



american association of
endodontists

2017-2018 Annual Report

Fellow colleagues,

It has been an honor and a privilege to serve as the 75th president of the American Association of Endodontists. The past year has been a very busy one filled with both challenges that were faced and accomplishments that were achieved. Through it all, as an organization we remained steadfast in our beliefs and rock solid in the foundational principles of our association.

Seventy-five years. When the idea of establishing this organization came to fruition in 1943, four formal objectives were laid down for the future of this group: 1) To promote an interchange of ideas on methods of pulp conservation and root canal therapy (educating ourselves), 2) To stimulate endodontic research, 3) To establish local root canal study clubs (educating our GP colleagues) and 4) To maintain a high standard of root canal practice (serving the public). Seventy-five years later, each of these early tenets remain pillars of our strategic plan. In the Fall of 2016, the AAE Board of Directors crafted an updated strategic plan for the AAE and our members. During the course of the past year we saw the wheels to this plan put into motion with three strategic goals being addressed.

The first strategic goal was set as: “The public will value saving their natural teeth and seek endodontists for their root canal care.” Throughout the past 75 years, the AAE has made many efforts aimed at educating the public about who endodontists are and what we do. I appointed a Special Committee on Media Campaign Discovery to revisit the history of our past campaigns and to look forward to how we might refocus these efforts. A consulting firm was utilized and the groundwork was discussed and reviewed for a new Consumer Engagement Initiative to be launched around January of 2019. A more targeted audience has been identified for this initiative and social media will be utilized as a prominent conduit for disseminating this information. The AAE website also underwent a major redesign in 2017 with some significant enhancements to the patient portal side resulting in an increase of patient visits to this website seeking information on root canal therapy.

The second strategic goal, “The dental profession will value endodontists as partners with advanced expertise in providing endodontic patient care”, received significant work over the past year. Two White Papers, one on Endodontic Competency – Diagnosis, Treatment Planning and Prognosis and one on Treatment Standards were developed by a special committee and subsequently approved by the Board of Directors. A new AAE position paper on “Maxillary Sinusitis of Endodontic Origin” was crafted by another special committee and it too was approved by the Board of Directors. Immediately following AAE18 in Denver, AAE leadership met with the Dental Directors of several insurance reimbursement plans and using these new documents carefully laid out the necessity for establishing and supporting a single standard of care for endodontic treatment performed by all providers. These directors praised the merits and content of these papers and acknowledged that documents such as these would be valuable in their future decisions on reimbursement plans. In addition to these new papers, early efforts on planning an outcomes consensus conference were also initiated over the past year.

The third strategic goal, “The AAE and its members will be recognized as global leaders in advocating the value and quality of endodontics”, focused on both enhancing our membership development while continuing our global outreach. A recurring theme over the course of several membership surveys in recent years revolved around the cost of membership dues. In response to this concern, the idea of removing the requirement to be an ADA member in order to be an AAE member was discussed and debated at both the committee level and the Board level. This was subsequently presented to the general membership to be voted on at the general assembly in Denver and following some passionate discussions a change was approved by the membership. This change resulted with initial membership applications to the AAE requiring current ADA membership, but this requirement was removed for subsequent membership renewals. While ADA membership is no longer a requirement for continued AAE membership, ADA membership will continue to be encouraged to maintain a positive working relationship with our ADA member colleagues.

Dental specialty advertising, specialty recognition, CODA terminology changes and corporate relationships all came to the forefront in political, educational, social and economic arenas and AAE leadership and staff were there representing our members and our specialty to help protect and enforce the distinction of just how a specialist provider can and will greatly serve the general public.

The real highlight for me over the past year was having the opportunity to meet and visit with AAE members from all over the country. Trips to Michigan, Illinois, Texas, Tennessee, Massachusetts, Connecticut, New Jersey, Oregon and Washington among other places allowed me to talk with long term retired AAE members, resident members and those members currently in practice. I found an abundance of passionate individuals with varying experiences all dedicated to our profession of endodontics.

One of the greatest strengths of this association is the diversity of our membership, but at times this diversity has also caused internal conflict. We must maintain a broad perspective and remember, as I mentioned in a previous President's Message – "What you see depends not only on what you look at, but also where you look from." We are an association built on four solid core values: Integrity, Leadership, Knowledge and Collegiality. We have 75 years of history and with this we need our enthusiastic young members of today to be visionary, creative and optimistic to build upon the foundation that has been established. Challenges will continue to face our profession head on and the world around us will continue to change in ways we cannot control. However, as an organization and as individual members, we need to stay committed to our identity and to our purpose, but we will also need to remain flexible in our approach and actions moving forward.

Thank you again for allowing me the opportunity to serve as your president for this great association. The rewards were numerous and fulfilling — those being the great friendships and professional relationships that I developed over the past year. I wish you all the very best as our specialty forges forward into the future.



Sincerely,

A handwritten signature in blue ink that reads "Garry L. Myers". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Garry L. Myers, D.D.S.
2017-2018 AAE President



What's New This Year?

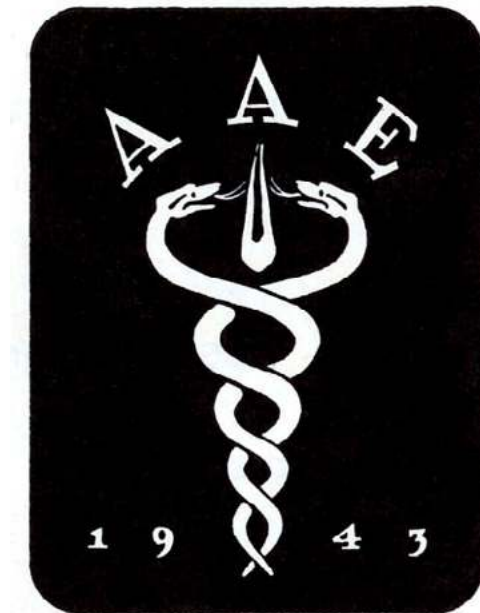
75 Years of Saving Teeth

This year marked the 75th anniversary of the AAE, founded in 1943 as the American Root Therapy Association. We released an [anniversary video](#) to showcase the important milestones in the organization's history and encouraged members to visit the AAE's history page to share memories of the Association.

Life member Dr. Ronald O. Segall of North Carolina wrote, "I remember joining the AAE in my first year of residency in 1975. I also remember the camaraderie that existed and the ability to ask perplexing questions of the grandfathers of our profession. I remember sitting with I.B. Bender and discussing with him one of my patients with the patient's X-rays. I. B. diagnosed the problem almost immediately and I was able to confirm the diagnosis against the opposition of the patient's physician and help the patient and his family in the process."

Celebrating 75 YEARS

american association of
endodontists



New Website

While we celebrated the past, we were also firmly focused on the future in 2017-2018 as we unveiled a sleek, modern, user-friendly new website in December 2017, designed to give all audiences an enhanced experience. Within the first few months of launch, the redesigned aae.org won Gold-level Hermes and AVA Digital awards.

