



IADR

International Association
for Dental Research



AADOCR

American Association for Dental,
Oral, and Craniofacial Research

PROCEEDINGS 2021

IADR Council, 99th General Session
Virtual Event on July 21-25, 2021

AADOCR Council, 50th Annual Meeting
of the AADOCR
Virtual Event on July 21-25, 2021

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The 99th General Session & Exhibition of the IADR

In April 2021, the IADR, AADOCR, and CADR announced that the 99th General Session of the IADR, held in conjunction with the 50th Meeting of the AADR and the 45th Meeting of the CADR, would be a virtual meeting taking place on July 21-24, 2021.

The 100% virtual format provided scientists and researchers, regardless of location, with the opportunity to present, discuss, and critique their investigations, to view high-quality presentations, and to interact with colleagues online.

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

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

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

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

Eric Reynolds was installed as IADR's 98th President in July 2021. His inaugural address, titled "IADR 100 Years On: Driving Science, Engagement, and Globalization Post COVID-19," is published in the *Journal of Dental Research*.

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

- 3M for being a Silver Level General Session Donor
- American Academy of Periodontology in support of the AADOCR Student Research Fellowships
- The Borrow Foundation in support of the IADR E.W. Borrow Memorial Award
- CareQuest Institute for Oral Health in support of an IADR Distinguished Scientist Award
- Church & Dwight in support of an IADR Distinguished Scientist Award

- Colgate-Palmolive Company for being a Gold Level General Session Donor and in support of the IADR Colgate Research in Prevention Travel Awards, IADR Distinguished Scientist Awards, IADR OHRG Oral Health Research Group Award, and the AADOCR Student Research Fellowships, and as an IADR *Journal of Dental Research* Centennial Advances Supporter
- Dentsply Sirona for being a Silver Level General Session Donor sponsor and in support of IADR Distinguished Scientist Awards, a Distinguished Lecture Series speaker, SCADA, and AADOCR Student Research Fellowships
- GC Corporation for being a Silver Level General Session Donor sponsor and in support of the IADR Toshio Nakao Fellowship and the IADR GC Centennial Travel Grant
- GlaxoSmithKline in support of IADR Innovation in Oral Care Awards, IADR Distinguished Scientist Award, and AADOCR Student Research Fellowships
- The Henry Schein Cares Foundation in support of the IADR Global Oral Cancer Symposia Series
- IADR Dental Materials Group in support of an IADR Distinguished Scientist Award and AADOCR Student Research Fellowships
- IADR Oral Medicine & Pathology Research Group in support of an IADR Distinguished Scientist Award
- IADR Pharmacology/Therapeutics/Toxicology Research Group in support of an IADR Distinguished Scientist Award
- J. Morita in support of the IADR/AADOCR William J. Gies Awards and the IADR Distinguished Service Award
- Johnson & Johnson Consumer Inc. in support of the IADR Joseph Lister Award and an IADR Distinguished Scientist Award
- KULZER in support of the IADR KULZER Travel Awards
- LION Corporation in support of the IADR Lion Dental Research Award for Junior Investigators
- The National Institute of Dental and Craniofacial Research in support of the AADOCR Bloc Travel Grant
- The Osteology Foundation in support of the IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Level General Session Donor and in support of the AADOCR Procter & Gamble Underrepresented Faculty Research Fellowship, AADOCR Student Research Fellowships, AADOCR William Clark Fellowship, and IADR Young Investigator Award, and an IADR *Journal of Dental Research* Centennial Advances Supporter
- Sarnat Family Foundation in support of an IADR Distinguished Scientist Award
- SHOFU Inc. in support of the IADR Hatton Competition and Awards
- Unilever Oral Care in support of IADR Distinguished Scientist Awards and IADR Hatton Competition and Awards

Proceedings of the IADR Council Meeting

IADR General Session Virtual Meeting Experience • Monday, July 19, 2021 • 4 p.m. – 6 p.m. EDT

IADR BOARD OF DIRECTORS: President, Pam Den Besten; President-elect, Eric Reynolds; Vice-president, Brian O'Connell; Immediate Past President, Paula Moynihan; Treasurer, Nisha D'Silva; Regional Board Members: Lijian Jin, Margaret Wandera, Aida Borges-Yáñez, Maria del Carmen López Jordi, Gottfried Schmalz; Young Investigator Representative, Kimon Divaris; *JDR* Editor-in-Chief, Nick Jakubovics; *JDR CTR* Editor-in-Chief Jocelyne Feine; Chief Executive Officer, Christopher Fox.

