2003

Impressions: 2003 Fall

https://hdl.handle.net/2144/21983

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It is my pleasure to dedicate this issue of our award-winning alumni magazine to an outstanding clinician, practitioner, teacher and friend of our school.

Attempting to characterize what Herb Schilder has meant to our school is a challenge. Herb Schilder has been an integral part of the school since its inception in 1963 and even before, when Henry Goldman recruited him to the Department of Stomatology of the School of Medicine in 1958, thus marking a 45-year career at Boston University. Together with our founding Dean Henry Goldman and Morris Ruben, he became one of the pillars on which this school was built. Herb's accomplishment in building and growing the school's Department of Endodontics is a story of hard work, determination, intellect and a passion for educational excellence. Herb is responsible for developing and nurturing a department whose quality and reputation is both national and international in scope and which has added immeasurably to the school's reputation. The graduates of the advanced education program in Endodontics have gone on to become leaders in dental practice, education and research. Herb has planted these seeds of excellence in virtually every state of our union and in more than twenty other nations throughout the world. And the alumni of Herb's program have demonstrated a dedication to Herb and the school that is unmatched and is personified in their creating the endowed chair, which bears his name.

More than a teacher, practitioner, researcher and innovator, Herb is and has always been a tremendously generous and magnanimous philanthropist. Herb has never once forgotten where he came from or those who helped him to achieve his success. As evidenced by the Joan and Herbert Schilder Endodontic Research Center here on our campus. Herb's unmatched generosity has aided our fine institution in becoming the outstanding establishment of higher education it is today.

An essential aspect of the alumni's devotion to Herb and the school has been the sense of family that Herb and Joan imparted to each entering class. They both have provided the department's residents, faculty, staff and alumni relationships that have grown over the years and brought a special quality to their professional and personal lives. In my speaking to some of Herb's friends, alums and colleagues to get a sense for how you would describe him, I was answered with words like "honorable, principled, brilliant, fatherly, generous, indefatigable, determined, venerable, astute, and legendary."
Teacher, researcher, clinician, professor, dean, diligent, dedicated and compassionate. Herb Schilder’s accomplishments and contributions to the school will remain a lasting part of the school’s legacy. On behalf of the students, faculty, staff and administration of the school, we extend to him our deepest heartfelt thanks. Herb’s retirement from the faculty marks a major milestone in the history of the school—we will miss his spirit and wisdom. We wish that his retirement years with Joan will be as bountiful and rich as those he has given us.

In the spirit of great accomplishments, as we honor a remarkable man and dedicate this issue to Herb, I am pleased to report that we continue to excel in all areas of our mission. We have had a most successful year in sponsored research programs and grants, reporting a 44% increase in funding, with a record 11.5 million dollars in awards, an increase which reflects the quality and expertise of the faculty and the growth of our state-of-the-art research facilities (see chart page 23). Research is a significant cornerstone of our mission. We continue to build on the excellence of investigators based in the Department of Periodontology and Oral Biology and the Clinical Research Center together with the development in recent years of two new departments, in Molecular and Cell Biology and Health Policy and Health Services Research.

Our community and patient care missions continue to grow and thrive. Our Center for Research to Evaluate and Eliminate Dental Disparities entered its second year of operation, with work supported by an $11 million, seven-year grant from the National Institute of Dental and Craniofacial Research.

Our community work continues to focus on the school’s recently awarded Robert Wood Johnson Foundation program on “Community, Pipeline, and the Profession.” An award from the American Dental Education Association and the Kellogg Foundation that will provide financial aid to minority and disadvantaged dental students recently augmented the RWJ five-year grant.

This month we saw the completion of our five-year expansion and renovation plan with the opening of a new clinical facility in our main building. Formerly housing preclinical laboratories, this treatment center will increase the services our DMD students provide our patients. Last year our clinical revenues exceeded the $10.8 million mark and this additional space will allow us more resources to fulfill our patient’s needs (see photo page 24).

Our academic mission is highlighted by the quality of our students and faculty and the honors they have been awarded this past year. From the American Board of Orthodontics' Ketcham Memorial Award to the American Academy of Periodontists’ Orban Award for graduate research, our faculty and students are consistently singled out for their excellence in research and devotion to their profession.

In addition, more and more faculty with support from our information technology staff have been able to create, design, develop and implement a growing number of web-based sites to transmit information to our students. The ability of the faculty to have platforms to present and manage materials through user-friendly electronic media is proving to be a most beneficial and efficient adjunct for our educational programs.

Finally I am pleased to report that due to the generosity of our alumni, friends and supporters our development report gives us great cause for celebration. This past year more than $17 million was raised and was highlighted by philanthropic gifts from foundations, organizations, corporate sponsors, and from our loyal alumni. Our alumni support continues to develop and becomes increasingly more essential as we continue to grow as a major center of dental education and research. Thank you.

Sincerely,

SPENCER N. FRANKL, DDS, MSD
Professor and Dean

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Professor and Dean

impressions fall 2003
Tissue engineering, a method of generating biological tissue and organs, is a fascinating area of research. Bone generation, through tissue engineering, holds medical benefits for millions of patients and is a very "hot topic" in orthopedics and dentistry. The ability to grow vital bone replacements for the treatment of traumatic injuries, congenital deformities and diseases such as periodontal disease, bone tumors and other pathologic processes involving bone is indeed miraculous.

Who would have dreamed that the time would come when practitioners could simply order a new humerus or mandible, the way a dental implant or crown is ordered? Well that time is near. BUSDM's Dr. Laisheng Lee Chou and Dr. David Cottrell have been working on bone generation for the past six years and, on a smaller scale, have done just that in several patients. Currently, reconstruction of the facial bones requires the harvesting of autogenous bone grafts from the patient. The hip, skull and rib are the most common sites for donor bone in larger cases. Although the current bone grafting techniques utilized are generally successful, the donor site morbidity and recovery period can be significant.

