matthew Joseph Doyle, Jane A .Weintraub
2001-02 Matthew Joseph Doyle, Paul Moore
2002-03 J .David Eick, Paul Moore
2003-04 Jeffrey L .Ebersole, J .David Eick
2004-05 Jeffrey L .Ebersole, Carla Evans
2005-06 Jeffrey L .Ebersole, Carla Evans
2006-07 Carla Evans, Mel L .Kantor
2007-08 Mel L .Kantor, Donald White
2008-09 Mel L .Kantor, Donald White
2009-10 Sharon M .Gordon, Donald White
2010-11 Sharon M .Gordon, Mathilde C .Peters
2011-12 Sharon M .Gordon, Mathilde C .Peters
2012-13 Sharon M .Gordon, Mathilde C .Peters, Mary P .Walker
2013-14 Mathilde C .Peters, Mary P .Walker, J .Timothy Wright
2014-15 John Mitchell, Mary P .Walker, J .Timothy Wright
2015-16 Linda Kaste, John Mitchell, J .Timothy Wright
2016-17 Linda Kaste, Christy McKinney, John Mitchell
2017-18 Effie Ioannidou, Linda Kaste, Christy McKinney
2018-19 Effie Ioannidou, Carmem Pfeifer, Christy McKinney
2019-20 Carmem Silvia Pfeifer, Brenda Heaton, Luciana Machion Shaddox
2020-21 Brenda Heaton, Luciana Machion Shaddox, Benjamin Chaffee
2021-22 Benjamin Chaffee, Sheila Riggs, Luciana Shaddox
2022-23 Erin Bumann, Benjamin Chaffee, Sheila Riggs
2023-24 Hope Amm, Erin Bumann, Sheila Riggs

Non-Officer AADOCR Board Members – Student Representative

At the Conclusion of the 2007 General Session a Student Representative was added to the board .A 2nd Student Representative was added at the Conclusion of the 2015 General Session .

2007-08 James Rogér
2008-09 Kirsten Rittenbach
2009-10 Nathaniel Casselman Lawson
2010-11 Blake Matthew Warner
2011-12 Kaitrin Kramer
2012-13 Angela Gullard
2013-14 Joshua Emrick
2014-15 Mitra Adhami (ad hoc), Molly Ashton Hague
2015-16 Mitra Adhami, Minerva Loi
2016-17 Kendra N .Clark, Minerva Loi
2017-18 Kendra N .Clark, Nicholas Rodriguez
2017-18 Tanner Godfrey, Nicholas Rodriguez
2018-19 Tanner Godfrey, Natalie Atyeo
2019-20 Natalie Atyeo, Alexandra Eileen Herzog
2020-21 Alexandra Eileen Herzog, Kazune Catherine Pax
2021-23 James Jang, Kazune Catherine Pax
2022-24 Shawn Hallett, James Jang
2023-24 Shawn Hallett, Caris Smith

Other Non-Officer AADOCR Board Members

In 2016, the AADOCR Constitution was amended to allow the Board to appoint up to three additional members as defined in the Bylaws to serve three-year staggered terms .

2016-19 Katherine Hammitt
2017-20 Donald White
2018-21 Mildred C .Embree
2019-22 Mary Fete
2020-23 Joe D .Oxman
2021-24 Brian L .Foster
2022-25 Paige Falion
2023-26 Mark Heiss
2024-27 Modupe Coker

Appendix 14 — Honorary Members of the AADOCR

Samuel Fastlich, 1973
Lowell P.Weicker, Jr , 1986
C .Everett Koop, 1989
Steny Hoyer, 1990
Joseph D .Early, 1992
Harald Löe, 1995
John Howe, 1996
John Porter, 1997
Arlen Specter, 2000
Nicholas Cavarocchi, 2001
David Satcher, 2002
Mary Woolley, 2006
James Bramson, 2007
John E .Sexton, 2008
Mike Simpson, 2009
Tom Harkin, 2010
Ronald Andersen, 2011
Richard H .Carmona, 2012
Patty Murray, 2013
Steve Beshear, 2014
Kenneth Salyer, 2015
Ed Martinez, 2016
Robert Lustig, 2017
J .Bernard Machen, 2018
Margaret Byers, 2019
Mary Otto, 2020
Congresswoman Rosa DeLauro, 2021
Francis Collins, 2022
Michael Alfano, 2023
Hon .Benjamin Cardin, 2024

Appendix 15 — AADOCR Distinguished Lecture Series Speakers

Year	Meeting	Location	Speaker	Topic
2024	IADR/ AADOCR/ CADR	New Orleans, LA	Paul Whelton	Prevention, Control and Treatment of High Blood Pressure: The Way Forward
			Barbara Burtness	Overcoming Treatment Resistance in Head and Neck Squamous Cancer
			Jukka Jernvall	Nature Read in Tooth: What Evolution Tells Us About Dental Variation
2023	AADOCR/ CADR	Portland, OR	Julie Posselt	Equity in Science: Representation, Culture, and the Dynamics of Change
			Shoukhrat Mitalipov	Gene and Cell Therapy in Reproductive Medicine
			Brian J .Druker	Imatinib as a Paradigm of Targeted Cancer Therapies
2022	AADOCR/ CADR	Atlanta, GA (Hybrid)	Christopher Murray	Global Burden of Disease 2020
			Rita R .Colwell	Climate, Oceans, and the Human Microbiome
			Lydia Bourouiba	Air and Transmission
2021	IADR/ AADOCR/ CADR	Virtual Experience	Marie A .Bernard	NIH's Scientific Approach to Inclusive Excellence
			Joseph M .DeSimone	Digital Transformation in Manufacturing to Improve Oral Health
			Kate Pickett	Inequality Bites: Structural Causes of Inequalities in Wellbeing
2020	IADR/ AADOCR/ CADR	Canceled	Eric Green	The Human Genome Project Was Just the Beginning: Research Opportunities at 'The Forefront of Genomics'
			Otis W .Brawley	Cancer Control in the 21st Century
			Janine Austin Clayton	Sex and Gender Influences Across the Biomedical and Dental Research Continuum: A Value Added Proposition
2019	IADR/ AADOCR	Vancouver, Canada	Lee Hood	21st Century Medicine is Transforming Healthcare
			Carrie Bourassa	Noojimo Mikana (A Healing Path): Research as Reconciliation
			Gary Kobinger	Innovative Methods of Vaccination in the Context of Infectious Disease Outbreaks
2018	AADOCR	Fort Lauderdale, FL	Jennifer R .Grandis	Precision Oral Cancer Medicine
			Randolph M .Nesse	Evolutionary Foundations for Dental Research and Practice
			Robert H .Lustig	Tooth Decay and Liver Decay: The Nexus of Physicians and Dentists
2017	IADR/ AADOCR	San Francisco, CA	Steven Chu	Climate Change, Energy and a Sustainable, Low Cost Path Forward
			Joseph DeRisi	Genomics and Infectious Disease
			Enola Proctor	Implementation Science: The Path From Research to High Quality Care
2016	AADOCR	Los Angeles, CA	Frank Hu	Curbing Global Obesity Epidemic: From Science to Policy
			Molly Carnes	Why is Jack More Likely to Become Department Chair Than Jill?
			Dorothy Roberts	Race, Health and Justice in the Genomic Age
2015	IADR/ AADOCR	Boston, MA	Peter Libby	Inflammation in Atherogenesis: A Translational Tale
			Karen Wynn	Looking for the Origins of Human Morality: Evidence From the Scientific Study of Babies
			David J .Mooney	Biomaterial-based, Therapeutic Cancer Vaccines
2014	AADOCR	Charlotte, NC	Pamela Gehron Robey	Stem Cells in Tissue Engineering and Regenerative Medicine
			Ronald Dubner	The Transition from Acute to Persistent Pain After Orofacial Nerve Injury
			Lawrence Appel	Dietary Approaches to Prevent and Treat Elevated Blood Pressure
2013	IADR/ AADOCR	Seattle, WA	Takashi Tsuji	Tooth Regenerative Therapy as a Future Dental Treatment
			Nancy Maizels	Our Unstable Genomes: Implications for Cancer, Applications to Gene Therapy
			Thomas Kirkwood	Population Aging and Its Impacts on Health