Young Investigator Representative Dagmar Else Slot was unable to attend.

VOTING DIVISIONS: American: Mark Herzberg, Jacques Nör, Jane Weintraub, Tim Wright; Argentine: Raquel Gallarà, Gabriel Antonio Sánchez; Australian/New Zealand: Sašo Ivanovski, Karl Lyons; Brazilian: Valentim Barão, Paulo Francesco Cesar; British: Anoush Alavi, Richard Holliday; Canadian, Anil Kishen; Chilean: Sebastian Aguayo, Constanza Martinez Cardozo; Chinese: *No representative present*; Colombian: Vicente Aranguiz; Continental European: Imad About, Bart Van Meerbeek; East & Southern Africa: *No representative present*; Indian: *No representative present*; Iranian: Mohammad Behnaz; Iraqi: *No representative present*; Irish: Ikhlas El Karim; Israeli: Yaron Haviv; Japanese: Mikako Hayashi, Keiji Moriyama, Seiji Nakamura; Korean: Il-Ho Jang, Joo-Cheol Park; Kuwaiti: Fawaz Alzoubi; Mexican: Aida Borges-Yáñez, Fabiola Salgado Chavarria; Nigerian: Joshua Idowu; Peruvian: *No representative present*; Saudi Arabian: Osamah Almugeiren; Scandinavian: Ulvi Gursoy; South African: Saadika Khan; Southeast Asian: May Wong; Uruguayan: Ronell Bologna; Venezuelan: Alejandra Garcia.

VOTING SCIENTIFIC GROUPS, NETWORKS & INSTITUTIONAL/CORPORATE SECTIONS:

Behavioral, Epidemiologic & Health Services Research, Santosh Tadakamadla; Cariology Research, Aylin Baysan; Clinical and Translational Science Network, Paul Dechow; Craniofacial Biology, L-Bruno Ruest; Dental Anesthesiology and Special Care Research, *No representative present*; Dental Materials, Saulo Geraldelli; Diagnostic Sciences, *No representative present*; Education Research, Leonardo Marchini; e-Oral Health Network, *No representative present*; Evidence-based Dentistry, Fang Hua; Geriatric Oral Research, Mario Brondani; Global Oral Health Inequalities Research Network, Peter Mossey; Implantology, John C. Mitchell; IADR Corporate Section: Mark Heiss; IADR Institutional Section, Man Hung; International Network for Orofacial Pain and Related Disorders Methodology, Yoshihiro Tsukiyama; Microbiology/Immunology, Anna Dongari-Bagtzoglou; Mineralized Tissue, Xianghong Luan; Network for Practice-based Research, *No representative present*; Neuroscience, Somsak Mitirattanakul; Nutrition Research, Elizabeth Kaye; Oral & Maxillofacial Surgery, Kyle Vining; Oral Health Research, Deborah Lyle; Oral Medicine & Pathology, Faizan Alawi; Orthodontics Research, Mani Alikhani; Pediatric Oral Health Research, Yasmi Crystal; Periodontal Research, Andreas Stavropoulos; Pharmacology/Therapeutics/Toxicology, Asma Khan; Prosthodontics, Edmond Pow; Pulp Biology & Regeneration, Imad About; Salivary Research, Debora Heller;

Stem Cell Biology, Gianrico Spagnuolo; STAR Network, Hope Amm; Women in Science Network, Tamanna Tiwari.