"Donor grafts work well but do remodel during healing and final results are sometimes unpredictable. It is critical that we must push the research in bone tissue engineering in order to better serve our patients," says Cottrell.

Tissue engineering generally involves a triad of components: a scaffold, cells, and signaling molecules. The scaffold is used to form the shape of the newly engineered tissue, and can be made of many different types of materials, but its design and composition are critical for success. Most current scaffolds are made of relatively inert, resorbable...
materials, which are porous. Dr. Chou has been able to extensively study scaffold design and has made significant alterations in the structure and composition of the commonly used scaffold materials. The newer scaffold design, invented by Dr. Chou, has a biomimetic design, similar to real bone. Channels and pores are constructed within the scaffold design using the advanced techniques of 3-D printing and melt molding. Also, the inorganic components of silicon, calcium and phosphorus have been added in specific proportions to the scaffold, significantly enhancing the bone growth environment and bone production in in vitro and in vivo experiments.

The cellular component of the triad has been simplified. "Stem cell research is very hot these days, and most labs focus on using stem cells for tissue engineering. But, there are many unresolved issues in using stem cells, such as ethical and safety issues and the uncertainty of the phenotypic behavior of stem cells. We don't want bone-engineered tissue to turn into a regenerated muscle or fibrous tissue. Not to mention that the difficulty in obtaining stem cells from the patient may compromise the feasibility of this approach," explains Dr. Chou.

Therefore, Chou and Cottrell's approach is to use the patient's own osteoblasts. Osteoblasts are easy to obtain and grow in the lab. The culture technique has been perfected and now with a small 1mm chip of bone from the patient, up to 6 million osteoblasts can be grown, which is enough to graft a 2cm section of bone. These cells have demonstrated the ability to seed and grow bone in the scaffold within two weeks in laboratory, and animal studies.

The last component of the triad, the signaling molecules, contains a variety of elements including transforming and growth factors. Dr. Chou's lab has demonstrated in in vitro experiments that the inorganic components of Si, Ca, and P, when placed in specific proportions, significantly enhance osteoblast growth, alkaline phosphatase production and bone mineralization. With these findings, Dr. Chou and his team discovered the first evidence that inorganic silicon and calcium could be a bioactive stimulus, and can be used as bioactive signaling elements for bone tissue engineering. "This new finding will most likely obviate the need for transforming and growth factors in many cases," explains Dr. Chou.

"We've seen that in order to form new tissue, there are several requirements under which the cells from the host must be expanded and seeded onto the scaffolds, then seeded cells should be guided by certain signals to form specific types of the tissue," says Dr. Chou. "In vitro testing has revealed that when this new combination of a biomimetically enhanced scaffold and cultured osteoblast cells are used, sufficient bone formation occurs without the direct additive use of signaling molecules."

"With this evidence in hand, we felt confident that patients in severe need could benefit from this type of therapy immediately," explained Dr. Cottrell. As a result, two patients with a disease called osteopetrosis were selected to benefit from the new technology. Osteopetrosis is a bone disease which causes a severe hardening of the bone leading to bone fractures, infections and incomplete tooth eruption.

"These patients were not candidates for harvesting of bone grafts and had no hope of treatment without this new technology. In one case, the patient was a third year dental student with only four maxillary incisors. There was no available bone for implants and because of this severe deficiency he was unable to wear dentures. After consultation with his orthopedic surgeon and the results of a CAT scan, it was determined that no bone grafting could be done. These patients are actually terrible candidates for bone grafting because there isn't any good donor bone available and the poor vascularity of the recipient bone generally leads to failure or a chronic bone infection called osteomyelitis," explains Cottrell.

After discussions with the patient, Cottrell harvested a small piece of bone from the chin and Dr. Chou constructed multiple spheres out of his scaffold material. After six weeks, the patient underwent grafting of the engineered scaffold and cells on both sides of his upper jaw. Two months following surgery, a CAT scan of the region was encouraging. After four months the upper jaw was re-operated and six dental implants were placed into the engineered bone. Biopsies of the grafted bone demonstrated surprisingly mature bone at only four months. "We never expected the results would be so good," explains Cottrell. The patient graduated from dental school last year and moved to California with a new set of permanent upper teeth, in place now for over a year.

"I specifically recall a conversation I had with him just before he graduated," says Dr. Chou. "He said he never had confidence before in his life, and now he was on top of the world that we had changed his life. That was humbling."

The second patient also lived with osteopetrosis and while eating suffered a lower jaw fracture in three places. The patient was treated for his fractures by BUSDM's Dr. Pushkar Mehra, but the defects in his mandible remained. After consultation with Drs. Chou and Cottrell, it was determined that traditional grafting would be too great a risk. A 3-D model was constructed from a CAT scan and using 3-D printing, custom scaffolds were designed. After harvesting a small piece of bone from the chin, osteoblasts were grown in the lab and seeded onto the custom scaffolds. In the operating room, Drs. Mehra and Cottrell made an incision under the patient's mandible and inserted the scaffolds. Follow-up radiographs have revealed maturation of the bone and maintenance of bone height. No further treatment is planned at this time.

"We have made some further modifications to the scaffold since those cases were completed and are very excited about beginning human trials in the near future," says Dr. Chou.