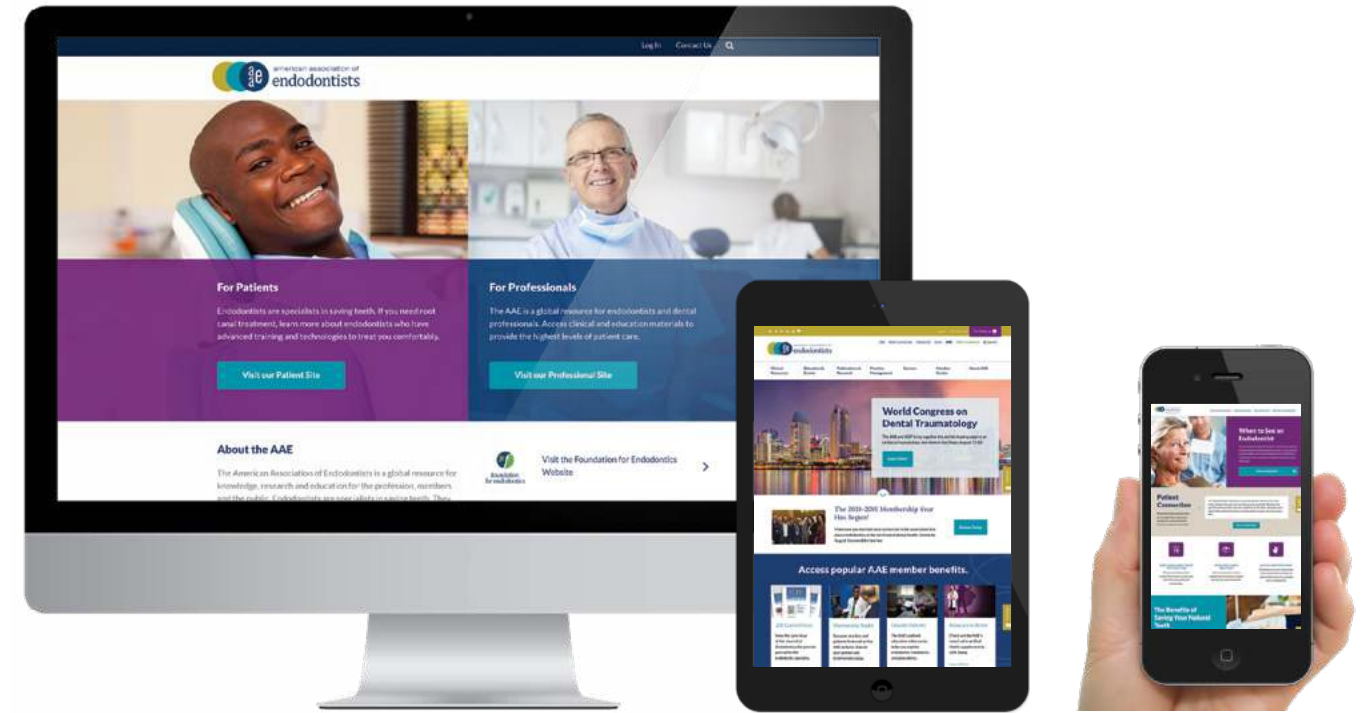
The new aae.org is dedicated to the important work and distinct needs of members, dental professionals and patients.

The new **professional-facing site** allows dental professionals to access numerous clinical tools, such as guidelines and position statements. The popular *ENDODONTICS: Colleagues for Excellence* newsletter is available to provide trusted, credible resources for the dental profession.

The new **patient-focused site** is dedicated to educating the public about endodontics and the value of saving teeth and the natural dentition. The site was designed with the modern, mobile-empowered individual conducting his or her own health care research in mind. Featuring the **Find an Endodontist** search tool on every page, as well as valuable new content, including an array of **patient education articles** and success stories, user-friendliness was at the heart of this launch.

The Foundation and ABE websites also underwent redesigns.

In just the first three months following launch, the new aae.org enjoyed a total of **126,507** sessions; **107,785** users; **102,898** new users and **208,950** page views.



Endo on Demand

Another nod to our firm focus on the future was the launch a new online learning platform offering 24/7 access to more than 500 hours of CE from AAE annual meetings and other education events.

Endo On Demand offers endodontists and other dental professionals access to the best in specialty education anytime. Featuring the most sought-after thought leaders in endodontics, the platform offers a superior learning experience in a unique and user-friendly format. Subscribers benefit from access to AAE's extensive library of content as well as the ability to earn CE credit online. It is truly a game-changer for endodontic education.



Strategic Plan Update

Our firm focus on the future would not be possible with our three-year Strategic Plan guiding the way. The AAE has made impressive progress in this first full year of its strategic plan. The Board dedicated a significant portion of its 2018 meeting to assessing those strategic goals:

1 Value in Retaining Natural Teeth

The public will value saving their natural teeth and seek endodontists—the specialists in saving teeth—for their care.

- The Board approved moving forward with a consumer engagement initiative, to launch at the end of 2018.
- Additional initiatives during the course of the last year that support this goal included the site redesigns, enhancement of the **Find an Endodontist** online search tool and activities relating to Root Canal Awareness Week.

2 Partners in Patient Care

The dental profession will value endodontists as partners with advanced expertise in providing patient care.

- The Board approved two white papers geared towards establishing and supporting a single standard of endodontic care:
Endodontic Competency – Diagnosis, Treatment Planning and Prognosis Treatment Standards
- The Board reviewed and approved several revised or new guidelines and position statements:
Endodontic Implications of Bisphosphonate-Associated Osteonecrosis of the Jaw
Scope of Practice: Regenerative Endodontics Statement
Maxillary Sinusitis of Endodontic Origin



3 Global Leaders

AAE and its members will be recognized as the global leaders in advocating the value and quality of endodontics.

- The AAE will be launching a survey geared towards identifying the unique needs of international members; these results will help to inform a global member development plan. Additionally, a plan to target domestic recruitment and retention is in development.
- In the coming year, the AAE will be promoting the science of endodontics by partnering with the ABE to promote Board certification, and by hosting joint conferences with international organizations, such as WCDT 2018.

Consumer Engagement Initiative

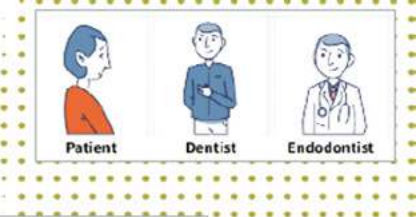
Deciding to proceed with a consumer engagement initiative is a big milestone to celebrate for 2017-2018, and one of the best indicators of the AAE’s future-focused mindset.

Approval of this initiative sets the stage for moving the needle in a significant direction for the public’s understanding of just who is an endodontist.

This consumer engagement initiative is expected to launch by the end of the calendar year 2018.

With a more targeted demographic of the general public, and with the involvement of our members throughout the process, this endeavor promises to be immensely impactful.