NON-VOTING OBSERVERS AND GUESTS: Incoming IADR Vice-president Ophir Klein; Argentine, Mariana Picca; Behavioral, Epidemiologic & Health Services Research, Victor Barrios, John Rugh; Brazilian, Katia Rode; Caribbean, James Collings; Craniofacial Biology, Lorri Morford; Dental Materials: Stephen Bayne, Qing Hong, Carmem Pfeifer; Global Oral Health Inequalities Research Network, Vijay Mathur; IADR Annual Session Committee, Walter Siqueira; IADR Awards Review Committee, Bruno Cavalcanti; IADR Innovation in Oral Care Awards Committee, Sharanbir Sidhu; IADR Joseph Lister Award for New Investigators Committee, Nailê Damé-Teixeira; IADR KULZER Award Committee, Ana Botta; IADR Science Information Committee, Manu Mathur; IADR/AADR Publications Committee, Simone Duarte; Microbiology/Immunology: Gill Diamond, Hansel Fletcher; NIDCR, Rena D'Souza; Nutrition Research, Ana Wintergerst; Oral & Maxillofacial Surgery, Simon Young; Singapore, Gopu Sriram; Tunisian, Latifa Berrezouga; United Arab Emirates, Mohannad Nassar; Women in Science Network, Effie Ioannidou.

GLOBAL HEADQUARTERS (GHQ) STAFF: Chief Operating Officer, Denise Streszoff; Chief Financial Officer, Pete Quinlivan; Director of Meetings, Leslie Zeck; Director of Membership and Publications, Kourtney Skinner; Director, Science Policy, Makyba Charles-Ayinde; Digital Strategy & IT Manager, Christopher Flow; Executive Assistant to the CEO / Office Manager, Recording Secretary, Susan Douglas.

I. Administrative

Dr. Den Besten opened the meeting at 4:20 when it was confirmed that a quorum was present.

I.1. Council Attendees

A list of the voting IADR Council members was included in the meeting materials.

I.2. Approval of Agenda

Motion 1: That the July 19, 2021 IADR Council meeting agenda be approved.

Moved: Dr. Dechow

Seconded: Dr. Brondani

The motion was approved.

I.3. Approval of Council Meeting Minutes – March 17, 2020

Motion 2: That the March 17, 2020 IADR Council meeting minutes be approved.

Moved: Dr. Amm

Seconded: Prof. O'Connell

The motion was approved.

I.4 Election Results – Tellers Report

Dr. Den Besten reported that Ophir Klein was elected as IADR Vice-president.

I.5 Regional Board Member Reports

Dr. Wandera provided the Africa/Middle East Region (AMER) report. She gave several highlights of AMER activities, noting that virtual meetings are taking place regularly. AMER is organizing a webinar in September and said details would be forthcoming. The next meeting will be in Saudi Arabia in 2022, and Dr. Wandera noted that Saudi Arabia has been a very active Division.

The Asia/Pacific Region (APR) report was delivered by Prof. Jin who reviewed the officers in the Division and provided several highlights including a new mission statement for the Region and a network to promote research and collaboration, particularly for young researchers, for which several forums have already been held.

Prof. López Jordi delivered the report for the Latin American Region (LAR) and noted that the Region has made a very strong effort in the face of the challenges presented by the pandemic. Prof. López Jordi reviewed the meetings which the LAR Board has held in the last year and noted that in all, nine meetings within the Region are scheduled for 2021. The Region has as a goal to continue working toward increasing membership and to facilitate member collaboration.

The North American Region (NAR) report was given by Dr. Borges Yáñez who reviewed the key meetings of the Mexican, Canadian, and American Divisions and spoke about the AADR webinars and research related to COVID-19. She also highlighted the AADR's MIND the Future grant and the Association's Sugar- Sweetened Beverages policy.

Prof. Schmalz delivered the Pan European Report (PER). He reported on the five Divisions in PER and their officers. The PER annual meeting in 2020 was supposed to be held in Marseille but was postponed to 2022 and there was no financial loss for this postponement. PER began an initiative with GHQ to ensure support for the Regions and this effort resulted in the hiring of the Association Management Company (AMC), Kellen, which will augment support provided by the GHQ. Prof. Schmalz also reviewed the EU Commission's proposed ban of silica and the impact this would have on fluoride toothpaste. PER is involved in the negotiations on this matter. Additionally, PER is working to support young researchers particularly during the pandemic.

Following the RBM reports, Dr. Osamah Al Mugeiren made a statement about achievements of the Saudi Arabian Division and mentioned that the new AMER Regional Board Member is from Saudi Arabia.