"With this technology we hope to make traditional bone grafting a thing of the past," adds Dr. Cottrell. With the resources and support available at Boston University, this hope should soon be a reality.
Dr. Frank Oppenheim, chair of BUSDM's Department of Periodontology and Oral Biology, is working to change dentistry as we know it today. And it's not just dentistry that may be revolutionized by Oppenheim's work—diagnosing medical conditions such as diabetes may forever be altered.
The more we learn about the smallest elements that represent the fundamental components of living organisms, the greater our ability to correct the pathologies that cause suffering and even death. Some of today's most exciting research focuses on identifying, understanding and manipulating the tiniest of substances in living beings. Perhaps most visible are the discoveries of the Human Genome Project, completed in 2000, which identified the chromosomal location of every human gene along with the nucleotide sequence characteristic for each gene.

As with many scientific discoveries, answers lead to more and bigger questions. One of the most important roles of genes is the synthesis of proteins, which are the essential building blocks of all cells, organs, tissues, and hormones. It is the study of proteins — or “proteomics” (as “genomics” is the study of genes) — that fascinates Oppenheim and his colleagues in his BUSDIM laboratory at 700 Albany Street.

Proteomics

One project underway involves the acquired enamel pellicle, which is an extremely thin protein layer that forms on tooth surfaces. This protein layer has two essential impacts on oral health: the inner or tooth side of this protein film affects how teeth remineralize, while the outer surface facing the oral cavity, determines which bacteria become attached to the tooth. As Oppenheim describes it, “The first bacteria to colonize the tooth attach to the pellicle. Essentially, if a bug wants to stay in the room, it has to stick to something — otherwise, if we flush the room with water the bug gets flushed out. If it wants to stay it has to grab onto something.”

Some bacteria cannot stick — they are simply swallowed and most do not survive the acid in the stomach. The first colonizers, however, have a “molecular docking mechanism” that allows them to stick to the outer layer of the pellicle. Until now, we never really knew what the molecular make-up of the pellicle looked like. Understanding its structure could ultimately provide opportunities to interfere with bacterial colonization, possibly leading to no less an accomplishment than eliminating caries and periodontal disease.

In the past, studying the pellicle protein layer in vivo was virtually impossible because the teeth of each person’s mouth contain such tiny amounts of protein — only about seven micrograms or seven millionths of a gram per individual. He and faculty member Yuan Yao, DDS, MS, PhD, whose thesis involved the pellicle project, have been collecting this protein layer from volunteers in the school’s Clinical Research Center and analyzing its composition at the Boston University Medical Campus Mass Spectrometry Research Center, headed by Dr. Catherine Costello. Mass spectrometry is a tool allowing researchers to study miniscule amounts of proteins, the amino acids that comprise each protein, and the carbohydrates, phosphates, and other substances that are attached to some proteins. This tool is essential for understanding the pellicle because the seven micrograms collected from one person contain more than 100 individual proteins — in a very low amount. Dr. Oppenheim’s studies are supported by a grant from the National Institute of Dental and Craniofacial Research.

Nanotechnology

Another project, also funded by the National Institute of Dental and Craniofacial Research involves a collaboration between Dr. Oppenheim and Dr. David Walt, Robinson Professor of Chemistry at Tufts University’s College of Liberal Arts. They are investigating new ways to diagnose disease using saliva. As with the pellicle project, this research uses technologies which allow the measurement of extremely minute amounts of biological substances.

The technology involves fluorescence-based fibre optic arrays which represent a universal platform for sensing molecules. Imagine a glass rod made up of approximately 1500 tiny glass fibres that, when fused together, form a 10-millimeter bundle. This bundle is then stretched out until its diameter shrinks to 2 millimeters, with each glass fibre measuring only 2 microns in diameter. Light can be transmitted through each glass fibre separately. After the end of the bundle is polished, it is etched with acid — so each glass fibre can become concave while the area between the rods remains untouched. Now, little round 2-micron beads are poured onto the surface, filling up the concavities where the glass fibres had been etched.

“How this is going to be used is very interesting,” says Oppenheim. “A simple example of what you can do is to take equal numbers of green, blue, and red beads, mix them together, and pour them over the surface that has these etched microwells. The beads distribute randomly over the surface, so you end up with 33% red, 33% green, and 33% blue.”

When light is projected through the bundle and then magnified onto a screen, it is clear exactly which colors are in each concavity. This is called registering. In other words, you know now who is where.

“There’s the interesting part,” he continues. “The green beads are treated in one way, having, say, antibody A attached, the blue beads have antibody B, and the reds, antibody C. In addition, all beads have some chemistry attached triggering a fluorescent light signal when an antigen binds to an antibody. If the proper antigen is present in a fluid such as saliva it binds to the antibody and emits a light signal via the glass fibre to an optical device linked to a computer. So if an antigen binds to one of the antibodies, the light that is given off has a certain wavelength that you can measure.

“Now you’re ready to use this probe as a tool. You dip the end into a solution like saliva, and depending on what chemistry you attach, different colors will light up.” The potential for diagnosing disease using this technology is exciting. “It’s the future — it’s one of the nanotechnologies that is incredibly powerful,” says Oppenheim.

Forays into proteomics and nanotechnology lift the possibilities of oral health research. Investigators have long since moved beyond caries and periodontitis to examining the fundamental biological processes affecting oral and general health. The implications of this research are no less than a sea change for dental medicine: a transformation in the way we diagnose and prevent disease.
ON A RECENT AUGUST MORNING—BEFORE THE HEAT AND HUMIDITY BECAME UNBEARABLE!—Dr. Raul Garcia, chair of the Department of Health Policy and Health Services Research, and Dr. Thomas Van Dyke, director of the Clinical Research Center and director of the Advanced Education Program in Periodontology, found a spot of shade in Talbot Green on the Medical Campus. They discussed how the practice of dentistry is changing from a surgical and mechanical model toward a medical and therapeutic focus.