PRIMARY TARGET: The Informed Patient



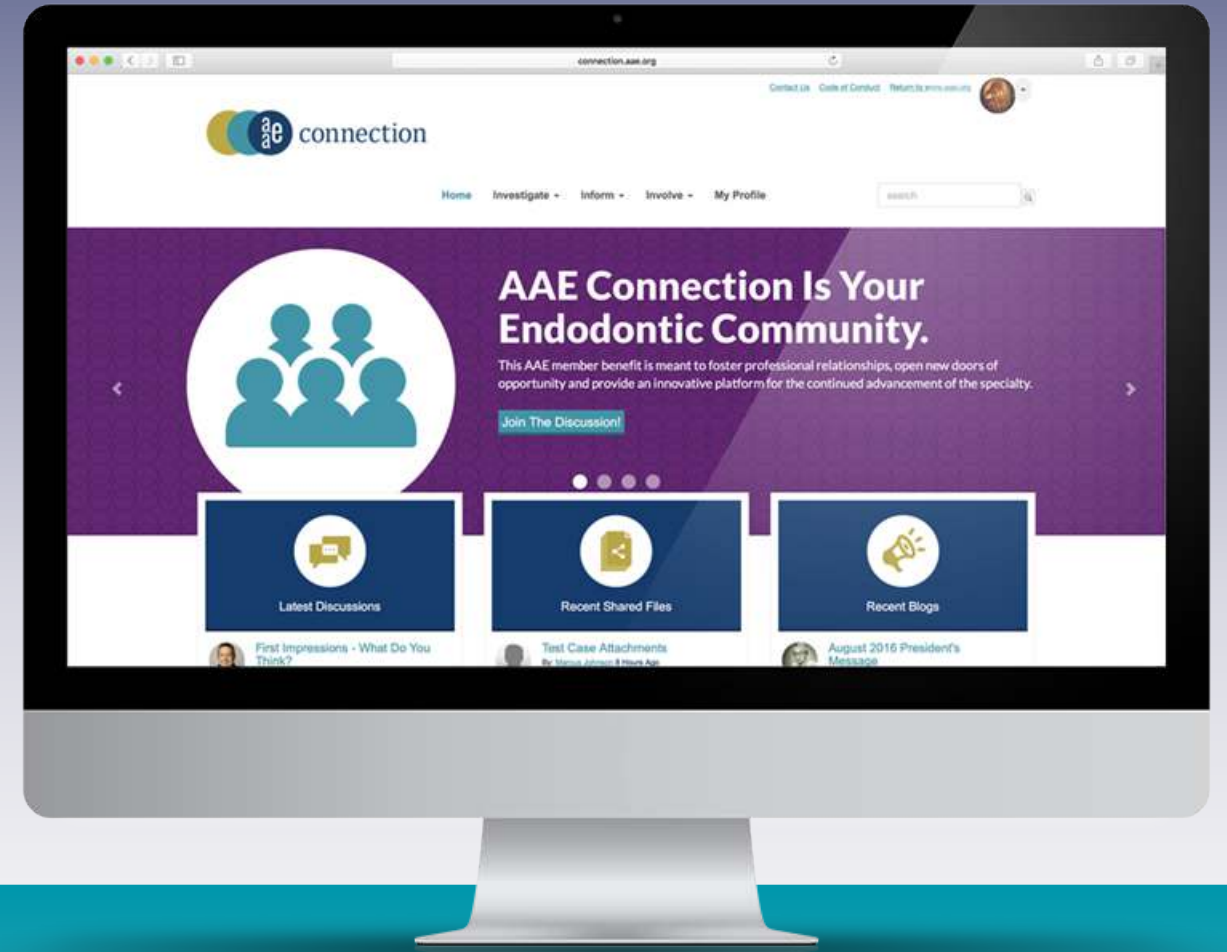
A Strong Connection

AAE Connection is one of the most powerful benefits in AAE history. Launched in February 2017, this exclusive, members-only platform thrives on member involvement, shared case studies and global collaboration. Members responded enthusiastically and at times with moxie to the new community, helping it exceed key benchmarks and expectations for member engagement and collaboration.

Here is a look at some activity for 2017-2018:

Connection at a Glance

Total Discussion Forum Members	8,179
Total Logins	34,937
Friend Requests	736
Blog Activity	686
Discussion Activity (new threads, replies to discussion, replies to sender, recommends)	8,202
Library Activity (uploads)	1,735
Library Activity (entries and views)	3,585
Total Actions	58,241





Membership

The AAE strives to be a resource for endodontists around the world. Our membership reflects this goal with strong international representation in six continents and 74 countries. Membership continues to grow and has built upon the success of the past few years.

Membership at a Glance

Total membership for 2017-2018 was 8,022, with representation in 74 different countries.

- Membership increased in Active 1st and 2nd, Educator, International 2nd Year, Life and Resident categories.
- 828 new members joined the AAE.
- The AAE held onto its market share of 84 percent of endodontists in the U.S.
- International membership makes up 7 percent of AAE membership.



Bylaws Change

At the General Assembly, members approved a change to the Association’s bylaws, eliminating a requirement that members maintain membership in the ADA or the national equivalent after they have joined the AAE.

New AAE members must be ADA members upon joining the AAE, but do not have to retain their ADA membership after the first year.





Education and Events

The AAE provides high-quality educational offerings, and our in-person meetings are top notch.

Insight Track: Diagnosis and Decision Making in Isle of Palms, South Carolina

Almost 200 AAE members, guests and corporate supporters attended the AAE's Insight Track meeting at the Wild Dunes Resort in Isle of the Palms, South Carolina, November 9-11, 2017. Attendees put their sleuthing skills to the test and uncovered new tools designed to help them adapt to the changing dental healthcare landscape. The end result? Fresh perspectives on diagnosing and treating patients that can be put into practice immediately.

Achieving the perfect balance of networking, education and relaxation, this meeting formed a memorable experience that only a live meeting can offer.



Insight Track: Surgery Workshop

The knowledge gleaned inside the walls of the ARIA Resort February 9-10, 2018, will take the 100 practitioners who attended Insight Track: Surgery Workshop far in their endodontic careers.

This unique Surgery Workshop drilled down into all aspects of endodontic microsurgery, providing attendees insight into current technologies, materials and techniques.

Speakers included Drs. Meetu R. Kohli, Enrique M. Merino, Frank C. Setzer and Peter Z. Tawil. Workshop participants and their guests also enjoyed vacation activities and world-class entertainment available on the Las Vegas Strip.



Annual Meeting

More than 4,000 members, guests and exhibitors attended the American Association of Endodontists' Annual Meeting in Denver April 25-28. Endodontists debated hot topics in the specialty, including the future of canal irrigation using multi-sonic techniques and advanced nanoparticles, surgical versus nonsurgical retreatment, and defining treatment outcomes. More than 100 other educational courses addressed a wide range of endodontic topics including regeneration, pain management, standard of practice and practice management.

The meeting also included the installation of new leadership for the Boards of the **AAE**, **Foundation for Endodontics** and **American Board of Endodontics**, the largest endodontic exhibit hall and several special events. A record 108 new Diplomates of the American Board of Endodontics were recognized for their achievements.

AAE18 also recognized the winners of the AAE's **most prestigious honors and awards**, acknowledging several endodontists and other dental professionals for their commitment to the specialty.



Residents Learn and Network

2017 marked the 14th year of APICES. The program, founded in 2004 by two post-graduate students looking for a unique educational and social experience for endodontic residents, has become a “sell-out” event year after year. APICES is completely free to residents, providing registration, lodging and meals, as well as a travel stipend to offset the financial burden of attending. These gracious offerings are available because of the support provided by a variety of corporate sponsors.

In order to expand the capacity of attendance to 300 residents, the AAE spent several months determining the best ways to increase the capacity, including a move to a larger city/venue, higher sponsorship goals and greater support from sponsors.