1.6 Presidents' Report

Dr. Den Besten noted that the opportunity to connect globally has been particularly important during the pandemic.

1.7 CEO's Report

Dr. Fox encouraged Councilors to review his report in the manual and follow up directly with any questions. He also encouraged all meeting attendees to provide feedback on the meeting since the virtual format is new for IADR.

1.8 Division Recognition

Dr. Den Besten recognized the Israeli Division, the Irish Division, and the Saudi Arabian Division for their strong membership growth in 2021 and thanked the leadership of these Divisions for their work to grow and retain membership.

2. Board Operations Committee (BOC)

2.1 Nominations for IADR Vice-president

Two of the candidates for IADR Vice-president were in attendance and were moved to a virtual waiting room for the motion and vote.

Motion 3: That Satoshi Imazato, Gabriel Sánchez, and Gottfried Schmalz be candidates for election of the IADR Vice-president 2022 – 2023.

Moved: Dr. Ruest

Seconded: Dr. Nör

The motion was approved with three abstained.

2.2 IADR Treasurer 2021 - 2024

Dr. Den Besten informed Council that the IADR Treasurer is appointed by the Board and she advised that David Drake was recommended by the Board Operations Committee and the full Board approved that recommendation.

2.3 IADR Committee Appointments

Motion 4: To accept the 2021-2022 IADR and Joint IADR/AADR Committee Appointments as presented by the IADR Board Operations Committee. (See Attachment III).

Moved: Dr. D'Silva

Seconded: Dr. Amm

The motion was approved with four abstained.

2.4 IADR Code of Ethics Update

Dr. Fox explained that the IADR and AADR Ethics Committees worked hard to update the code of ethics and that the original, brief code of ethics from the 1990s was never fleshed out as planned. The updated code is very comprehensive and based on statements from a variety of organizations. Dr. Fox added that the statement has been extensively vetted by the full Boards.

Motion 5: That the updated IADR Code of Ethics be approved as submitted.

Moved: Prof. Reynolds

Seconded: Dr. Nör

The motion was approved with two abstained.

3. Performance Monitoring/Audit Committee (PMAC)

3.1 IADR 2019 Independent Auditors' Report

Prof. Reynolds reported that the audit received an unqualified opinion which is the best outcome possible.

Prof. Reynolds reviewed the Association's assets and liabilities and reported that the net assets at the end of 2019 stood at \$15.7 million, up \$2.3 million from the prior year. The financial position of IADR continues to be strong. Prof. Reynolds also reviewed IADR's revenue sources (meetings, dues, publications, and contributions) as well as expenses (General Session, awards, fellowships, and management costs.)

In a discussion of the Association's assets, Prof. Reynolds noted that because investments make up such a large portion of IADR's assets, investment returns have a large impact on the Association's net assets. Positive investment returns have resulted in an increase of nearly \$4.2 million in IADR net assets over the last four years.

Motion 6: That the IADR Council approves the 2019 Independent Auditors' Report.

Moved: Prof. O'Connell

Seconded: Dr. D'Silva

The motion was approved with two abstained.

3.2 Investment Portfolio Report

Prof. Reynolds reported that the IADR investment portfolio increased in value more than 12% in 2020 and that through May 2021, returns continued to be strong. The portfolio was just over \$16.8 million on May 31, 2021. The portfolio continues to screen for tobacco and sugar-sweetened beverage companies. While withdrawals from the portfolio are infrequent, 2020 was one of the years when a withdrawal was necessary to fund ongoing operations after the cancellation of the 2020 General Session. As a result of strong operating net income and cash flows, this was the first time a portfolio withdrawal was needed since 2009.

3.3 Unaudited 2020 Year-End Estimate

Prof. Reynolds reviewed the IADR 2020 Actuals vs. Budget and provided the following highlights:

Overall operations are estimated to result in a \$1,033,000 deficit versus a budgeted surplus of \$24,000, a (\$1,057,000) difference primarily due to the cancellation of the March General Session and lower membership revenue.