Raul Garcia: Dental medicine clearly is a medical specialty. It is now known that mouth problems, including gum infections, can have important systemic consequences. And that’s one of the major areas of my department’s research interest and also of Tom’s—how oral infections, particularly periodontal disease, can be a risk factor and can affect systemic diseases like cardiovascular disease and diabetes. A related aspect is whether preventing periodontal diseases and early intervention of those periodontal infections can actually lead to improvements in general health and well being.

TVD: There are definite relationships between periodontal disease and a variety of systemic diseases, including cardiovascular diseases, most particularly diabetes. We’ve been studying diabetes for a while, and have shown that there’s a very definite relationship both ways: people with diabetes are more susceptible to having periodontal disease, and the control of their periodontal disease has a very direct effect on the control of their diabetes. Going back to the concept of medicine versus surgery, we are looking at a variety of new therapeutics and new compounds to control periodontal disease. We are at a position right now where the amount of periodontal surgery that’s done is remarkably less than it was 20 years ago. We’re using medicines to control the inflammation and eliminate the need for surgery.

RG: I teach the first-year Preventive Dentistry course to dental students who are in their very first week here at the school. And I try early on to talk about the links between oral conditions and general health, and give them an exposure where, for perhaps the first time, they can really appreciate how the basic sciences have direct relevance to their clinical years. Otherwise, many students have an image of dentistry as a profession that essentially fixes teeth. They may have an image of their own orthodontic treatment, and their understanding of the biology underpinning dentistry is really quite limited. And I think many of them resist the basic science in their first year because they don’t quite see the relevance. So I feel in some ways the connection between oral conditions and systemic health has given me a chance to make their education more relevant right from day one.

TVD: My role in the school is on the other end of the spectrum, where I’m dealing with postgraduate periodontology. So everyone I’m training is already a dentist, and they have had traditional dental education. What’s changed in our program is that while periodontics is a surgical specialty, and we of course spend an enormous amount of time teaching surgical techniques, we now also have to teach all of the medicine that goes behind that to make sure our residents are current and understand the new technologies. So it’s made the job a little more difficult than it used to be.

RG: Tom is actually one of the leaders in this area—one of the most prestigious awards that dentistry can give was awarded to Dr. Van Dyke last year by the American Dental Association, the
Dr. Thomas VanDyke (top left and right) talks with Dr. Raul Garcia (bottom left and right).
The commonwealth of Puerto Rico, a semi-autonomous U.S. territory since 1952, is a Caribbean island 110 miles long and 35 miles wide—about the same size as the state of Connecticut. Infused with significant Spanish influences (Puerto Rico was claimed for Spain by Christopher Columbus in 1493), the island boasts some of the most beautiful beaches in the world—and the only tropical rain forest within the U.S. national forest system. Life in Puerto Rico moves at a much slower pace than on the mainland. No one seems to be in a rush to do much of anything! The helpfulness and friendliness of the island’s inhabitants make visitors feel welcome. Impressions editor Christine McDonald and photographer Kent Dayton spent a week there connecting with some of our alumni who call Puerto Rico home.
Certainly one of the most conspicuous characteristics of Dr. Jimmarie Ramos Fernandez is that she is as striking in person as her picture portrays. Her enthusiasm and graciousness was quite palpable as she shared with us her love of and appreciation for the small northwestern town of Aquadilla, Puerto Rico, in which she practices and lives.

"It never crossed my mind to practice anywhere but here," she says. "My desire to move north and attend Boston University School of Dental Medicine was a bit of a familial struggle. My parents were very much against my moving to the states and away from my native Puerto Rico. I was accepted and ready to study at the University of Puerto Rico School of Dental Medicine when, after having completed a half semester undergraduate research internship at Brookhaven National Laboratories in New York, I somewhat clandestinely investigated other dental schools. I interviewed at BU and was granted a scholarship. At the time, attending dental school any other place than Puerto Rico was not an option financially. But BU did offered me the scholastic support I needed. And besides, I fell in love with the school and the city."

Jimmarie is one of only two full-time orthodontists in her native area, spanning three small yet densely populated towns in the northwest corner of Puerto Rico. Although her initial plan was to obtain her DDS and return to Aquadilla, she discovered during her studies a passion for orthodontics and desire to further her education.

"I excelled at orthodontics, finding a craft that satisfied me more than general dentistry. Although not part of my initial plan, I jumped at the chance to stay in Boston and continue my education."

While living in Boston for six years, Jimmarie managed to sustain a love affair with her high school sweetheart, to whom she is now married with two small children. "It was certainly a challenge. Cesar (her husband and a native of Aquadilla as well) was a few years older and already in graduate school in the states when I decided to move to Boston, which would mean another few years apart. We toyed with the idea of separating while I completed my studies but in the end it was something we never did. When you love someone and want that person in your life, you make the sacrifices necessary to allow each person to develop. In the end, we married in my second year of ortho training and returned to Aquadilla."

Jimmarie juggles a hectic five-day work week with two small children. Cesar Andres, three, and Estefania, one and a half. "Before I had children, I would work Saturdays, as I built my practice. But no more! My husband travels quite a bit for his work as well, and we are very fortunate to have both our families nearby to help us out."
We selected Rio Piedras for this photo shoot for its pure flavor, color, and energy. Rio Piedras is a neighborhood of greater metro San Juan where, it turns out, Dr. Jorge Melendez Velez grew up. Rio Piedras is also the area in which the University of Puerto Rico is located—bustling with students, markets, stores, schools, and shops. The market in which we photographed Jorge is the oldest and most popular outdoor market in San Juan.

"I grew up just over there, a few streets from where we are now," he notes. "When I was growing up here, this market was all we had—we had no supermercados like now. We bartered and bargained with the shop and cart owners for our weekly groceries," he says.

Puerto Ricans are inherently inquisitive people, and in the course of our photo shoot we drew quite a crowd. Many shouted at Jorge that he was headed to Hollywood next. "This just isn't the type of thing that happens a lot around here," he laughs.