Thanks to these considerations, 300 residents were able to attend 2017’s APICES — 100 more than were able to attend in the past! The AAE’s Resident and New Practitioner Committee is working to continually address the issue of attendance capacity in the future.



Educator Workshop for Department Chairs

The AAE hosted 49 program directors during the 2017 Educator Workshop, “Steps Toward Developing a Stronger Graduate Program.” The workshop was moderated by Educational Affairs Committee Chair Dr. Craig S. Hirschberg.

In addition to the joint session with corporate supporters, program directors attended presentations on resident research, ADAT application dates, best practices in alumni relations and philanthropy, mentoring efforts for the ABE exam, and marketing. The workshop concluded with an open discussion about standardized dates for the admission process and online endodontic CE certificate programs.





Outreach and Advocacy

The AAE is the voice of its members in advocating single standard of endodontic care, enhancing understanding of the clinical complexities of the specialty and emphasizing the importance of treatment planning and referral to an endodontist. Through this advocacy and outreach to stakeholders, we raise the profile of the specialty and promote the expertise of AAE members.

Making Headlines!

The AAE was featured in an Oral Health supplement to USA Today!

- 750,000 readers reached with print ad
- Distribution at the annual meetings of the ADA, AAPD, AAOM, AAP and AGD
- Another 2 million readers reached in online supplement



ENDODONTISTS ARE THE SUPERHEROES OF SAVING TEETH!

Find an Endodontist

For more information or to find an endodontist near you, visit aae.org/patients.

ENDODONTISTS ARE THE SUPERHEROES OF SAVING TEETH!

Endodontists' advanced training, specialized techniques and superior technologies mean you get the highest quality care with the best result — **SAVING YOUR NATURAL TEETH!**

For more information or to find an endodontist near you, visit aae.org/patients.

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Oral Health

One extraordinary surgical team uses new technology to give injured veteran **Sgt. Lee McNeil** his long-awaited smile back.

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Government

In the federal arena this membership year, the AAE stood with the ADA and dental specialties in advancing dentistry, including supporting student loan reform, non-covered services, oral health education and dental disease prevention, and repeal of the antitrust exemption for health insurers. We encourage all AAE members to be part of the solution by participating in the ADA's **Legislative Action Network**.

The AAE continued to encourage members to support ADPAC, which funds Congressional candidates who support the growth and future of dentistry. The AAE has a voting seat on the ADPAC board and was well represented at the 2018 ADA Dentist and Student Lobby Day.

The AAE also stands ready to assist AAE affiliates with outreach and advocacy needs in their states, and we encourage members to be active on dental issues with their state dental associations to ensure that endodontists have their voices heard at all levels of government.



Dental Benefit Plans

A meeting with dental directors from the major dental benefit plans took place in Scottsdale, Arizona, on May 1, 2018. This meeting is a key component of AAE stakeholder advocacy and outreach.

The AAE meets with the dental directors of insurers to present an update on the current state of endodontics and to advocate for our members and patients on areas of concern related to insurers and endodontic coding.

This year, Dr. Garry L. Myers' presentation, "Endodontics: One Standard of Care ... Realistic Objective? Or Merely a Pipe Dream?", was well received.

He reinforced the importance of all endodontic procedures being held to the standard of the endodontist, and that there should not be a lower standard for a procedure performed by a non-specialist.

The dental directors were especially interested in using the AAE's newest white papers as a measure for the standard for endodontic care by their providers. They agreed that the papers and related resources could be used as a way to hold their providers accountable to the AAE's standard for endodontic care.



Professional Relations to General Dentists

The AAE champions endodontists across the entire dental profession. The Association and its members are a voice for the specialty on ADA councils and committees, relationships with other specialty groups, and through ongoing communications around standard of care, treatment planning and referral.

By participating in ADA committees, exhibiting at national dental meetings and distributing the popular *ENDODONTICS: Colleagues for Excellence* newsletter to general dentists across the U.S., the AAE elevates the specialty and serves as a trusted, credible resource for the dental profession.

ENDODONTICS: Colleagues for Excellence

Clinical examination and diagnostic imaging are essential components of preoperative diagnosis and treatment planning in endodontics. Thorough clinical examination must be performed before considering any radiographic examination. Accurate diagnostic imaging allows the clinician to better visualize the area in question, and supports the clinical diagnosis, treatment plan and outcome assessment. Conventional two-dimensional (2-D) radiographic techniques to be the most popular method of imaging today. However, the diagnostic potential of periapical radiographs (PA) is limited. Information may be difficult to interpret, especially where the anatomy and background patterns to complex. These PA have inherent limitations due to the compressed three-dimensional (3-D) structures in a 2-D image. In addition, interpreting the film-based radiograph or digital image is a somewhat subjective process. Goldstein et al. (1) showed that the agreement among six examiners was only 47% when evaluating healing of periapical lesions using 2-D periapical radiographs. In a follow-up study, Goldstein et al. (2) also reported that when examiners evaluated the same films at two different times, they only had 19%-26% agreement with their previous interpretations. A recent study evaluated interobserver and intraobserver reliability in detecting periradicular radiolucencies by using a digital radiograph system. Agreement among all six observers for all images was less than 25%, and agreement for five of six observers was approximately 50% (3).

New radiographic imaging systems recently have become available for use in dentistry. Among these new imaging technologies to date have been computed tomography (CBCT). In 2006, the U.S. Food and Drug Administration approved the first CBCT unit for dental use in the United States. CBCT systems are available in different fields of view (FOV). CBCT with limited FOV, which typically is used for endodontic diagnosis, ranges in diameter from 40–140 mm. Full FOV CBCT, typically used for orthodontics or facial structure imaging, ranges from 100–200 mm. The resolution generally is smaller for the limited version (0.1–0.2 mm vs. 0.3–0.4 mm), thus offering higher resolution and greater utility for endodontic applications. The limited FOV is the most likely to be used in endodontic diagnosis and treatment planning because it is capable of providing images with sufficient spatial resolution at a low radiation dose.

The advent of CBCT can overcome challenges to image interpretation by enabling the clinician to visualize the dentition and the relationship of anatomic structures in three dimensions. CBCT units reconstruct the projection data to provide inter-sectional images in the three orthogonal planes (axial, sagittal and coronal). This reviewer will review the utilization of CBCT in endodontic diagnosis and management of periapical pathology, diagnosis of pulp, cracked teeth and vertical root fractures, non-surgical and surgical cases, inflammatory resorptive defects and traumatic injuries. In May 2013 an updated joint position statement of the American Association of Endodontists and the American Academy of Oral and Maxillofacial Radiology was published. The intent of the updated statement is to provide scientifically based guidance to clinicians regarding the use of CBCT in endodontic treatment and reflect new developments since the 2010 statement (4). The updated statement addresses the potential applications and recommendations for use of limited FOV CBCT in different phases of treatment, several of which will be reflected in this newsletter.

Endodontic Diagnosis and Detection of Periapical Lesions

Endodontic diagnosis is dependent upon evaluation of the patient's chief complaint, medical and dental history, and clinical and radiographic examination. Based on recommendations from the CBCT position statement, limited FOV CBCT should be considered the imaging modality of choice for diagnosis in patients who present with contradictory or inconclusive clinical signs and symptoms associated with untreated or previously endodontically treated teeth.