2012	AADOCR	Tampa, FL	John S .Greenspan	HIV/AIDS: The Task Continues
			Martha J .Somerman	Personalized Health Care: Opportunities and Challenges
			Anthony J .Atala	Regenerative Medicine and Organ Replacement Therapy
2011	IADR/ AADOCR	San Diego, CA	Lynne-Marie Postovit	Development Undone: Causes and Consequences of Tumor Cell Plasticity
			Bruce Beutler	Sensing Microbes
			Nobutaka Hirokawa	Intracellular Transport and Kinesin Superfamily Molecular Motors (KIFs): Key Regulators for Neuronal Function, Development and Tumorigenesis
2010	AADOCR	Washington, DC	David Sidransky	Molecular Markers in Personalized Cancer Diagnosis and Treatment
			Kenneth Yamada	Cell and Tissue Dynamics in Development and Regeneration
			Elaine Fuchs	Epithelial Stem Cells: Biology and Clinical Promise
2009	IADR/ AADOCR	Miami Beach, FL	Elizabeth Blackburn	Telomeres and Telomerase in Human Health and Disease
			Fiona Watt	Stem Cells in Squamous Cell Carcinomas
			W .Rory Hume	Science and Social Benefit: the Special Case of the Academic Health Sciences
2008	AADOCR	Dallas, TX	Jim Baker, Jr .	Nanotechnology for the Enhancement of Human Health
			Milton Packer	Engineering the Clinical Research Enterprise in a Multi-institutional and Multidisciplinary Environment
			Eric Olson	Genetic Control of Heart Development and Disease
2007	IADR/ AADOCR	New Orleans, LA	Susan Fisher	Human Embryonic Stem Cells: The Time is Now
			Karen A .Holbrook	Global Perspective on Health Science Institutions and Research
2006	AADOCR	Orlando, FL	David Wong	Salivary Diagnostics: Powered by Nanotechnologies, Proteomics, and Genomics
			Roderic Pettigrew	Horizons in Biomedical Engineering
			David Grier	Transforming Mesoscopic (Bio)materials with Holographic Optical Traps
2005	IADR/ AADOCR	Baltimore, MD	J .Bernard Machen	From Proprietary Trade School to Integral Component of the Academic Health Center: The Long Journey to Academic Acceptance
			Elias A .Zerhouni	NIH Roadmap for Medical Research
			M .Michael Cohen, Jr .	Hedgehog Signaling Network
2004	IADR/ AADOCR	Honolulu, HI	Wendy Mouradian	Ethics, Research, and Social Values: Dental Research in a Changing World
			Gerald Keusch	The Global Status of Nutrition and Infection
			Ko Okumura	Molecular Mechanisms of Cell-mediated Killing and Tumor Rejection
2003	AADOCR	San Antonio, TX	Paul Alivisatos	Biomedical Applications of Nanocrystals
			Rima Rudd	Functional Literacy and Implications for Oral Health
			Jeffrey D .Hillman	Replacement Therapy for the Prevention of Dental Caries
2002	IADR/ AADOCR	San Diego, CA	David L .Sackett	The Tribulations of Ignoring Clinical Trials
			David Relman	The Complex Human Microbial Ecosystem: It's a Jungle in There
			Irwin Kuntz	Drug Discovery in the Post-genomic Era
2001	AADOCR	Chicago, IL	Don Price	Mechanisms of Pain Reduction Produced by Hypnosis and Placebo and Their Clinical Significance
			Eric Anslyn	Electronic Mimicks of Mammalian Senses of Taste and Smell
			Caswell Evans	Oral Health Improvement: Opportunities at the Intersection of Good Intention and Action
2000	IADR/ AADOCR	Washington, DC	Curtis Meinert	Fundamental Concepts in Clinical Trials
			Stephen Epstein	Inflammation, Infection, and Atherosclerosis
			Francis Collins	Functional Genomics
1999	IADR/ AADOCR	Vancouver, Canada	Joseph Vacanti	Tissue Engineering and Biochemistry
			Johan Karlberg	Evidence-based Medicine: Selection of Proper Study Design
			Leroy Hood	Genes and Genomes: A Revolution in Medicine of the 21st Century

Appendix 16 — Candidates for Vice-president of the AADOCR

These are cumulative beginning with the North American Division in 1973-74, and continuing as the AADOCR in 1975-76 .Candidates are listed for the years in which the winners served .Asterisks indicate the winners .