General Operations

- The number of members decreased by approximately 20% from 2019. This decrease results in dues revenue that is \$322,000 lower than budget. After the IADR share of the cancelled March meeting loss, this is the second biggest factor in the overall budget shortfall.
- Most expenses are in-line or less than budgeted amounts. However, Member Retention costs are \$55,000 higher than budget due to the

costs of setting up the IADR Community site to allow members to network during the COVID shutdown.

General Session & Centennial Gala

- The expected loss on the cancelled General Session includes \$52,000 in member meeting registrations & contributions and \$190,000 in meeting sponsorships that were redirected by members and vendors to be treated as contributions to help offset the cost of the meeting.
- Exhibitors also directed us to treat approximately \$15,000 of their fees as contributions to help offset expenses.
- IADR's share of the meeting lost is \$627,000 which is much better than the worst-case scenario developed just after the meeting cancellation.
- Sponsors of the Centennial Gala designated \$25,000 of their sponsorships as contributions to help offset the costs of the cancelled Gala. This helped to offset the \$177,000 in costs for the Gala, resulting in a \$152,000 deficit.
- The expected Gala deficit will improve if IADR is able to collect on the arbitration settlement it prevailed in with a vendor it paid \$134,000 for Gala expenses.

GHQ

Total expenses are \$37,000 lower than the original budget. Cost savings are mainly due to an open staff position for part of the year and lower depreciation expenses, partially offset by higher than budgeted recruitment costs due to replacing the CFO and Accounting Manager roles and accounting fees which include temporary help costs for Finance earlier in the year.

JDR

Royalty income is \$862,000, or \$18,000 less than the budgeted amount. The editorial stipend is \$5,000 less than budget due to the lack of an annual in-person meeting of the editorial staff due to COVID. Expenses for the year are \$6,000 less than budget. This results in a budget surplus of \$408,000 for the year which is \$12,000 less than the budgeted surplus of \$420,000.

JDR CTR

Royalty income is \$56,000 which is \$3,000 better than the budget. The editorial stipend is slightly less than budget due to the lack of an annual in person meeting.

Expenses are expected to be \$15,000 less than budget primarily due to lower than budgeted marketing costs and lower editorial expenses, due to the lack of an in-person meeting. These projections result in a net deficit of (\$7,000) which is \$15,000 better than the budgeted deficit of (\$22,000).

Investment Spending Policy

The year-end estimates reflect the investment portfolio providing \$1,526,000 of funding for

operations and other Board approved expenditures. This needed funding is well above the \$353,000 expected to be available under the 2% spending policy.

This increased need is primarily due to the (\$627,000) share of the loss from the cancelled meeting in March as compared to a budgeted surplus of \$204,000. At the end of 2019 IADR had \$275,000 of cumulative unspent investment portfolio spending policy funds.

4. Strategic and Operational Planning Committee (SOPC)

4.1. 2021 IADR and Joint IADR/AADR Budgets

Prof. O'Connell reviewed the 2021 Budgets and provided the following highlights: An overall operating deficit of \$357,000 is budgeted.

Gen Ops

- IADR is optimistic that the Membership levels will return to 2019 levels following the drop in 2020 due to COVID-19 which caused the cancellation of the March meeting in Washington DC.
- Most expenses are maintaining the same budget level or increasing only slightly from 2019. The exception is member retention which includes the cost of the system on which the IADR Community runs. IADR Community allows members to communicate and network virtually.

General Session

Two budgets were initially developed for the 2021 meeting (joint meeting with AADR); one budget with both in-person and virtual components and a second budget if the meeting is held virtually. With the decision in March to move to a fully virtual meeting, the remaining virtual only meeting budget shows a meeting surplus in part due to the venue cost savings.

Awards, Fellowships, Grants

Per Board approval, \$50,000 in investment spending continues to be budgeted for the Hatton competition costs. Unilever has reduced its funding for 2021 from 100,000 Euros to \$10,000 US Dollars. Other corporate sponsors are being sought to fully fund the competition.