CBCT imaging has the ability to detect periapical pathology prior to being apparent on PA (5) (Figure 1). Clinical studies demonstrate that periapical radiolucency was not detected in 20% of cases using radiographs, compared to with using CBCT (6). In vivo studies in which simulated periapical lesions were created showed similar findings (7-9).

Diagnosis of pain is a challenging process for the clinician prior to and after treatment. Its challenging diagnosis pain cases, the clinical and radiographic evaluation of the patient may be inconclusive. The ability to determine the etiology of the pain can be attributed to the limitations in both clinical vitality testing and intravital radiographs to detect the source of the pain.




Fig. 1. A patient was referred for root canal treatment of tooth #20. Radiograph shows periapical radiolucency and no periapical radiolucency. Periapical radiolucency was not detected on 2-D radiographic findings and was detected on CBCT. A coronal view of tooth #20 is shown in a CBCT sagittal view of tooth #20. A coronal view of tooth #20 showing both views and other teeth as well as the trabeculae was detected.

The Impact of Cone Beam Computed Tomography in Endodontics: A New Era in Diagnosis and Treatment Planning

Periapical pain following root canal treatment also presents a diagnostic challenge to the clinician. Approximate 10% of patients with persistent postoperative pain (PP) have been attributed to untreated or inadequately treated periapical pathology. CBCT was evaluated in the differentiation between patients presenting with acute periapical and suspected AP and the evidence of periapical bone destruction. CBCT imaging detected 17% more teeth with apical bone loss (apical radiolucency) than periapical radiographs (10).

Preoperative Anatomy Assessment

The success of endodontic treatment depends on the identification of all root canal systems so that they can be treated. Recommendations from the position statement recommends CBCT for initial treatment of teeth with the potential for extra canal and unexpected complex morphology, such as mandibular anterior teeth, and maxillary and mandibular premolars and molars, and dental anomalies (Figure 2).

The superior ability of CBCT to accurately explore tooth anatomy and identify the prevalence of a second mesiobuccal canal (M2) in maxillary molars when compared to the gold standard (clinical and histologic sectioning) has been well documented (11-12). CBCT showed higher mean values of specificity and sensitivity when compared to intravital radiographic assessments in the detection of the M2 canal (13).

Endodontic Diagnosis and Detection of Cracked Teeth and Vertical Root Fractures

2-D radiographs are of limited value for the diagnosis of VRFs and usually only provide indirect evidence of the presence of a VRF. Recommendations in this position statement suggest CBCT imaging in clinical examination and 2-D intravital radiography are inconclusive in the detection of vertical root fractures.

Cracked teeth represent a diagnostic and restorative dilemma for both clinicians and patients because of their complicated and vague symptoms and unpredictable prognosis. Treatment plans for cracked teeth depend on the extent and location of the cracks and the severity of the symptoms. In cases of marginal ridge cracks, early detection by CBCT is not possible. Over time, a second or dental pattern of bone loss may develop that is indicative of the extent of the longitudinal crack.

Several studies have demonstrated the ability of utilizing CBCT to detect vertical root fractures (VRFs). In a comparative study the sensitivity and specificity of CBCT and PA in detecting VRF were evaluated. The sensitivity and specificity were 79.4% and 92.5% respectively for CBCT and 37.3% and 70% respectively for PA. The same study reported that the specificity of CBCT was reduced in the presence of root canal filling material (14). Higher sensitivity and specificity were observed in a clinical study where the definitive diagnosis of VRF was confirmed at the time of surgery to replace CBCT findings, with sensitivity being 80% and specificity 75% (15). Several case series studies have concluded that CBCT is a useful tool for the diagnosis of VRF. In vivo and laboratory studies (16, 17) evaluating CBCT in the detection of VRFs agreed that sensitivity, specificity and accuracy of CBCT generally was higher and more reproducible when compared to traditional radiographs (Figure 3). However, these results should be interpreted with caution because detection of VRF is dependent on the size of the fracture, presence of radiopaque artifacts caused by obturation materials and joints and the spatial resolution of the CBCT. A recent study evaluated the diagnostic ability of a CBCT scan to assess longitudinal root fractures in previously treated teeth (18). The presence of gutta-percha or zinc-phosphate cements reduced the area of sensitivity and specificity. This was attributed to star-shaped stress artifacts that mimic fracture lines in axial views. Another significant problem which can affect the quality and accuracy of CBCT images is the scatter and beam hardening caused by high density neighboring structures, such as metal, metal pins and restorations. If a substance



Fig. 2. An overview of using CBCT imaging for identification of complex tooth anatomy in a mandibular premolar. CBCT imaging can identify the presence of a second mesiobuccal canal (M2) and other anatomical features that are not clearly visible on 2-D radiographs.




Fig. 3. A comparison of the sensitivity of CBCT in detecting vertical root fractures. Periapical radiograph of tooth #10 shows a vertical root fracture. CBCT imaging shows the fracture line clearly. The inset shows a cross-section of the tooth with the fracture line visible.

The Impact of Cone Beam Computed Tomography in Endodontics: A New Era in Diagnosis and Treatment Planning

Spring 2018

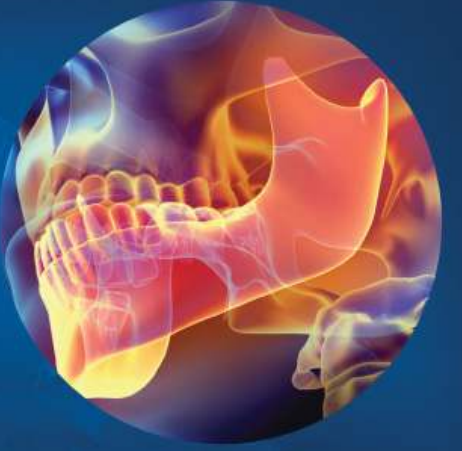
ENDODONTICS: Colleagues for Excellence

Published for the Dental Professional Community by the



american association of endodontists

aae.org/colleagues



Meeting Exhibits

The AAE has a presence at several dental meetings throughout the year to help elevate our specialty and disperse our resources.



Digital Outreach to Patients

Website

The aae.org/patients site is dedicated to educating the public about endodontics and the value of saving teeth and the natural dentition. In 2017-2018, nearly 2.5 million people visited the AAE's patient education web pages. In addition, the site received:

- Almost 80,000 clicks to AAE website from ads on Google
- Almost \$68,000 worth of free advertising on Google

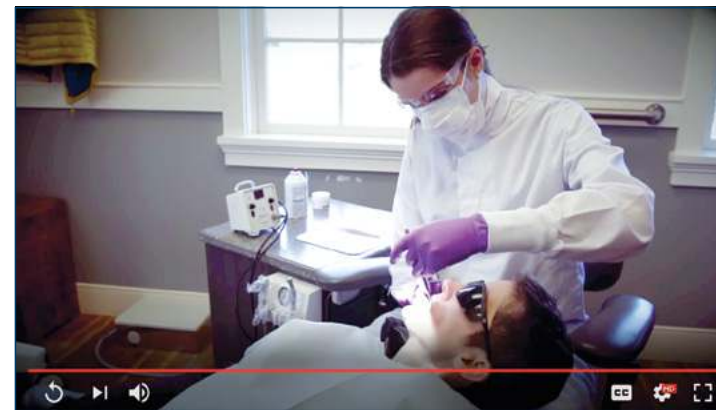
Informative landing pages, coupled with shareable graphics often posted on social media, provide easy-to digest content to the everyday root canal patient or prospective patient.