Jorge returned to his native Puerto Rico immediately after finishing his training at BUSDM. "I was so honored to attend BUSDM. I was recruited and for me to go to the states and train, that was very prestigious. However, I always knew I'd return here to practice. There was, at the time, a great need for pediatric dentists—there were only two on the entire island when I began my practice.

"I trained with the best—Richard Allard, Spencer Frankl. They were pioneers. I spent time at the old Kennedy Hospital (now Franciscan Children's Hospital, a community partner of BUSDM) and learned the intricacies of treating children with special needs. Now, I practice one day a week at the children's hospital here in San Juan and teach the remainder of the week."

Jorge is a full professor at the University of Puerto Rico School of Dental Medicine in the Department of Pedodontics, where there are about 250 students in the DMD and postdoctoral programs. "Interestingly enough, we have more women than men in the DMD program, and my whole pedo program is women. There is still a great need for pediatric dentists here in Puerto Rico.

"What is so ironic is that I never planned on teaching. Initially, I was asked to come to the university and teach pedo and I was hesitant because I really had no teaching experience. So I took a few education courses and agreed to stay at the university for just five years. This year, I celebrate my thirtieth anniversary!"

Congratulations.
Mana and Robbert met at BUSDM. It seems their initial encounter is the result of a bet lost by another BUSDM alumnus, Omar El Banhawy PROS 83.

"It was in my second year of pros training," Robbert explains. "I was sitting in the lab with Omar one Saturday afternoon, and Maria had just started teaching at the school. She walked in and I said, 'Oh that's a real pretty girl' and Omar said, 'Yes, but she'll never go out with you.' So I said, 'Well, I'll bet you a six-pack of Heineken that I will take her to the next pros party.'"

"I was a cheap bet!" laughs Maria.

Robbert came to BUSDM in 1981 after completing his dental training in Holland. Maria chose to attend BUSDM immediately after completing her DMD at the University of Puerto Rico.

"I had already been to BUSDM and completed my training before I met Robbert," says Maria. "When I decided to go in 1976, it was unusual to pursue postdoc training immediately after completing dental school. I had very little clinical training and was the youngest in my class. It was a bit intimidating, but I was determined. I wanted endo—and there was no other place to go but to BUSDM to study with Dr. Schilder.

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Robbert Van Hartingsveldt
PROS 83 DMD 84

Manina (Maria) Zequeira
ENDO 78
"After my endo training, I came back to Puerto Rico to practice for a few years, and then decided to do something else. I was single, and I wanted to teach, not work full time. I inquired about returning to BUSDM to teach, and Dr. Schilder was very supportive and kind. So I returned to Boston and met Robbert," she says.

"I finished in 1984, and we stayed so we could both teach for a little while longer. Boston is very special to us—we were married there. We had the ceremony in our apartment," says Robbert.

"We married in Boston because it was halfway for my family and Robbert's, who were all in Holland. We originally wanted a small wedding, but there was a faculty meeting that weekend and everyone was in town, so we had a big dental school wedding. Everyone was there. Dean Frankl, Dr. Schilder, Dr. Sinibaldi, Celeste Kong—all our classmates and teachers. One of my classmates, Sal Vinci [ENDO 78] married us. He was a justice of the peace. It was a very memorable affair," she says.

Robbert and Maria chose to leave Boston in February 1986 and return to Puerto Rico to begin private practice. All of Maria's family was in Puerto Rico and her father, an endodontist, was in practice there as well. "Everyone told me, 'Oh, you will love the Caribbean—what a wonderful place to live and work," says Robbert. "But having been raised in Holland and trained in the Northeast, it was very different for me."

Robbert and Maria share a practice just southwest of Metro San Juan, in Guaynabo. "Our practice is very personal. Our patients have been with us for years and are very attached to us. We have been lucky," says Maria. "In fact, when I was on maternity leave, I suggested that my patients see my brother [Ramon Zequeira ENDO 87] but they chose to wait for me to return," she says.

"Our practice is our reputation. We consider ourselves very lucky to have such a thriving practice with devoted patients," adds Robbert.

The Van Hartingsveldt's live in the Condado section of San Juan with their 13-year-old daughter, Monique. The beach where we photographed them is essentially their backyard. We wrapped up our interview just as the sun began to set and a brief shower threatened.

"Afternoons like this—when we can look out and see the Caribbean, see the weather rolling in—are peaceful and reassuring," says Robbert. "Our life here is blessed."
Just northeast of the entrance to El Yunque, the Caribbean national forest, sits Dr. Stephen Frame's country home, called Hacienda El Retiro. It is here that Stephen feeds his passion for horses. He has raised and bred a specific breed, Paso fino, for the past 12 years.

“Ever since I can remember I have had an enormous enthusiasm and love of horses,” he says.

Stephen proudly introduces us to Camilla, his newest foal. At just six months old, she weighs close to 200 pounds and is very feisty.

“This breed, Paso fino, originally came here to North America in the 1400’s by way of the Spanish Conquistadors. They are bred for their stamina and unique gait, which is rhythmic, balanced, and synchronous front to rear. They are a very intelligent, gentle breed, but with a distinguishable spirit under the saddle,” he laughs.

Camilla had little interest in posing for our photo, so Stephen chose to pose with Franco, a seven-year-old male. Franco weighs in at close to 950 pounds and stands nine hands high. He was most dignified and obedient for his first professional photo shoot.

While Stephen and his family spend almost every weekend at Hacienda El Retiro, weekdays are spent in San Juan, where he is one of only 28 endodontists in Puerto Rico. “Towards the end of my endo training, I realized that I loved going to work everyday. Dr. Schilder taught us to be 100% involved, for our patients, our craft, and our science, and that means having fun and feeling fulfilled with your work.”

