Why C&B&I is an essential paradigm shift & other topics from the Las Vegas World Conference 2003

Interview with Brien R Lang, DDS, MS

by Christina Darle

Brien R Lang

Professor Lang was Chair, Department of Prosthodontics, University of Michigan School of Dentistry from 1971 to 1996. He is currently Professor Emeritus at the School of Dentistry where he is very active in ongoing research projects. Professor Lang is a Diplomat of the American Board of Prosthodontics – and past president of the Academy of Prosthodontics, the American Board of Prosthodontics and the Academy of Prosthodontics Foundation. He is the Chair of the Editorial Council of The Journal of Prosthetic Dentistry. He has been the recipient of numerous awards and honors for his research and scholarly activities in prosthodontics. His current research activities are focused on Procera®, precision and fit at the abutment/framework interface and abutment screw mechanics. He was the Chairman of the Scientific Committee at Nobel Biocare's World Conference in Las Vegas in April, at which time I met him regarding the interesting presentations he made.

The primary topic of this conference is C&B&I – what is that?

Crown and bridge and implants – a natural combination these days. It combines regular dentistry with implants in a new & innovative methodology of patient care. It can be carried out by anyone comfortable enough to place the implants – meaning it is also for the general practitioner in consultation with the surgeon or periodontist.

Why is a new approach like C&B&I necessary?

It is all in the numbers. There aren't enough dentists. Since you can't really create more dentists, the only solution is a new approach – C&B&I – that must be placed in the hands of general dentists as they constitute the largest group. If implant dentistry is only carried out by specialists, the impact of this treatment form will be limited on the population who needs it. To have an impact on the replacement of missing teeth, you *must* involve the general dentist through simple concepts like C&B&I and incorporate implant therapy into their practice within the limit of their knowledge and skills. And anyone can place a Procera crown. Specialists should focus on their expertise, manage the more difficult situations requiring C&B&I and assist in consulting when requested. Their role must to a large extent become one of mentoring.

Which numbers are you referring to?

For patients between the age of 35 and 65, oral health care data are unavailable in many countries. More exact figures are available for the population over 65 years of age, as shown in the illustration.

Other data from the United States provide some insight into the prevalence of missing teeth.

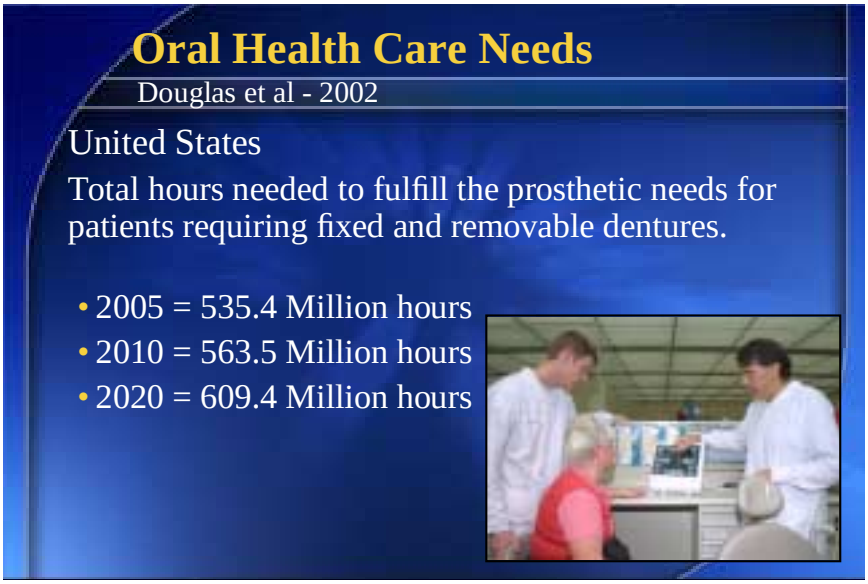
Douglas et al[1] published a study in 2002. Three estimates were developed:

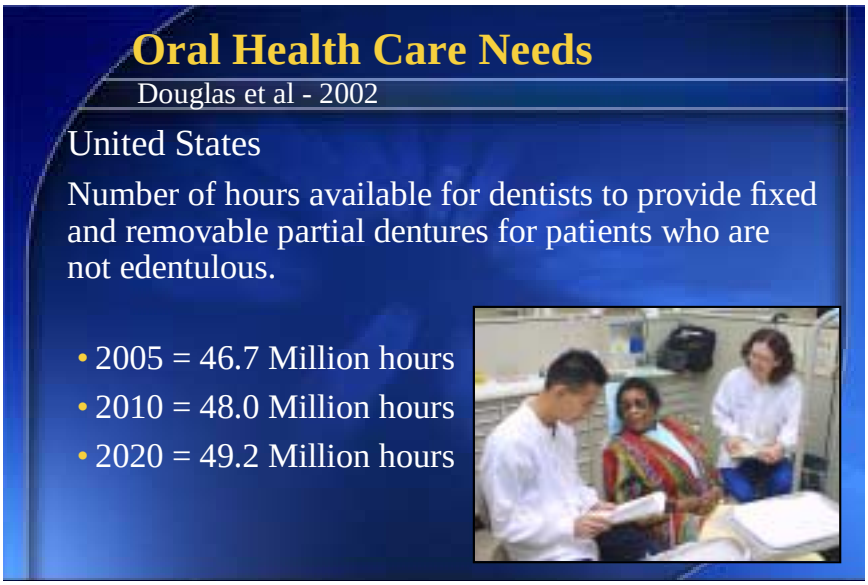
1. The percentages of patients needing fixed and removable partial dentures.

2. The hours needed per week to perform these services.

3. The hours per week available to the dental work force to perform these services.

They could conclude that in year 2005 in the United states, the total hours needed to fulfill the prosthetic needs for patients requiring fixed and removable dentures will be around 500 million hours, whereas the number of hours available for dentists to meet that need will be about 47 million hours. That is an enormous discrepancy. More detailed results are shown in the illustrations to the right.





So C&B&I is quite necessary?

What the study shows is that less than 10% of the patients in need of the treatment will actually get it. That is unless there is a change in paradigm to meet the unmet needs. C&B&I is such a change in paradigm and consequently a much needed approach to help more edentulous patients.

You chaired the committee organizing this great conference we are attending. Comments around the event?

Any success we experienced with the scientific part of the program was due to the excellence of the speakers who participated. The day of focus sessions was a new and innovative approach conceived by the Scientific Committee. It could be called the CAD/CAM approach to dental education. The clinician "educator" assisted in the creation of the educational material available for consumption by the participants at the World Conference. Each participant could then design their full day educational experience consisting of presentation of particular interest to them.

Why do you mention CAD/CAM?

Because during the live surgeries broadcasted here yesterday, we learned a completely innovative approach to utilizing CAD/CAM. And as you know, I think Procera is revolutionary. I was therefore delighted to see the technology used in a completely new way, i e "Teeth-in-an-Hour".

Please tell our readers what "Teeth-in-an-Hour" is.

Professor Daniel van Steenberghe conceived an idea about seven years ago involving 3D development of a CT-scan for diagnosis and implant treatment planning. Dr Matts Andersson, who invented Procera, integrated Daniel's concept with the CAD/CAM process. Through his software, one is able to apply the concept in reality – to treat patients fast, efficient and predictable in less than an hour. There are only two treatment visits and significant time savings. As for the CAD/CAM process, it provides precision instrumentation and product components in the surgical kit especially designed for the patient in question. The surgeon receives everything he/she needs in time for surgery – including a surgical stent and the final bridge. It was shown in the successful two live-surgeries we saw yesterday, where the concept was placed in the skillful hands of Drs Ingvar Ericsson, Peter Moy and Chris Marchack. They deserved the standing ovations they got. I heard someone say that "Teeth-in-an-Hour" is for implant dentistry like walking on the moon was to NASA. I agree - it is such a huge breakthrough that it really is on that level.

Any final comments?

I think the new administration at Nobel Biocare has become very responsive to the need of contributing significantly to the therapy of patients provided by clinicians. The company has become much more reactive and responsive to the needs of practicing dentists and the profession. They seem to have the patient oral health in primary focus. They have also recognized the significance of clinically applied research and are on the cutting edge as we move forward in the provision of oral health care in this new millennium. The 2003 World Conference is an example of the leadership being taken by the new Nobel Biocare.

Figure illustrations provided at the courtesy of Dr Brien Lang.

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References

[1] Douglas CW and Watson AJ. Future needs for fixed and removable partial dentures in the United States. J Prosthet Dent 2002;87:9-14.