Videos

A new **video** released in 2018 helps patients understand how the advanced training, specialized techniques and superior technologies like CBCT are used by endodontists help save teeth.

The video complements the AAE's collection of patient education videos, which garner more than 500,000 views annually.



[Click here to watch this video on YouTube](#)

Social Media

The AAE continued to expand its social media presence in 2017-2018.



25,967 total Facebook fans
14% growth from June 2017



2,632 total Twitter followers
24% growth from June 2017



364,956 total video views on YouTube and Facebook



Root Canal Awareness Week

AAE members from far and wide took part in the 12th annual celebration of Root Canal Awareness Week, May 6-12. Posters and postcards for referring dentists featured the “Superheroes of Saving Teeth” theme, emphasizing that the advanced training, specialized techniques and superior technologies of endodontists provide patients with the best care to save their natural teeth. Thirty featured practices utilized superhero “gearboxes” sent to them to spread the word about superheroes in their local communities. It was our strongest practice participation rate yet.

The AAE kicked off the week by releasing a new patient education video on CBCT. During Root Canal Awareness Week, the video was viewed nearly 5,000 times.

Many members flexed their creative muscles and wowed us with social media posts, shareable graphics, renditions of campaign models and T-shirt making. **RCT Endodontics** went the extra mile and, in honor of Root Canal Awareness Week, partnered with Catholic Charities of the Archdiocese of Washington for Save a Smile Day, providing 16 patients from the Catholic Charities Spanish Catholic Center with free root canal treatments. This amounted to \$30,000 in free dental services!





Governance and Leadership

2017-2018 Executive Committee

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D.D.S., Ph.D.



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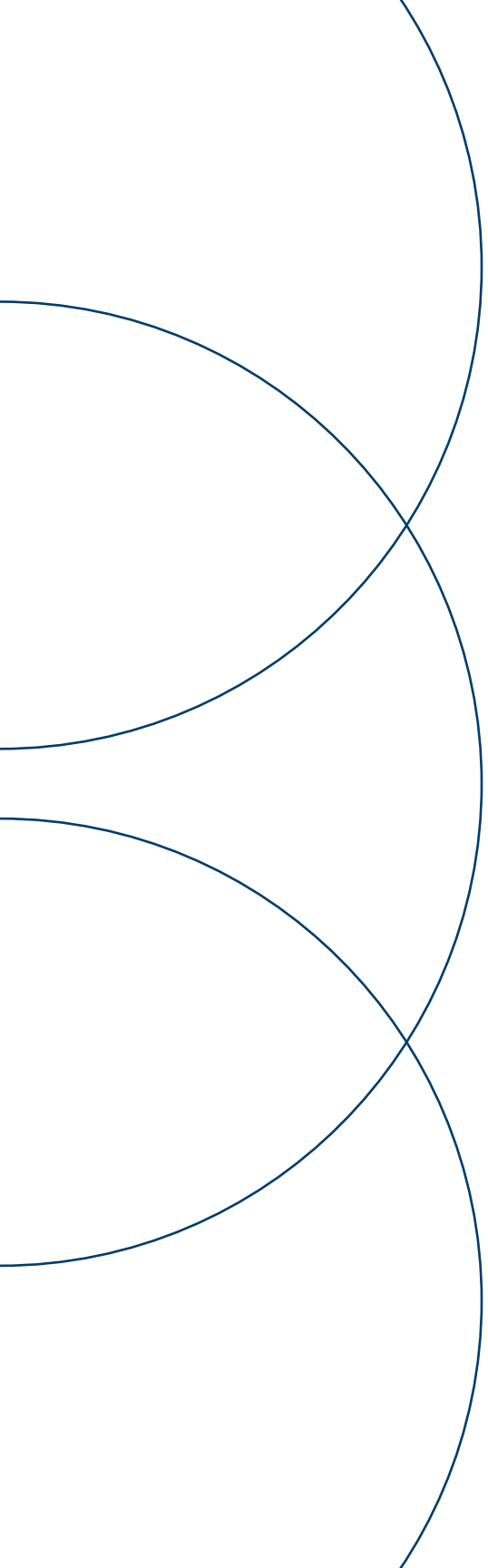
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foundation
for endodontics

Dear Colleagues,



During my time as president of the Foundation for Endodontics, we have expanded our horizons, our mission and our vision. The Board of Trustees has paved inroads on an aggressive strategic plan, and is making considerable headway.

The plan identifies desired operational and cultural changes that will facilitate an innovative approach for the Foundation. Below is a sampling of the shifts the Foundation hopes to make by the end of 2019:

- Become a nimble funder.
- Incorporate initiatives that promote public awareness and access to care.
- Engage endodontists in different ways (e.g. international and domestic volunteer opportunities).
- Become more metrics-driven to ensure the greatest return on investment for all funded initiatives.

As always, our commitment to endodontic research and education is unwavering. We will continue to promote both pillars of the specialty with funding and resources. Over the past year, the Foundation spent significant time on a review of its funding opportunities to ensure they were meeting their desired impact to advance endodontics. As a result, the Foundation fine-tuned a handful of opportunities and determined metrics to ensure funds are continually used to make the greatest impression.

In addition, the Foundation has expanded its focus to include access to care and public awareness. 2017 was the first full iteration of the Foundation for Endodontics/Henry Schein Cares Foundation Outreach Program, which provides the highest level of endodontic care to underserved populations in Jamaica. In addition, this program has provided various opportunities to enhance the public and the dental communities' awareness of the expertise of endodontists. The Foundation hopes to continually grow this effort and diversify the outcomes to benefit the entire global community.

Foundation metrics speak for themselves, and prove that endodontics and endodontists are modeling excellence in the global community. As we strive to become more metrics driven, these are just a basic sampling of the sizable effect the Foundation has had on the specialty:

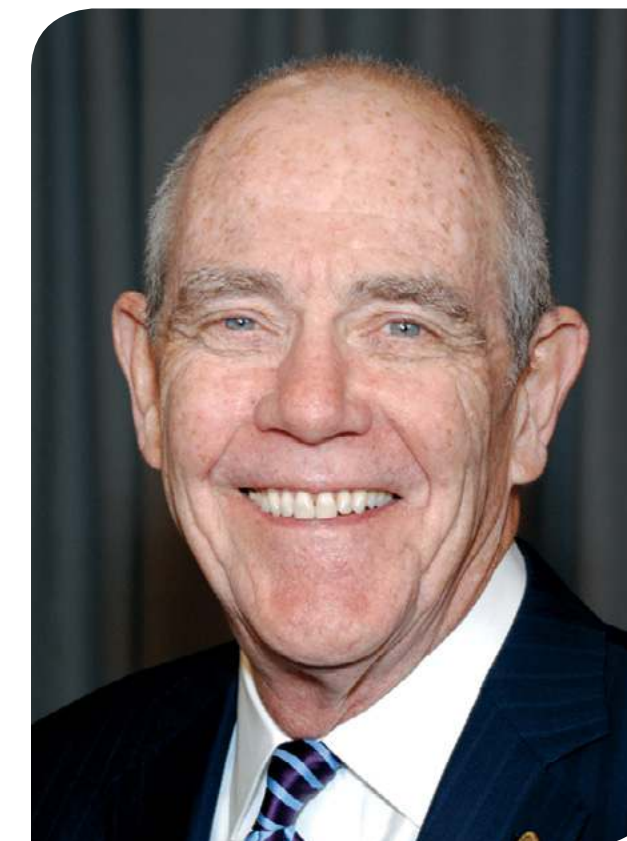
- Dr. Vanessa Chrepa was named the Edge Endo Fellow in 2017, and she joins a lengthy list of accomplished academicians. To date, 24 fellowships have been awarded to endodontic educators; 20 current and past fellows are teaching today. Among the recipients, the Foundation proudly boasts, two department chairs two program directors and five pre-doctoral directors!