1973-74	David F .Mitchell*, David B .Mahler
1974-75	Richard Greulich, Harold M .Fullmer*, S .Wah Leung
1975-76	Solon A .Ellison, Ronald J .Gibbons*, Max A .Listgarten
1976-77	Samuel Dreizen, John A .Gray, Benjamin F .Hammond*
1977-78	Marie U .Nylen*, E R .Costich
1978-79	William H .Bowen, George W .Burnett, Irwin D .Mandel*
1979-80	William H .Bowen* (Candidates proposed by the Nominating Committee were Solon A .Ellison, John A .Gray, and Irwin D .Mandel)
1980-81	Herschel Horowitz, Roy C .Page*, James Shaw
1981-82	William D McHugh*, Juan Navia, Leo Sreebny
1982-83	James W .Bawden*, Robert Craig, Herschel Horowitz
1983-84	Howard Bailit, Robert J .Genco*, John Hein
1984-85	John C .Greene*, Anthony Picozzi, Hans van Houte
1985-86	Thomas R .Dirksen, Walter J .Loesche*, John F .Goggins
1986-87	Louis J .Boucher, Philias R .Garant, John S .Greenspan*
1987-88	Leon M .Silverstone, Martin A .Taubman*
1988-89	Judith Albino, Richard R .Ranney*, Harold C .Slavkin
1989-90	Barbara D .Boyan, Max A .Listgarten*, Thomas E .Van Dyke
1990-91	Dominick P .DePaola, Sally J .Marshall*, Christopher A .Squier
1991-92	Bruce J .Baum, Russell Nisengard, Harold C .Slavkin*
1992-93	Ian C .Mackenzie, John D .Rugh*, William B .Clark
1993-94	John D B .Featherstone, Marjorie K .Jeffcoat*, Norman D .Mohl
1994-95	Christopher A .Squier, Barbara D .Boyan*, Kenneth J .Anusavice
1995-96	Charles Bertolami, Samuel Dworkin, John Keller*
1996-97	Jon Goldberg, Frank Oppenheim, Paul Robertson*
1997-98	Stephen Bayne*, Daniel Laskin, Jon Suzuki
1998-99	Henning Birkedal-Hansen, Steven Offenbacher*, Deborah Greenspan
1999-00	Martha Somerman*, Philip Stashenko, Grayson Marshall
2000-01	Michael Barnett, Charles Bertolami*, A .Jon Goldberg
2001-02	Kenneth Anusavice*, Beverly Dale-Crunk, Deborah Greenspan
2002-03	Dominick DePaola*, Gregory King, Suzanne Michalek
2003-04	Mary MacDougall*, Thomas Van Dyke, James S .Wefel
2004-05	David Cochran, E .Diane Rekow*, Harvey Schenkein
2005-06	Marc Heft*, Grayson (Bill) Marshall, Susan Reisine
2006-07	Brian Clarkson*, No-Hee Park, Paulette Spencer
2007-08	Grayson (Bill) Marshall*, Lynne Opperman, Thomas Van Dyke
2008-09	Pamela DenBesten, Timothy DeRouen, and David T W .Wong*
2009-10	Matthew J .Doyle, Jeffery L .Ebersole*, and Carla A .Evans
2010-11	Rena D'Souza*, Mathilde (Tilly) C .Peters and Susan T .Reisine
2011-12	Pamela DenBesten, Mel L .Kantor and Peter J .Polverini*
2012-13	Timothy DeRouen*, Carla Evans and Ann Progulske-Fox
2013-14	Sharon M .Gordon, Paul Krebsbach* and Phillip Marucha
2014-15	Jack Ferracane*, Ira Lamster, Cun-Yu Wang
2015-16	Raul I .Garcia*, Sharon M .Gordon and Paul C .Dechow
2016-17	Yang Chai, Christopher W .Cutler and Maria Emanuel Ryan*
2017-18	Mina Mina, J .Timothy Wright* and Pamela Yelick
2018-19	Mark Herzberg*, Ann Progulske-Fox, Jennifer Webster-Cyriaque
2019-20	Jacques Nör*, Michael Reddy, Pamela Yelick
2020-21	Keith Kirkwood, Jane Weintraub*
2021-22	Yang Chai, Anh Le, Alex Vieira*
2022-23	Effie Ioannidou*, Frank Scannapieco, Russell Taichman
2023-24	John Bartlett, Jennifer Webster-Cyriaque*
2024-25	Nisha D'Silva*, Yvonne Hernandez-Kapila, Daniel McNeil
2025-26	Margherita Fontana*, Azeez Butali, Luciana Shaddox

Appendix 17 — 2024 Canadian Association for Dental Research Officers

Anil Kishen, President
Leigha Rock, Vice-president
Amir Azarpazhooh, Secretary/Treasurer
Belinda Nicolau, Immediate Past President
Mario Brondani, Councilor
Lina Marin, Councilor

Appendix 18 — Past Presidents of the Canadian Association for Dental Research

Murray Hunt (1974-76)
Jim Lund (1976-77)
Barry J .Sessle (1977-78)
Colin Dawes (1978-79)
D .Carmichael (1979-80)
Joseph Tonzetich (1980-82)
Gordon Nikiforuk (1982-83)
John Stamm (1983-84)
Arto Demirjian (1984-86)
H .James Sandham (1986-89)
Barry C .McBride (1989-92)
Derek Jones (1992-94)
Luc Trahan (1994-96)
Edwin Yen (1996-98)
Hardy Limeback (1998-2000)
Richard Ellen (2000-04)
Donald Brunette (2004-06)
S .Jeffrey Dixon (2006-07)
Edward Putnins (2007-08)
Gilles Lavigne (2008-09)
Edward Putnins (2009-10)
Debora Matthews (2010-13)
Michael Glogauer (2013-15)
Joy Richman (2015-17)
Patrick Flood (2017-19)
Walter L .Siqueira (2019-21)
Belinda Nicolau (2021-2023)

Appendix 19 — AADOCR Policy Statements

** The American Association for Dental Research (AADR) expanded its name to the American Association for Dental, Oral, and Craniofacial Research (AADOCR) on July 26, 2021 .These Policy Statements have been updated to include the expanded name .*

AADOCR DIVERSITY AND INCLUSION STATEMENT

Realizing the American Association for Dental, Oral, and Craniofacial Research's (AADOCR) vision of oral health through discovery and dissemination necessitates a commitment to principles and practices that honor the value of diversity and promote inclusion .Striving to continually improve the quality of scientific research, we acknowledge the critical role of appreciating diversity of race, ethnicity, gender identity, sexual orientation, ability, culture, religion, national origin, and the other characteristics that make us human .Further, we affirm that inclusivity of diverse perspectives strengthens our ability to study and develop solutions for a diverse society .Achieving the most rigorous and innovative research with the greatest impact requires operating from a lens of diversity applicable to both the AADOCR membership and society at large .

Diversity and inclusion are core values for the AADOCR. We foster and support individual/organizational diversity and inclusion to advance equity in all facets of dental, oral, and craniofacial research .We value all participants of the research process and are committed to maintaining a creative, welcoming, and inclusive association .**We honor pluralism and encourage each other to explore, engage in, and embrace our own and others' distinctiveness.** Additionally, we support our members intentionally and comprehensively addressing issues of diversity and inclusion in their research . The appropriate design and implementation of research that incorporates diverse and inclusive perceptions and evaluations moves us closer to achieving our mission to drive dental, oral, and craniofacial research to advance health and well-being .