GHQ

Costs are budgeted to increase by 6.7% as compared to 2020 estimated year-end expenses. The year-end estimated costs the increase is calculated on are expected to be -1.0% less than budget. An intentional several month delay in replacing a staff vacancy helped keep staff costs lower than expected in 2020. However, a full staff is budgeted in 2021, which also makes the increase in staff costs appear a bit higher than normal. Depreciation costs will also be elevated over the next few years as IADR depreciates the costs of the second floor GHQ renovations. In addition, a new AMS system (implemented in 2001 and last upgraded in 2011) and a website overhaul (last upgraded in 2016) are planned for 2021. The website overhaul will be depreciated over the next 3 years

and the new AMS system will be depreciated over 5 years. An increase in information technology costs is budgeted for 2021 for one-time implementation costs associated with the new AMS system.

JDR

The surplus is budgeted to continue but is declining. As has been typically done, to be conservative, a 5% reduction in Royalty income is budgeted. The Editorial Stipend remains unchanged from 2020 and will remain the same for the duration of the contract term. Editorial expenses increased with the hiring of a new Editor in Chief (EiC) in 2020. The previous EiC's compensation had been unchanged for several years.

JDR CTR

Royalty income, similar to JDR has been conservatively budget to decrease by 5% from 2020. Expenses are budgeted similarly to 2020 and reflect a small increase in the EiC's compensation put in place in September 2020. A small deficit is expected, though it should be noted that the expenses include an allocation of staff salaries and benefits as well as an overhead allocation.

Preliminary 2022 & 2023 Budgets

Currently projecting budget deficits in 2022 & 2023.

The China meeting in 2022 is currently budgeted with an expectation of high local attendance, however high venue, travel and additional costs such as translation will make it difficult to attain a budget surplus.

Chinese turnout must be strong to eliminate the possibility of a meeting deficit.

WCPD is typically held every four years. The last meeting was in 2017. However, due to the uncertainty about the timing and location of the next meeting, no budget is included for a future meeting.

Future year budgets are projected conservatively, so improvements could be seen based on actual results over the next few years. However, if these budgets are accurate, IADR will exceed the Board-approved investment spending policy in these years.

GHQ

Costs stay at fairly typical increases in 2022 and 2023 with the exception of information technology costs which are projected to be lower in 2022 & 2023 due to one-time implementation costs associated with the implementation of the new AMS system that are budgeted in 2021. Depreciation costs are expected to fall in 2023 as some capital improvement projects reach the end of their depreciation cycle. Most other costs assume a 3% inflationary increase each year.

JDR

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

JDR CTR

Continues to be budgeted conservatively with a small deficit each year.

Prof. O'Connell noted that approval of the budgets includes an increase in IADR dues and General Session rates for 2022, which he provided to Council.

Motion 7: That the IADR Council approves the 2021 IADR and Joint IADR/AADR Budgets as they were presented.

Moved: Dr. Mitchell

Seconded: Dr. D'Silva

The motion was approved with two opposed and six abstained.

4.2. *JDR* Editor-in-Chief Update

Dr. Jakubovics provided highlights from the Editor-in-Chief report for the *JDR*. He noted that *Journal* metrics were quite good for the year and that the recently released Impact Factor is the highest ever for *JDR*, at 6.116. The *Journal* also has the highest number of citations in the field. Dr. Jakubovics updated the 2021 information on *JDR* turnaround times provided on page 440 of the manual, noting that time from submission to acceptance should be 94 days, time from acceptance to online publication is 30 days, and time from acceptance to print publication is 143 days. Dr. Jakubovics noted that the *Journal* has published many COVID-19 papers which accounts for the doubling in the download metrics. Dr. Jakubovics mentioned the new *JDR* Twitter feed and encouraged Council to follow it. Finally, Dr. Jakubovics noted an upcoming special issue on the interface between materials and oral biology which is due to be published in September.

4.3. *JDR CTR* Editor-in-Chief Update

Dr. Feine gave a brief report in which she highlighted the *JDR CTR* turnaround times, noting that her team is working to lower the time from submission to first decision. *JDR CTR* rejected half of all submissions this year, and 80% that were sent on for review were accepted. Dr. Feine also noted that while *JDR CTR* continues to rely on papers transferred from *JDR*, in 2021 there has been a noticeable increase in direct submissions. Of the most-downloaded papers, interest in those related to COVID-19 drove an increase in download metrics. *JDR CTR* is on Twitter now.