- Ten endowed faculty matching grants have been made by the Foundation since 2009. This is a total investment of \$1 million to strengthen endodontic education. Positions at the following institutions have been awarded: University of Texas Health Science Center at Houston, Nova Southeastern University, University of Washington, Ohio State University, University of Texas Health Science Center San Antonio, University of Detroit Mercy, Virginia Commonwealth University, Loma Linda University, University of North Carolina and University of the Pacific.
- From 1990 to 2000, the Foundation funded \$1 million in research; since 2001 over \$6 million has been invested in endodontic research.
- During the Foundation's brief history in the international access to care realm, 261 teeth have been saved with root canal treatments by Foundation volunteers. These volunteers have had the chance to see over 3,400 patients circulate through the clinic, and patients are now arriving to the clinic and asking for the doctor who can save their teeth!
- In early 2018 the Foundation launched a pilot domestic access to care project that outfitted the Klein Wellness Center Dental Clinic for residents from Einstein Medical Center to perform endodontic treatment. This remarkable health center, run by Project HOME, cares for patients in the most medically underserved zip code in Pennsylvania. Now the dental treatment options include saving teeth that would otherwise be extracted. The Foundation will continue to develop the pilot and hopes to create a funding opportunity for others to apply for, in the future.

The Foundation exists to enrich your profession and ensure the future of the specialty. We work to effectively and consistently to provide funding and resources to endodontic research, education and access to care. To achieve greater success in the future, the Foundation is embarking on a year of strategic change to its fundraising and development process. It is our duty to position the Foundation for greatness in the future, and we are aiming to do so with professional consultation and an aggressive transformation.

With stronger support and impactful funding initiatives, the Foundation will continue to generate the knowledge and technology that define your status as an expert.

Thank you to our donors for your continued commitment to the future of endodontics!



With appreciation,



Peter A. Morgan, D.M.D., M.Sc.
President

Foundation Highlights

- The Foundation's strategic plan is nearly to the halfway point. The plan was approved and progress began in early 2017. It has four strategic focus areas: research, education, outreach (or access to care) and development. Throughout 2017 and early 2018, several tactics were executed, putting the Foundation closer to achieving its nearly 20 goals by year end 2019.
- The Foundation grew its international outreach program by foraging a partnership with the Henry Schein Cares Foundation. The industry partner agreed to provide monetary and in-kind contributions for the next five years. This contribution will allow four iterations of the program per year through the year 2021.
- In early 2018, the University of the Pacific received the tenth Endowed Faculty Matching Grant awarded by the Foundation. The \$100,000 award provided to the school will help fund the Borer Endowed Professorship.
- In 2017, the Foundation dedicated considerable time and energy to reviewing and fine-tuning all of its funding opportunities to make sure all opportunities were creating the desired impact. With its mission in mind, the Board edited and enhanced several grants and awards to make sure the Foundation is continually distributing funds to benefit the art and science of endodontics.
- The Foundation's website received a much-needed facelift. The new, streamlined site provides a comprehensive overview of the organization's focus areas as well as easily navigable information about funding opportunities. Additionally, donors can now easily manage their contributions directly from their home or office computer, making it easier than ever to give to the Foundation.
- In addition to solidifying the international program for the coming years, the Foundation began investigating options for a domestic outreach program to provide access to endodontic care within our country's borders and to ignite the spirit of philanthropy among a greater population of residents. A pilot program involving residents at Einstein Medical Center providing endodontic care at a community clinic, launched during spring 2018. Currently, the Foundation is working to determine the resources and guidelines needed to launch a larger scale opportunity.

2017-2018 Research Grants and Awards

Fall 2017

Name	Institution	Project	Award
Michael Mittelsteadt	University of North Carolina	Efficacy of Tetracaine/Oxymetazoline Nasal Spray for Endodontic Treatment	\$ 2,330
Shira Ackerman *	Texas A&M University	Accuracy of 3D Printed Endodontic Surgical Guide: A Human Cadaver Study	\$ 3,280
Kendall Lynn Baginski	Texas A&M University	Evaluation of a Novel Intranasal Spray (3% tetracaine/0.05% oxymetazoline) for Maxillary Pulpal Anesthesia	\$ 5,700
Obadah Austah	University of Texas Health Science Center San Antonio	Role of Sensory Innervation in Modulating the Initiation and Development of Apical Periodontitis	\$ 27,016
Jenny Sun	University of Texas Health Science Center San Antonio	Comparative Evaluation of Coronal and Radicular Dentin Growth Factors and their Effect on Mineralization, Angiogenesis and Neurogenesis	\$ 15,843
George Huang *	University of Tennessee Health Science Center	Dental Pulp Stem Cells as Vascular Forming Cells for Pulp Regeneration	\$ 35,000
Cameron Ritter	University of Texas Health Science Center San Antonio	Effect of Residual Biofilm on Release and Activity of Growth Factors from Dentin	\$ 17,051.21
Fall 2017 Total			\$ 106,220.21

Spring 2018

Name	Institution	Project	Award
Jennifer Gibbs *	New York University	Identification of Clinical and Biological Risk Factors for Pain After Root End Resection Surgery	\$ 22,537
Wing-Yee Yeung	University of Maryland	Utilizing Charged Membrane Technology for Endotoxin Removal from the Root Canal System	\$ 15,000
David Harris	University of Toronto	Electrophoretic Deposition of Bioactive Antibacterial Nanoparticles in Apical Root Anatomy	\$ 9,100
Federico Martinho	University of Maryland	A Clinical Evaluation of the Ability of Finishing Files to Supplement the Removal of Bacteria and Endotoxins from Primarily Infected Root Canals	\$ 26,157
Jared Vislisel	University of Iowa	Application of Gene-activating BMP-2/FGF-2 Scaffolds for Dental Pulp Capping	\$ 10,883
Fang-Chi Li *	University of Toronto	Nanoparticle Guided Dentin Micro-Tissue Engineering: Characterizing Fluid Dynamics and Mechanical Characteristics	\$ 9,930
Bobby Nadeau	University of Toronto	A Three Dimensional Digital Image Correlation Analysis on the Role of Free-Water Loss and Residual Strain on Fracture Predilection in Root Dentin	\$ 6,882
Spring 2018 Total			\$ 100,489

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2017 Foundation for Endodontics Statement of Financial Position