With over 3,400 individual and 107 institutional members working throughout dental, oral, and craniofacial research, our membership is a diverse community .Maintaining such a community allows us to celebrate individuality, continually learn from one another, and stimulate innovation .Therefore, as we continue to advance dental, oral, and craniofacial research in a rapidly changing world, **we are strengthened by and celebrate this diversity.** We continually invest in the power of people in our practices, programs, and relationships .**Action, a core component of our commitment, is incorporated in our leadership, professional development, advocacy, and strategic framework.** We champion the belief that inclusive organizations that embrace and advance diversity everywhere will be the most successful .

(adopted March 2022)

COMMUNITY WATER FLUORIDATION

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 [1, 2]

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 .[3-9]

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 [10, 11*] 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% .[12] 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 [13, 14]

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 [15] A 2016 analysis confirmed this finding [16]

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 [6, 17] 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 [10, 18]

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 [19-23] 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 [24] 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 [10, 17, 25]

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 20th century because of its effectiveness and ability to distribute fluoride equitably and cost-effectively [26] Information about the fluoride concentration of communities participating in water fluoridation can be found on the CDC website "My Water's Fluoride" [27]

While AADOCR 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, AADOCR supports community water fluoridation and recommends the fluoridation of community water sources to a level of 0 7 milligrams of fluoride per liter of water .

*The authors of the Cochrane systematic review determined that the evidence for community water fluoridation for the prevention of dental caries was low quality and that many studies were conducted before 1975 .The Cochrane review method considers randomized clinical trials as the gold standard of evidence and automatically rates common methods for evaluating public health interventions as low .However, randomized trials are usually not feasible for interventions at the population level . The authors noted this gap in their evidence grading system and that the evidence pointed in the same direction of fluoridation reducing tooth decay .

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(adopted 2018)

SEALANTS

Pit and fissure sealants are polymeric materials that are applied to the occlusal surfaces of teeth, which do not benefit from the caries-preventive effects of fluoride to the same extent as smooth surfaces .Dental caries, one of the most common diseases of childhood, occurs predominantly as carious lesions in pits and fissures of teeth .A large percentage of occlusal surfaces can remain caries-free for up to ten years or more after a single application of a sealant .There is strong evidence supporting the effectiveness of sealants for the prevention of dental caries .Furthermore, studies show that incipient carious lesions that remain sealed do not progress .Based on current evidence, the American Association for Dental, Oral, and Craniofacial Research (AADOCR) continues to strongly recommend greater use of sealants by practitioners in private and public health practice .The AADOCR also endorses the practice that sealants could be used in conjunction with other caries-preventive measures, such as fluoride application .

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(adopted 1991; revised 2009, revised 2015)

TOPICAL FLUORIDES

Fluoride's predominant effect in caries prevention and management is post-eruptive and topical .However, as it relates to this statement, topical fluorides are those that are applied to erupted teeth, with the understanding that water fluoridation's and dietary fluoride's main effect is also topical .The American Association for Dental, Oral, and Craniofacial Research (AADOCR) strongly recommends twice daily use of fluoride-containing dentifrices as an effective means of reducing caries .

Furthermore, based on current evidence, the AADOCR also strongly recommends that fluoride-containing dentifrices should be used in small amounts in pre-school-aged children in order to reduce the risk of dental fluorosis through unintentional ingestion .It is important to note that professionally applied gels and varnishes also reduce caries incidence .Studies show that application at six-monthly intervals is appropriate for patients at increased caries risk, but application frequency may be decreased or increased according to risk status and degree of exposure to other sources of fluoride .Higher-risk patients should receive applications at three to six-month intervals .In addition, the AADOCR recommends the use of daily or weekly fluoride mouth rinses and gels for this group .The AADOCR makes the following caveat: Because of their high fluoride concentration, mouthrinses and prescription gels are not recommended for pre-school-aged children .

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(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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USE OF STEM CELLS IN DENTAL RESEARCH

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) supports the use of stem cells in dental, oral, and craniofacial research and the development of stem cell related therapies that are efficacious and safe .Basic research and the development of future applications of stem cell research require the ongoing commitment to scientific integrity and social responsibility .AADOCR supports a periodic review of issues that may arise from innovation in the use of stem cells in research and promotes an open, national dialogue on the scientific, ethical and policy issues raised by such advances .

(adopted 2007, revised 2016)

USE OF ANIMALS IN RESEARCH

The AADOCR recognizes the major contributions made to human and animal health through the responsible use of animals in biomedical research .Therefore, the AADOCR strongly supports the ethical use of animals by scientists worldwide . The AADOCR also endorses systematic research in validating alternatives to animal models . AADOCR supports use of the published Animals in Research: Reporting In Vivo Experiments (ARRIVE) Guidelines for Reporting Animal Research .

(adopted 1991, revised 2004, revised 2016)

USE OF FLUORIDE SUPPLEMENTS

Fluoride treatment of the dental surfaces is one of the most effective means of dental caries prevention .A preventive level of fluoride can be acquired through consumption of fluoridated water, use of fluoride-containing toothpastes, and application of fluoride varnish during regular preventative dental cleanings . However, for children and adolescents who do not live in fluoridated-water communities, do not have access to topical fluorides, and may be at high risk of developing dental caries, AADOCR supports the recommendations of the American Dental Association (ADA), American Academy of Pediatric Dentistry (AAPD), and the Indian Health Service to administer fluoride supplements according to the supplementation schedule recommended by ADA [1-4]

Dental caries is the destruction of the dental hard tissues by the acidic byproducts of bacterial fermentation of sugar .The consequences of tooth decay include pain, infection, and tooth loss [5, 6] Dental caries is the most common chronic disease in children and is fives time more common than asthma, the second most common chronic childhood ailment .Racial minorities and children from socioeconomically disadvantaged families disproportionately suffer from dental caries and are less likely to be treated for it [7]

This highly preventable disease is especially disturbing in children because of studies showing that children with toothaches and

generally poor oral health are more likely to miss school and exhibit poor academic performance .Specifically, caries is known to cause parents to miss school or work to attend to their child's dental needs [8, 9] Children with caries may experience embarrassment, exhibit withdrawal, have difficulty eating and sleeping, and limit facial expressions and behaviors that facilitate social interaction [7, 10, 11] Furthermore, treatment of caries can be expensive in very young children who may require sedation due to their inability to remain still or manage the stress of the procedure [1,2] Given the health, quality of life, and economic impacts of dental caries, prevention is the best approach to addressing the epidemic of dental caries in children and adolescents .