Stephen is a devoted and active alumnus, even hosting the 1994 BU Endodontic Alumni Society meeting in Puerto Rico. “Everyone came—it was great fun. BU is a part of me, part of my family. I owe my success to my training there—to Dr. Schilder and Dean Frankl. We were expertly trained, and now, when I travel and come across a fellow alum, whether from my year or years before me, there is a camaraderie, a fellowship.”

Stephen graciously treated us to a scenic horseback ride through la falda, or the skirt of El Yunque. We rode paths that stretched toward the peak of the 3,500 foot mountain, with more than 240 types of trees and 200 inches of rainfall annually. Naturally, we got caught in one of those famous tropical downpours.

“You’ve got to love the rain forest— it’s so cleansing. Here I come to wash away the stresses of the week. It is my respite, my paradise.”

Puerto Rican paradise indeed.
Growing up on a farm in rural Utuado, Puerto Rico, Dr. Sergio Tejedor Leon's life was simple and predictable. His family grew coffee, and he worked the farm and attended school.

"It sounds a bit scripted—but the day the mobile dental clinic arrived, my fate was sealed," he says. "To see this large truck pull into our schoolyard with the important doctors and hygienists, and all the shiny equipment—I was fascinated."

Within a few years of that fateful encounter, Sergio was on his way to dental school at the University of Puerto Rico. "UPR Dental was a great experience for me, as I could stay close to my family and still pursue and study what I loved."

After completing his undergrad, Sergio stayed at the university and taught for three years. "I would teach during the day and practice in the afternoon and evening. It was hectic, but it taught me great discipline."

"While I was teaching there, the head of the periodontics department (BUSDMD graduate Jose Prieto PERIO70) recommended I go to BU for an advanced degree. I was very nervous—I was not sure I was prepared enough for graduate school, but how could I turn down such an opportunity? So I went, and it was the best thing I could have done. Dr. Goldman was still teaching, and Morris Ruben was there. They were my mentors. I was learning from the pioneers of the field.

"We loved Boston—we had our first daughter, Vivian, with us while we were up there. But eventually, we knew we'd return to Puerto Rico. Our family is here, and that was very important to us. And I also felt really compelled to bring back to the Puerto Rican dental community the expert training I received at BU."

Sergio’s family farm is still very much a part of his life. His father left the farm to Sergio after his death, and to honor his father, Sergio still grows coffee. His real passion, however, is heliconias. The heliconia is a tropical decorative plant indigenous to the Amazon and Columbia, with more than eight different varieties.

"To grow them and preserve them is a labor of love, and something my wife and I enjoy tremendously. They are breathtakingly beautiful and unlike anything I have seen around the world. I have workers who help me with the plant care and harvest, and I get out to the farm about twice a month. It is a respite for me."

So will Sergio retire from dental medicine to become a full-time heliconia horticulturist?

"Oh, that is a dream, sure—but retirement is a few years away from now. I still so enjoy what I do, and relish in the knowledge that I have a busy and active retirement to look forward to, when the time is right."
WE ARE PLEASED TO ANNOUNCE the establishment of the Spencer N. Franklin Chair in Dental Medicine, created in recognition of and in tribute to Dr. Spencer Franklin’s tireless efforts and unparalleled success as BUSDM professor and dean. The following are donors who have made a commitment to helping us fulfill this legacy, and to whom we offer our heartfelt appreciation. We gratefully acknowledge the leadership and dedication of our esteemed Board of Visitors as they have led our efforts to fund this important initiative. We invite you to join us by contacting Ivy Nagahiro, development officer at 617 638-4735 or nagahirChu.edu.

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These lists are current as of August 25, 2003. Every effort has been made to ensure their accuracy. We thank you for calling us at 617-658-4735 with any corrections.
BUSDM Opens Clinic in Chelsea School

In partnership with the Chelsea Public Schools, the East Boston Neighborhood Health Center, and Massachusetts Public Health officials, BUSDM has opened the first permanent, school-based dental clinic in the Chelsea Public Schools.

The clinic, which opened May 6 and is located in the Williams School, has two dental chairs. Dr. Michelle Henshaw, director of Community Health Programs, expects the new clinic to provide 2,000 children annually with an initial exam, radiographs, and preventive services. Of these, approximately 500 will receive sealants and 400 will receive restorative treatment.

"Significant studies point to a clear correlation between good oral health and academic achievement," says Henshaw. "If children suffer from oral health-related problems, they may not eat properly and certainly will not be able to absorb academic material and learn to the best of their abilities."

In addition to providing care, the clinic will aid in the integration of oral health education and promotion aimed at students, parents, teachers and other non-dental health professionals. It will also help researchers evaluate and eliminate barriers to care.

"The establishment of this clinic is another step in Boston University's commitment to improving the health and well-being of the children of Chelsea, and is another component in the University's dedication to the Boston University- Chelsea School partnership, established in 1989," says Dean Spencer N. Frank. "We look forward to enhancing access to comprehensive dental care and reducing the incidence of dental caries in children from underserved communities."

P&G Technology Transfer Donation

This spring Procter & Gamble donated novel oral care technology to BUSDM. Commonly referred to as H2 Antagonist Technology, this P&G innovation has shown potential in preclinical and clinical studies to safely treat and prevent gingivitis and periodontitis. If further developed and commercialized by BUSDM, H2 Antagonist Technology could provide significant oral health benefits to the millions of people around the world who suffer from gingivitis and periodontitis.

"With its widely respected reputation for periodontal research, the Boston University School of Dental Medicine has the skills, staff and resources necessary to continue the development of H2 Antagonist Technology," said Scott Whalen, director, technology division, oral and personal health care at P&G. "With a little more research and FDA approval, this important discovery may one day play an important role in protecting the oral health of millions of consumers."