Statements of Financial Position

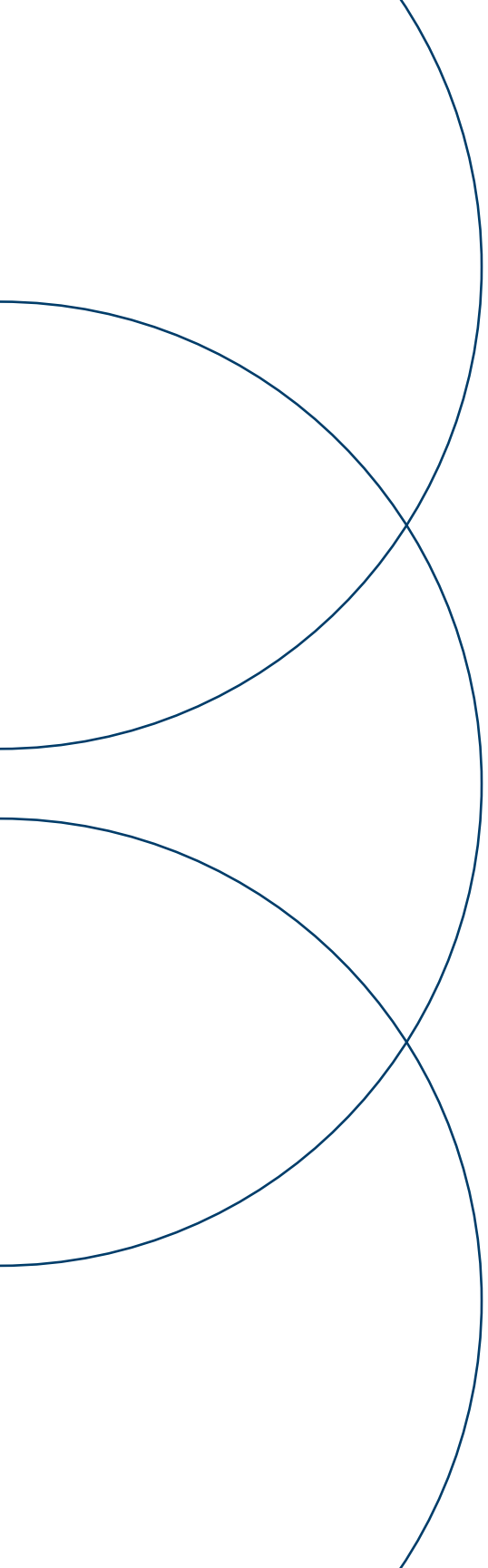
December 31, 2017 and 2016

Assets	2017	2016
Cash and Cash Equivalents	\$139,157	\$141,145
Accounts Receivable	\$10,399	—
Prepaid Expenses	3,654	3,280
Pledges Receivable, Net	2,235,014	1,651,739
Investments	31,914,361	28,323,980
Property and Equipment	35,372	4,100
Total Assets	\$34,337,957	\$30,124,244
Liabilities		
Accounts Payable and Accrued Expenses	\$37,503	\$10,868
Due to American Association of Endodontists	—	139,982
Deferred Revenue	—	2,750
Grants Payable		
Due to American Association of Endodontists	—	113,210
Due to Other Third Parties	102,610	73,904
Total Liabilities	\$140,113	\$340,714
Net Assets		
Unrestricted	\$31,871,625	\$28,131,791
Temporarily Restricted	2,326,219	1,651,739
Total Net Assets	\$34,197,844	\$29,783,530
Total Liabilities and Net Assets	\$34,337,957	\$30,124,244

Statement of Activities

Year Ended December 31, 2017

Revenue and Other Support	Unrestricted	Temporarily Restricted	Total
Contributions	\$317,790	\$1,047,459	\$1,365,249
Investment income	4,875,809	—	4,875,809
Total	\$5,193,599	\$1,047,459	\$6,241,058
Net assets released from restrictions - satisfaction of time restrictions	372,979	(372,979)	—
Total Revenue and Other Support	\$5,566,578	\$674,480	\$6,241,058
Expenses			
Administrative reimbursement - American Association of Endodontists	\$418,592	\$ —	\$418,592
Annual Session	24,297	—	24,297
Credit Card Charges	3,314	—	3,314
Depreciation	9,442	—	9,442
Grants			
Educator	230,349	—	230,349
Competitive Research	231,690	—	231,690
Resident Research	58,500	—	58,500
Other	510,580	—	510,580
Insurance	6,114	—	6,114
Investments Fees	53,127	—	53,127
Miscellaneous	4,043	—	4,043
Printing, Postage and Marketing	47,996	—	47,996
Professional Fees	91,149	—	91,149
Supplies	4,250	—	4,250
Telephone	195	—	195
Travel	133,106	—	133,106
Total Expenses	\$1,826,744	\$ —	\$1,826,744
Net Assets			
Change in Net Assets	\$3,739,834	\$674,480	\$4,414,314
Beginning of year	28,131,791	1,651,739	29,783,530
End of year	\$31,871,625	\$2,326,219	\$34,197,844



Report of the President, 2017-2018



It is my pleasure to supply this report on behalf of the American Board of Endodontics. During the past two years, it has been my privilege to serve as the president of the ABE. During that time, the Board has taken on some significant projects and faced some significant challenges.

I am pleased to report that currently, the Board is in great shape.

Over the past year, the passing rate for both the Oral and Case History Portfolio exams has exceeded 80% during each administration, and that statistic has been consistent for the past two years. In Denver, we recognized our largest class of Diplomates in the history of the ABE at 108.

Although this is a heartening trend, the Board continues to examine our process and search for any improvements that might be made while still maintaining the standards established by our founders. Toward that end an ad-hoc committee is currently examining and evaluating the exam process. We have also formed a committee to update our Manual of Operations manual.

During the past year, the ABE also established a collaborative relationship with the American Board of Obstetrics and Gynecology, so that we might learn about the process on the medical side and identify any opportunities for improvement. Dr. Scott McClanahan and I were allowed to observe the examination process for the General Board in December 2017, and I was able to observe the sub-specialty board exam in April 2018.

Another event of note is that the ABE increased our staff to three full-time employees in order to keep up with the increased work load associated with testing the high number of candidates seeking Board certification. We have also relocated to new office space in Buffalo Grove, Illinois, also to more effectively handle the business of the Board.

I am pleased with the activities of the American Board of Endodontics, and our efforts on behalf of our specialty. We will continue to make every effort to ensure a bright future for endodontics.



Respectfully submitted,

A handwritten signature in blue ink, reading 'W. Craig Noblett'.

W. Craig Noblett, D.D.S., M.S.

President, American Board of Endodontics

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New Diplomates

Congratulations
to the following
individuals who
attained Diplomate
status in 2017!

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Abdullah A. Albassam
Mohammed A. Alharbi
Ferdous A. Ali
Bassem Alkatib
Mona A. Alsulaiman
Ahmed Alzubaidi
B. Craig Anderson
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Spencer W. Bjarnason
Kittima Boonsirisermsook
Keith R. Boyer
Chalbourne R. Brasington
Andrew J. Brasser
Emanouela D. Carlson
Prasad Challagulla
David V. Christianson
Vivian V. Click

Harold I. Coe
Joseph D. deGuzman
Alexander K. Desta
Matthew S. Detar
Kavita Doddamane
David M. Dow
Ryan C. Duval
Michael Dyriw
Abigail C. Edds
Sara Fayazi
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