The recommended fluoride supplementation schedule was created to maximize the caries-preventive effect of fluoride while minimizing the risk of fluorosis .A systematic review of fluoride supplement research by a panel of experts convened by ADA showed that dietary fluoride supplements are effective in preventing dental caries in children and adolescents, and when used correctly, do not cause severe fluorosis [4]

Fluoride supplements are only available by prescription .Before prescribing supplements, providers should estimate the patient's total fluoride intake and risk of caries development .The supplementation schedule provided by ADA is according to the level of fluoridation of the child's primary drinking water source . Providers can find water fluoride levels from the water supplier, health departments, the Environmental Protection Agency (https://www epa gov/ccr), and the Centers for Disease Control and Prevention (https://nccd cdc gov/DOH_MWF/Default/Default aspx) .Providers can assess caries risk development by using any one of the risk assessment tools recommended by the ADA or AAPD [3, 4, 9, 13-16]

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(adopted 2017)

ELECTRONIC NICOTINE DELIVERY SYSTEMS

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) acknowledges the rising public health concerns associated with electronic nicotine delivery systems (ENDS) . Nicotine is the main psychoactive, chemically addictive component in tobacco and nicotine replacement therapy in various forms (gums, lozenges, and patches) has been used as smoking cessation tools for decades [1] As ENDS are a relatively new technology, the AADOCR encourages a comprehensive, measured, and deliberative approach to the consideration of the most recent high-quality, evidence-based research prior to the implementation of public policy .

ENDS are handheld devices containing a heating element that produce an aerosol from a liquid solution that often contains nicotine,carriersolvents (e g .propylene glycol or vegetable glycerine), and flavoring chemicals 1 The act of inhaling and exhaling this aerosol is often called "vaping," although technically, vaping can occur with nicotine-free solutions [2] ENDS solutions come in a variety of flavors and nicotine concentrations [3] The term "e-cigarette" is often used synonymously with ENDS; however, e-cigarettes do not always contain nicotine .Currently, about ninety-nine percent of e-cigarettes sold contain nicotine [4]

Although using ENDS devices have been marketed as a tobacco smoking cessation strategy,[3,5] further research is necessary . The Cochrane review on the topic showed moderate-certainty evidence that using e-cigarettes with nicotine increased quit rates compared to nicotine replacement therapy to the level of three additional quitters per 100 [6] However, other research has shown no differences when the cessation rates of ENDS, nicotine replacement therapy (NRT), and non-NRT medication were compared[18], as well as inconclusive results on the effectiveness of ENDS as a tobacco cessation aid[19,20,21] .

Due to the novelty of ENDS, the potential oral health consequences of ENDS device use are uncertain .While evidence is limited, studies have revealed that oral health harms of e-cigarettes include modulation of the host oral microbiome causing increased gum inflammation, damage

to tooth enamel from device explosion, and problematic changes to oral cells when exposed to e-cigarettes [1,7,8,9] To the contrary, research has shown that e-cigarette users had comparable oral health to non-users10 and that the oral health impacts of ENDS, as currently understood, are less than the known, considerably harmful, oral health impacts of tobacco smoking [7] Overall, studies on e-cigarettes reveal potential health harms[22,23],underscoring the need for more research .

Since 2014, ENDS, specifically e-cigarettes, have been the most commonly used tobacco-derived product among U S .youth[11] . In 2022, about 1 in 10 (2 5 million) U S .middle and high school students reported current e-cigarette use 12 Between 2017 and 2019, nicotine vaping increased by 9 0, 14 9, and 16 5 percentage points in 8th, 10th, and 12th grades, respectively [13] ENDS products have the potential to serve as an entry point for use of other nicotine-containing products [14] Adolescents who use e-cigarettes are 3 5 times more likely to report using traditional cigarettes and 4 times more likely to continue their use past 30 days [15] Enticing flavors increase the appeal of ENDS product use to children and adolescents 16 Dozens of unique flavors of ENDS products exist, including fruit and candy flavors [17]

In addition to the health consequences for the ENDS user, the effects of the exhaled aerosols on others are also a concern . Further research is needed on the health effects of secondary exposure to ENDS aerosols .

Based on current evidence-based scientific evidence, AADOCR supports the following recommendations:

1. **The AADOCR opposes promoting the use of ENDS products** .Efforts should be made to educate the public on the current evidence-based research regarding ENDS, the potential health problems of ENDS use, and the prevention of ENDS use among children and adolescents .
2. **AADOCR welcomes continued research** to elucidate further the health effects of ENDS use as well as the health effects upon non-users exposed to exhaled aerosols . Additionally, research regarding the use of ENDS as a smoking cessation strategy should be a priority .
3. **AADOCR supports collaboration with other organizations,** healthcare providers, and institutions to inform the public of ENDS-related research findings and to advocate for appropriate public policy .
4. **AADOCR supports national, state, and local legislation that eliminates ENDS advertising, promotions, and sales that appeal to or influence children and adolescents** Additionally, AADOCR also supports the continued enactment and enforcement of state and local clean indoor air policies or ordinances prohibiting smoking, including vaping, in public places .

The AADOCR will continue to thoroughly review the scientific literature regarding ENDS and updates to this position statement will be made as supported by the literature .

Author Contributions

R C M .and K M B .contributed to the design, interpretation, and drafting, of the position statement .X .Li, C H F, M K S C A, and all members of the IADR Science Information Subcommittee critically revised the statement .All authors gave final approval and agree to be accountable for all aspects of the work .

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(adopted 2023)

TOBACCO

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) recognizes that tobacco use is one of the largest public health threats in the world[1,2] .Tobacco products come in many forms .Some are smoked, and others are not, but none is safe for human consumption[3] .Despite this common knowledge, reports show that most people who use cigarettes began smoking as an adolescent[4]; and nearly nine out of 10 smokers started smoking by age 18[4] .In 2021, of the 2 55 million high- and middle- students that reported current (past 30-day) use of a tobacco product, e-cigarettes were the most commonly used tobacco-derived product*, cited by 2 06 million[5] .Among adolescent and adult users, smokeless tobacco (spit tobacco), snus, and electronic nicotine delivery systems (ENDS) are considered harm reduction alternatives to smoked tobacco; however, they contain their own risks for oral and overall health .After years of rigorous and extensive research, chronic tobacco use has been shown as a primary risk factor for six of the eight leading causes of death worldwide, and tobacco use is estimated to contribute to the death of eight million people each year[6] .