Because P&G is currently focusing its oral care research in other areas, the company hired an outside consultant to identify the most qualified institution to further develop and commercialize H2 Antagonist Technology. BUSDM was selected because of its proven track record in creating companies to develop new technologies in dentistry. In addition, Dr. Thomas Van Dyke, who will lead the further development of the donated technology at BUSDM, is an internationally recognized leader in periodontology and clinical trials for oral therapeutics. As sole new owner of the technology, Boston University will benefit from all future revenues if H2 Antagonist Technology is successfully commercialized.
General Dentistry Treatment Center Opens

BUSDM has transformed the former sixth-floor preclinical laboratories into a state-of-the-art patient care facility. The new clinic, which opened in October 2003, contains 24 chairs where, in addition to the 48 existing chairs located in the school’s fifth-floor clinic, third- and fourth-year predoctoral students see patients. This total of 72 dedicated predoctoral operatories represents an increase of clinical availability for the school’s predoctoral program. In addition, a patient reception area, central sterilization facilities, and auxiliary laboratories were included in the renovation.

According to Stephen DuLong DMD 75, PROS 78, associate dean for clinical services, the new facility uses the latest ideas in dental school clinical architecture. From an open floor plan that maximizes chairspace to sophisticated visual and sound privacy design, the clinic provides patients, students, and faculty with a comfortable and modern setting for oral health care.

Says DuLong, "We wanted to make the best possible use of this newly available space at 100 East Newton Street. Dean Frank was clear from the beginning that our mission of providing excellent education to dental professionals demanded that we enhance existing predoctoral clinical opportunities. I believe that with the addition of this modern and well-designed clinic we will meet this goal."

The opening of the Simulation Learning Center in 2000 gave BUSDM the opportunity to remake the sixth floor into a new clinic area.

New General Dentistry Treatment Center
L-R: Dean and Medical Center Provost Aram Chobanian; University Provost Dennis Berkey; Dean Spencer Frank; Board Chairman and BU Trustee Marshall Sloane; Associate Dean of Clinical Affairs Stephen DuLong; and Facilities Manager Andrew Burke cut the ceremonial ribbon to open BUSDM's newest clinic. The 8000 square feet of newly renovated space provides 24 additional chairs for patient care.

GROWTH OF RESEARCH FUNDING AT BUSDM

Our five principal centers for research growth include:
1. Department of Periodontology and Oral Biology
2. Clinical Research Center
3. Department of Molecular and Cell Biology
4. Department of Health Policy and Health Services Research
5. Department of Restorative Sciences/Biomaterials
Thoughts from your Alumni Association President  
MADELINE APFEL | DMD 80

It is with great enthusiasm and affection that I assume the presidency of the BUSDM Alumni Association.

As a graduate of the College of Liberal Arts (1975) and the School of Dental Medicine (1980), I have always felt a tremendous loyalty and attachment toward Boston University.

I would like to thank our immediate past president, Josephine Pandolfo DMD 79, PERIO 82, who has done a wonderful job promoting the school and planning the future direction of the association. In addition, I extend a warm thank you to outgoing board members for their time and hard work. We are in the process of selecting new board members, so if you are interested in becoming more active in your alumni association—and I hope you are!—please contact your alumni officer, Stacey McNamee, at 617.638.4778 or smcnamee@bu.edu. I invite you all to participate in your school—take a continuing education class, come to Alumni Weekend, attend an alumni event, or make a donation.

During the next three years, I hope to get to know many more alumni. Mark your calendars for May 14-16, Alumni Weekend 2004, when you can see old friends and meet new ones from BUSDM. I look forward to greeting many of you personally during the May festivities.

Sincerely,

MADELINE APFEL | DMD 80

Madeline Apfel practices dentistry and lives in the Gramercy Park neighborhood of Manhattan. She has been a member of the school's alumni board for 10 years.

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nominations for alumni board members...

The BUSDM Alumni Board is soliciting nominations for board members. Are you interested? Do you know someone who may be interested? Please email your alumni officer, Stacey McNamee, at smcnamee@bu.edu. All graduates from the school of dental medicine are eligible.

Help our alumni with this unique opportunity to assist with all projects related to student life, development and alumni relations. Alumni board members are expected to attend a minimum of three meetings per year. Please email soon! Deadline December 15, 2003.
Roy L. Eskow PERIO 76, was named one of the top four periodontists in the Washington DC area by Washingtonian Magazine. Dr. Eskow maintains private practices in both Bethesda, Maryland, and downtown Washington, DC. In addition to being involved in numerous dental organizations, he is currently Vice President of the University of Maryland Dental School Alumni Association. Roy and his wife, Julie, live in Potomac, Maryland with their three children.

Colonel Oscar S. DePriest DMD 79, has been promoted to Brigadier General, United States Army. A 1999 graduate of the United States War College, General DePriest was the first Army Dental Officer to be board selected for Command Combat Support Hospital. He maintains a practice in Bedford, MA, where he resides with his wife and two children.

Why not share your achievements, additions, and changes? Send your information to Stacey McNamee, Alumni Officer, smcnamee@hu.edu, 617 638-4778 or fill us in online: www.dentalschool.bu.edu alumni

1980's

Carlo Castellucci ENDO 83 DMD 85 has been elected President of the Hong Kong Endodontic Society, 2003/2004. He welcomes guest speakers, and can be reached at carlocastellucci@yahoo.com

1970's

1990's

Kirk A. Kalogiannis DMD 91 AEGD 92, writes that he passed the Oral Examination to become Board Certified by the American Board of General Dentistry. The exam was held in Honolulu, Hawaii during the AGD's annual meeting. "The exam was extremely challenging and even though I had been preparing for the last 7 years, I believe that I owe some of my success to the excellent education I received from the BU DMD and AEGD education." Kirk maintains a private practice in New Jersey and is a clinical professor at New York University. A trained forensic dentist, he volunteered with NYC's Chief Medical Examiners Office during the WTC disaster. He is available at kirkakalos@aol.com.