Tobacco use can result in acute and chronic oral diseases . Head and neck cancers[1,2,7] and periodontitis[2,8,9], compromised wound healing[10,11,] a reduction in the ability to smell and taste[12], melanoses (dark pigmentation of the oral tissues)[13], smoker's palate (harder white thickened mucosal tissues)[13], staining of teeth[14] and restorations[14,15,] and peri-implant diseases[16] are all seen at higher rates in tobacco users than in nonusers .Smokeless tobacco use is a risk factor for oral cancer, erythroplakia, leukoplakia, periodontal disease, and staining of teeth and restorations[17] .Caries risk in the primary dentition is increased due to secondhand smoke exposure[18] .Poorly developed enamel in the primary and permanent dentition may be related to secondhand cigarette smoke exposure during childhood[19] .Smoking increases the risk for stroke by about three-fold coronary heart disease by 2–4 times, lung cancer by twenty-five-fold, and head and neck cancer by 10-fold[7,20] . Smoking also causes reproductive problems, cardiovascular disease, leukemia, cataracts, pulmonary disease, and cancers of the liver, blood, cervix, kidney, pancreas, stomach, lung, larynx, bladder, oropharynx, and esophagus[7] .

Furthermore, each day in the United States, about 1600 youth smoke their first cigarette, and nearly 200 become daily cigarette smokers[4] .Adolescents report various factors leading to the initiation of smoking, including peer pressure, parents that are smokers, rebelliousness, clever marketing tactics from the tobacco industry, and nicotine as a "feel-good" drug without intoxication[21] .If smoking persists at the current rate among youth in this country, 5 6 million of today's population younger than 18 years of age are projected to die prematurely from a smoking-related illness[2] .This represents about one in every 13 American youth .If youth can be discouraged from starting smoking, it is less likely that they will start smoking as adults .

Since 2014, ENDS, specifically e-cigarettes, have been the most commonly used tobacco-derived product* among U S .youth[5] . Between 2011 and 2019, the proportion of high school students who were current e-cigarette users increased from 1 5% to 27 5%[22] .Ninety-nine percent of e-cigarettes contain nicotine[23] . Therefore, the use of e-cigarettes with this addictive component can result in short- and long-term health effects in adolescents . These effects include damage to regions of the developing brain that control attention, learning, mood, and impulse control[24], increased risk for future addiction to other drugs[24], increased mental health impacts[25], respiratory function impairment, and structural changes in lung tissue[26] as well as increased risk of coronary heart disease and heart attack[27] .Furthermore, health claims that e-cigarettes are effective smoking cessation aids are inconclusive based on current scientific evidence[28] .According to the 2020 Surgeon General's report, the current evidence is suggestive but not sufficient to infer that the use of e-cigarettes containing nicotine is associated with increased smoking cessation compared with the use of e-cigarettes not containing nicotine, and the evidence is suggestive but not sufficient to infer that more frequent use of e-cigarettes is associated with increased smoking cessation compared with less frequent use of e-cigarettes,[28,29,30,31] indicating that much more research is needed .

Secondhand smoke (SHS) imposes significant risks as well . Tobacco smoke contains at least 7,000 chemicals, 70 of which can cause cancer and many more that are toxic or teratogenic[32] . Secondhand exposure results in the death of 41,000 nonsmoking adults and 400 infants each year[32] .SHS causes a 20 to 30 percent increased risk for lung cancer for those living with a smoker, and a 25 to 30 percent increased risk for coronary heart disease for non-smokers exposed to SHS[33] .Infants and children who are exposed to smoke are at risk for sudden infant death syndrome (SIDS)[1,7,34,35], acute respiratory infection, bronchitis, pneumonia, middle ear infections, and asthma during infancy[35] .Prenatal exposure to secondhand smoke has been associated with thirdhand smoke, which refers to the residual toxins that are found on surfaces in the home due to smoking[36] . These volatile compounds become airborne particulate matter easily dispersed throughout the home over time[37] .Because children generally are found in areas close to the ground that is more highly contaminated and because infants ingest dust at a rate that is more than twice that of an adult, they are even more susceptible to thirdhand smoke[37] .Studies have shown that children exposed to thirdhand smoke have increased cognitive deficits in addition to the other associated risks of secondhand smoke exposure[36,37] .

Based on the volume of scientific evidence demonstrating the adverse health effects of tobacco consumption, in 2023

the AADOCR Board approved a policy statement regarding tobacco that issued the following recommendations:

1. **AADOCR opposes the use of all forms of tobacco.** Subsequently, the public should be educated on the health and financial costs of tobacco use .Increased attention and resources should be devoted to prevention of tobacco use among children and adolescents, routine screening for tobacco use, treatment of tobacco dependence, and further quality research on this topic .It is incumbent on the health care community to reduce the burden of tobacco-related morbidity and mortality by supporting preventive measures, educating the public about the risks of tobacco, screening for tobacco use and nicotine dependence, and incorporating evidence-based approaches to tobacco use intervention into clinical practice .
2. **AADOCR welcomes continued research** to elucidate further the health effects of using established tobacco products and newly emerging tobacco-derived products and exposure to their emissions; identify the biological mechanisms, behavioral patterns, and relative risks involved in producing those health effects; and develop and evaluate effective methods for prevention and cessation .
3. **AADOCR supports collaboration with other organizations**, healthcare providers, and institutions to inform the public of tobacco-related research findings and to advocate for appropriate public policy .
4. **AADOCR supports national, state, and local legislation that eliminates tobacco advertising, promotions, and sales that appeal to or influence children and adolescents** Additionally,AADOCR also supports the continued enactment and enforcement of state and local clean indoor air policies or ordinances prohibiting smoking in public places .In choosing meeting sites,AADOCR gives preference to cities that have enacted comprehensive clean indoor air policies that include restaurants, hotels, conference centers, and other public spaces .

*Electronic nicotine delivery systems (ENDS) in this context refers to products comprised of an "e-liquid" containing nicotine derived from tobacco, as well as flavorings, propylene glycol, vegetable glycerin, and other ingredients[38] .

Author Contributions

R C M .and K M B .contributed to the design, interpretation, and drafting, of the position statement .X .Li, C H F, M K S C A, and all members of the IADR Science Information Subcommittee critically revised the statement .All authors gave final approval and agree to be accountable for all aspects of the work .

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(adopted 2023)

IADR PROFESSIONAL CONDUCT AT MEETINGS POLICY

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HEALTHY MEETINGS POLICY

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SUGAR-SWEETENED BEVERAGES

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TOBACCO FUNDED RESEARCH

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Appendix 20 — AADOCR Corporate Support

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

- 3M for being a Gold Scientific Session Partner
- Church & Dwight Co , Inc .in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Gold Scientific Session Partner and in support of the IADR Council Dinner, the IADR Past Executives' Business Meeting, the IADR Colgate Research in Prevention Travel Awards, IADR Distinguished Scientist Awards, a Symposium, and an Industry-Sponsored Symposium
- Delta Dental for being a Bronze Scientific Session Partner
- Dentsply Sirona for being a Bronze Scientific Session Partner and in support of an IADR Distinguished Scientist Award
- GC Corporation in support of the Networking Center and an Industry-Sponsored Symposium
- Geistlich being a General Meeting Sponsor
- Haleon in support of a Symposium, an Industry-Sponsored Symposium, IADR Distinguished Scientist Awards, the Innovation in Oral Care Award, and the Coffee Station
- IR Scientific in support of an Industry-Sponsored Symposium
- J .Morita in support of the IADR/AADOCR William J .Gies Award, the IADR Distinguished Service Award, and for being a General Meeting Sponsor
- Kenvue in support of an IADR Distinguished Scientist Award and the IADR Joseph Lister Award for New Investigators
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of the IADR/AADOCR/CADR President's Reception, an Industry-Sponsored Symposium, and in support of an IADR Distinguished Scientist Award
- Shofu in support of an Industry-Sponsored Symposium
- Unilever Oral Care in support of an IADR Distinguished Scientist Award

Appendix 21 — AADOCR Institutional Support

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

- The Borrow Foundation in support of the IADR E W . Borrow Memorial Award
- CareQuest Institute for Oral Health for being a Bronze Scientific Session Partner and in support of an IADR Distinguished Scientist Award
- The Henry Schein Cares Foundation in support of a Symposium
- The IADR Dental Materials Group in support of an IADR Distinguished Scientist Award
- The Osteology Foundation in support of the IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration
- The Sarnat Family Foundation in support of an IADR Distinguished Scientist Award

Appendix 22 — *In Memoriam* *(AADOCR Members who passed January – December 2024)*

Terrie Cowley	Christopher Dix	Charles Hildebolt	Dan Nathanson	Elisha Richardson

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

1. **ANNUAL MEETINGS.**

The time and place of, and the registration fee for, each Annual Meeting shall be determined by the Council on the recommendation of the Board .

(a) The Council shall meet in conjunction with each Annual Meeting .

(b) In years where the Annual Meeting is unable to be held for any reason, the Council shall meet by electronic means and this meeting shall serve as the conclusion of the Division year .

2. **SCIENTIFIC SESSIONS.**

(a) Arrangements for the scientific sessions of the Division shall be made in accordance with the instructions from the Division or the Council by an Annual Session Committee of five members who have served as AADOCR Annual Session Group Program Chairs or a similar experience to manage the overall planning of the Annual Meeting program, including the timing and sequence of activities, assist in the identification of potential meeting sites, establishing the theme, symposia, workshops, etc , for the Annual Meeting .This committee may include the Chair of the Local Organizing Committee and a representative of the host/sponsoring Division . Appointments are made for a three-year term with the Board's recommendation and shall be transmitted to the Council for action .

SECTION D. GOVERNMENT

1. **COUNCIL: Power and Duties.**

(a) As the legislative body of the Division, the Council must consider all proposals concerning amendments to the Constitution and the Bylaws .

(b) The Council shall receive reports from all Division Officers and committees and shall act upon the recommendations and resolutions contained in these reports .

(c) The Council has the power to approve the formation of new Sections .

(d) The Council appoints Division representatives to other organizations, which require such representation .

(e) The Council appoints the members of the Division's standing committees except as stated in Section D, paragraph 2, of the Bylaws .

(f) The Council establishes the level of fees for the Division and adopts the annual budgets .

2. **BOARD OF DIRECTORS.** Vacancies on standing committees may be filled by the Board of Directors for the remainder of the Division year .The Board shall also act on proposals by the President for membership on ad hoc committees .The three (3) Board appointed members shall be (1) patient advocate and two (2) additional members selected from one or more of the following categories; investigators from the corporate sector, investigators less than 10 years past their terminal degree, investigators based outside of dental institutions, or any other category important to the Board in fulfilling the objectives of the Division .
3. **CODE OF ETHICS.** The Division has adopted the Principles of the IADR Code of Ethics .

SECTION E. QUORUM/RULES

1. **COUNCIL.** The presence of Councilors or Alternate Councilors from one-third of all Sections and Divisional representation from IADR Scientific Groups and Networks, Institutional and Corporate Sections shall constitute a quorum .
2. **RULES.** The Division shall operate under the rules of Parliamentary procedure as outlined in "Roberts' Rules of Order" .In the event of a tied vote for an Officer position, the Council will determine the outcome by ballot .

SECTION F. OFFICIALS

1. **PREREQUISITES.** The elective Officers of this Division shall be members who have authored scientific papers at no fewer than seven Annual Meetings of the Division or parent body, and have had active service as a Councilor or as a Section Officer in the Division .All student representatives and appointive members of the Board shall be members .
2. **TERM OF OFFICE.** The terms of President, President-elect, Vice-president, and student representatives shall be one Division year; for the Treasurer, Members-at-Large and Board appointed members shall be three Division years .The terms of the Editors-in-Chief and Chief Executive Officer shall be five years except that under special circumstances either may be appointed for a shorter period .
3. **SUCCESSION**

In the event that an officer vacates his/her office prior to the completion of his/her term of office, an ad interim officer assumes responsibilities as follows: President – Immediate Past President; President-elect – Vice-president; Vice-president – Vice-president-elect; Immediate Past President – President; Treasurer – to be decided by the Board until a new election can be held .

4. **DUTIES**

(a) The duties of the Officers shall be those ordinarily associated with the official titles, and such other duties as the Division or the Council may assign .

(b) The President, President-elect, and Vice-president shall also serve during their incumbencies as representatives to the Council of the International Association for Dental Research .If the Division becomes eligible for additional representation in the International Association for Dental Research, the Immediate Past President and/or Treasurer shall also serve .

(c) The Treasurer shall maintain surveillance over the Division's finances and assist the Board in the development of budgets .

(d) Each Officer shall report annually in writing to the Council on the conduct of his/her office .

5. INSTALLATION .At the Annual Meeting of the Division, an appropriate ceremony of installation shall inaugurate the terms of service of the Officers of the Division .

SECTION G. COUNCILORS

Each Section, Institutional and Corporate Section and IADR Scientific Groups and Networks shall elect a Councilor and an Alternate Councilor to serve on the Council for a period of three years .If either for some reason is unable to fulfill the obligations, the remainder of the term of office shall be canceled, and a new Councilor and/or new Alternate Councilor shall be elected .The terms of office shall be so staggered that one-third of the Council is elected each year .The Councilor and the Alternate Councilor may succeed themselves for a second term .