Daniel B. Feit PROS 96 has relocated his office in Tenafly, NJ to a larger state-of-the-art facility. Dr. Feit lives with his wife Diane, a cosmetic dentist, in Tenafly, NJ with their three children, Jacob, Elijah, and Gillian. Old friends are invited to contact Daniel via e-mail D2Feit@cs.com

Jeffrey Bang DMD 98 reports that his new practice is thriving—he has located to Staunton, VA. "We are keeping very busy—any dentist should consider moving south! We are actually in an underserved area—we need more dentists!"
Faculty, staff, students, alumni and friends gathered at Marriott Long Wharf Hotel for the annual BUSOM Alumni Weekend Gala, which concluded the year-long celebration of the school's 40th anniversary and Dean Spencer Frankl's 25 years of leadership.
25th Reunioners

L-R: Stephen DuLong DMD 75, PROS 78; Marshall Baldassare DMD 78; Gordon Honig DMD 78, ORTHO 80; Dean Spencer Franki; Marilyn Steinert DMD 78; Joan Forrest DMD 78.

BUSDM Drs. Jean Emerling and Debra Pan DMD 01, flank Richard Short DMD 82 and Ronni Schnell DMD 81 at the grand opening of The Classic Smile, Drs. Short and Schnell's new practice.

Josephine Pandolfo DMD 79, PERIO 82 and Spire Saati DMD 80.
BUSDM Awarded Largest HIV/AIDS Care Grant Among Nation’s Dental Schools

BUSDM has received the largest HIV/AIDS care grant awarded by the Health Resources and Services Administration (HRSA).

The grant, totaling more than $687,000 will help BUSDM cover the costs of providing oral health services for Americans living with HIV/AIDS.

"For several consecutive years now we have received the largest grant among dental schools, demonstrating our unyielding commitment to serving all in our community, and particularly our community members living with HIV/AIDS," said Dean Frankl. "We are extremely pleased to receive this funding and continue our work of advocacy and care for our patients living with HIV. This award attests to the value of our program and the steadfast dedication of our providers and staff who manage the program," he added.

Since the CARE Act was first funded in fiscal year 1991, $1.6 billion has been awarded in grants to provide needed health care and associated services for people living with HIV/AIDS. This year, the Health Resources and Services Administration awarded 64 grants totaling $9.8 million to help dental education programs cover the costs of providing oral health services for Americans living with HIV/AIDS.

School Receives $1.35 Million for Minority Recruitment, Universal Oral Health Care

BUSDM has been awarded a grant of $1.35 million over five years from the Robert Wood Johnson Foundation. The award will help the school strengthen its already significant community mission by establishing the New England Dental Access Project (NEDAP), which will 1) enlarge community-based education programs at BUSDM that provide care to underserved populations throughout New England and 2) develop, implement, and evaluate programs to increase recruitment and retention of underrepresented minority and low-income students.

A crucial element to increasing the scope of BUSDM’s community mission includes educating students about the unique needs of underserved populations. Thus the NEDAP grant will allow the school to increase, over a five-year period, its existing community-based clinical education program from 30 to 60 days. In addition, the school plans to double the number of externships that take place in underserved communities, enabling more students to work directly with these populations.

Furthermore, the school will develop and implement a cultural competency curriculum that will prepare students to treat patients of diverse social, cultural, and economic backgrounds.

"Existing courses will be modified and new courses developed with a focus on cultural competence and practicing the public health model," says Dean Spencer N. Frankl. "We want to help students identify and address the dental care needs of underserved communities."

Michelle Henshaw, director of community health programs at BUSDM, notes that "NEDAP will train students to provide culturally appropriate care. Students will learn how best to provide dental care to the underserved in a private practice setting, health centers, and other institutional settings, and how to create community-based prevention programs to reduce dental diseases in vulnerable populations."
My relationship with the dental school began back when Spencer Frankl was caring for my young children. In 1980, Spencer asked me to help him build a board of visitors for the school, and I thought, “What do I know about dental medicine and research? I’m a banker!” But it was a challenge for me and one I am thankful I accepted. I learned that my business acumen could transcend disciplines, and that I could help the dental school prepare future dentists for the business of dental medicine—something many young professionals are not properly equipped to deal with after graduation. Our initiative to educate dentists with business savvy helped eventually spawn the APEX program.

The banking industry twenty years ago is a primitive memory compared to what it is today—there were no ATMs, day traders or online banking. And so it is for dental medicine, which has grown by leaps and bounds from the days of filling cavities, straightening teeth and molding dentures. Today, dentists are diagnosing diseases by symptoms presented in the oral cavity, engineering bone and tissue for oral reconstruction and identifying the genes associated with diseases such as ulcerative colitis and rheumatoid arthritis.

I am amazed at the growth of the school I have witnessed over the past two decades, but most importantly I am honored to have been a part of the renowned success of such a fine institution. It is no surprise to me that BUSDM continues to secure the most prestigious grants and clinical trials, while recruiting the top researchers, leaders and professors in dental education and research. Spencer and his team at BUSDM are always looking for new directions and opportunities to improve upon an already enviable model of success.

Marshall Sloane, SMC. 49, is Founder, Chairman and CEO of Century Bank and Trust. He is a trustee of Boston University and the Chairman of the BUSDM Board of Visitors. He and his wife Barbara are the benefactors of the Sloane House at Boston University.