SECTION H. JOINT PUBLICATIONS

1. **MEMBERS OF THE IADR/AADOCR PUBLICATIONS COMMITTEE.** The IADR/AADOCR Publications Committee's role is to review the quality and financial status of the *Journal of Dental Research* and other journals owned jointly by IADR/AADOCR .Membership consists of: three representatives from IADR; three representatives from AADOCR; the most recent Past Presidents of IADR and AADOCR no longer serving on the Boards, who alternately serve as Chairs of the Committee .The Editors-in-Chief and Associate Editors(s) of all jointly owned journals and Chief Executive Officer shall serve as members without vote .

2. **THE IADR/AADOCR PUBLICATIONS COMMITTEE** will analyze and make recommendations regarding publication of all journals to the Editors-in-Chief and Associate Editors and the Chief Executive Officer and will report annually to the IADR and AADOCR Councils through the Joint Boards of Directors .

3. **TERM OF OFFICE OF APPOINTED/ELECTED MEMBERS.** Each member shall be appointed or elected for a three-year period, the terms staggered so that one each from IADR and AADOCR is selected each year, except in case of vacancy . The Immediate Past President of IADR and AADOCR will serve for one year .

4. **REPORTS.** Annually and at such other times that the Council, the Chief Executive Officer, or the Editors-in-Chief may direct, the Publications Committee shall report to the Council concerning the conduct of the joint publications .

SECTION I. COMMITTEES AND REPRESENTATIVES TO OTHER ASSOCIATIONS

1 . **RECOMMENDATIONS FOR MEMBERSHIP IN STANDING COMMITTEES AND FOR REPRESENTATIVES TO OTHER ASSOCIATIONS** shall be made by the Board of Directors .The nominations with the Board's recommendations shall be transmitted to the Council for action .

2. **STANDING COMMITTEES.** In addition to the Annual Session Committee and the IADR/AADOCR Publications Committee, the following standing committees shall be appointed:

(a) **AADOCR DISTINGUISHED SCIENTIST AWARD COMMITTEE:** A committee of five Past Presidents, chaired by the most recent Past President no longer serving on the Board in the year preceding the award, who will select the winner of the AADOCR Distinguished Scientist Award, which has been established to recognize and honor outstanding research in any of the fields related to oral science .This Award will be given once every two years at the Annual Meeting of the Division .

(b) **CONSTITUTION COMMITTEE:** A committee of nine members whose responsibility it shall be to review the Constitution and Bylaws, advise the Council regarding essential revisions, monitor compliance of the activities of the Division with the Constitution and Bylaws, and to work upon request with the corresponding committee of the International Association for Dental Research .

(c) **EDWARD H. HATTON AWARDS COMMITTEE:** A committee of nine members to arrange the program of the Hatton Competition at the Annual Meeting and to select the winners to represent the Division in the Association's Hatton Awards Competition .

(d) **ETHICS COMMITTEE:** A committee of nine members to review the IADR Code of Ethics, specifically address Divisional issues, provide relevant information on ethical issues to the membership through meetings, publications, etc , and make recommendations to the Board of Directors .

(e) **FELLOWSHIPS COMMITTEE:** A committee of twelve members to administer the fellowships program(s) of the Division .

(f) **IADR/AADOCR GIES AWARD COMMITTEE:** A committee of nine members to select annually the best paper(s) published in the IADR/AADOCR jointly owned Journal of Dental Research, one in each of the three categories, Biological, Biomaterials & Bioengineering, and Clinical .

(g) **AADOCR GOVERNMENT AFFAIRS COMMITTEE (GAC):** Representation will include eight members appointed by the AADOCR Board of Directors .The committee will study government issues and advise the Board and Council on the possible effects on dental research .

(h) **NOMINATING COMMITTEE:** A committee of nine members to advise the Council on the selection of members of the Division for nomination as candidates for offices on the official ballot of the Division .One of the nine members shall be the most recent Past President no longer serving on the Board, without privilege of chairmanship .

(i) **SCIENCE INFORMATION COMMITTEE:** A committee of nine members to develop programs for promoting to the public and the dental profession knowledge resulting from craniofacial, oral, and dental research, including policy and position papers .

(j) **COMMITTEE ON DIVERSITY AND INCLUSION:** A committee of nine members to develop programs for promoting diversity and inclusion within AADOCR and the dental, oral, and craniofacial workforce .

(k) **DEVELOPMENT COMMITTEE:** A committee of seven members to consult on strategic planning for philanthropic efforts and assist in executing fundraising initiatives .

3. **SPECIAL COMMITTEES** may be designated for particular functions by the Division, the President, the Council, or the Board of Directors .
4. **THE TERMS OF STANDING COMMITTEE MEMBERS** shall be three years unless otherwise stated in the Constitution or Bylaws .The terms shall be so staggered that new members are appointed each year, except in case of a vacancy .
5. ***AD HOC* COMMITTEES** may be appointed by the President for the term of his/her office .
6. **A LOCAL ARRANGEMENTS COMMITTEE** consisting of members in such numbers as may be required shall be appointed for a one-year term to cooperate with the Annual Session Committee and the Central Office staff in making the detailed arrangements for the Annual Meeting .
7. **REPRESENTATIVES TO OTHER ASSOCIATIONS** shall be appointed by the Division, the President, the Council, or the Board of Directors as required .
8. **THE TERMS OF OFFICE FOR REPRESENTATIVES TO OTHER ASSOCIATIONS** shall be established by the Council .

SECTION J. AUTHORIZED BANKS AND EXPENDITURES

1. **BANK(S).** Funds of the Division shall be deposited in a bank or banks approved for the purpose by the Board of Directors .Authorized expenditures from the general funds of the Division shall be made by checks, each of which must be signed by the President, the Treasurer, or the Chief Executive Officer, provided each expenditure is within the limit of each budgeted item .
2. **EXPENDITURES.** Funds of the Division may be expended only on general or specific authorization by the Council, except that if the Annual Meeting of the Division cannot be held, the Board of Directors may also authorize expenditure of funds .The Board of Directors may also authorize expenditure of funds of the Division to defray expenses for the business of the Division not foreseen at the time of the Annual Meeting .

SECTION K. DEFINITIONS

1. Members of this Division for purposes of notice or other communications or actions are those persons who are members according to the latest information available to the Chief Executive Officer at the time of mailing of the notice or communication, or at the time of the action .
2. Notice shall be considered to have been given to a member when written notice has been mailed to the member at the latest address for the member known to the Chief Executive Officer at the time of the mailing .
3. In this Constitution & Bylaws, "mail" is understood to mean any form of communication from the Association to the members, including traditional mail and electronic mail .
4. The term "Joint Boards" is understood to mean the Board of Directors of the IADR functioning jointly with the Board of Directors of the AADOCR to carry out duties pertaining to the joint activities mentioned in this Constitution & Bylaws or otherwise agreed to .
5. The Student Representatives on the AADOCR Board of Directors shall be the National Student Research Group President and President-elect .