Prof. O'Connell noted that both *JDR* and *JDR CTR* are quite successful, and he thanked both Editors-in-Chief for their hard work and dedication.

4.4 Philanthropy Update

Prof. O'Connell reported to Council that the IADR Board is interested in increasing philanthropic involvement for IADR. The Board commissioned a report from Trek Advancement, which has been helping AADR with its philanthropic efforts over the past few years. The Trek proposal for IADR has been approved by the Board and it is hoped that this plan will encourage donations thus allowing the Association to be more ambitious with the work it is accomplishing and the services it can provide to its members.

5. Member Stakeholder Relations Committee (MSRC)

5.1. IADR Science Policy Update

Prof. Moynihan provided a brief summary of the report from the Science Information Committee, drawing attention to the COVID-19 Updates and Resources Webpage, the update to the Fluoride Policy and Position Statement, as well as the contributions by IADR to the WHO Oral Health Report which led to the adoption of the Oral Health Resolution. Prof. Moynihan also reminded Council that IADR continues its work with the Minamata Convention.

6. In Memoriam

Dr. Den Besten led Council members in observing a moment of silence in honor of IADR members who passed away during the preceding year.

7. Interactive Council Feedback Session

Dr. Den Besten turned the program over to Dr. Fox who led a discussion on some important initiatives related to IADR Scientific Groups and Networks (SGNs).

Dr. Fox began by saying that the SGNs are the backbone of the Association and that most of the meeting content is driven by the SGNs. He added that the Board has requested feedback from Council on the SGNs to make sure that their structure is serving the Association well, adding that there has been considerable growth in the number of SGNs but not a concomitant growth in membership.

Dr. Fox provided some background for this session, noting that the Board decided in May 2021 to develop a Task Force (TF) to evaluate the structure of SGNs and make recommendations. The TF will begin its evaluation in the fall of 2021 and make preliminary recommendations for the Board to consider at its December meeting. A final report will be prepared for the Board to review in May 2022 and for Council at its meeting in June 2022.

Dr. Fox then reviewed the history of the SGNs and added that there are currently 32 Groups and Networks, the majority of which have been added in the second half of the Association's history. He noted that there are three strong pending SGN applications which were put on hold while the TF does its evaluation.

Next, Dr. Fox explained that GHQ examined all the SGNs divided into quartiles based on their size and compared this against overall membership numbers, showing that as the number of SGNs has increased, membership has declined or remained somewhat flat in all quartiles. While an SGN must have 50 members in order to be created, some SGNs currently have fewer than 50 members.

Dr. Fox then showed a slide reflecting total SGN membership compared with abstracts submitted. The membership peaked in 2012 with the meeting in Brazil and has declined steadily since 2018. While the pandemic has no doubt played a role, the trend in membership decline began well before the pandemic.

Dr. Fox reviewed the five questions the Board is seeking Council feedback on: 1) Do the current SGNs reflect the state of dental, oral and craniofacial science today; 2) Are there overlapping research areas in the current SGNs, and if so, does this lead to confusion for new members or abstract submitters?; 3) Is the current mechanism to create a new SGN the best method?; 4) Are there specific metrics the Task Force should evaluate in their review of SGNs?; and 5) Should any current SGNs be sunsetted, and if so, by what metric?

Councilors were encouraged to reach out directly to Dr. Fox with their feedback if they do not have a chance to voice their thoughts in this meeting.

Dr. Fox also reminded Councilors that at the Board's request, GHQ sent a poll earlier this year to each of the SGNs requesting their input regarding the high-impact research areas which they are involved in. They were asked whether there is a paper that exemplifies scientific excellence and whether they have a team of researchers who are innovators. Dr. Fox noted that few responses were received.

Dr. Fox then opened up a listening session in which the Board could gather input to inform the work of the TF. Dr. Den Besten echoed this and encouraged Councilors to share their thoughts.

Dr. Feine said that in response to Question 1, interdisciplinary research is very important and that rather than build new groups and networks based on new topics, the SGNs should be restructured to focus on conditions, for example caries.

Dr. Ruest from the Craniofacial Biology Group noted that in 2018 his Group lost many members because orthodontists left the Group to form the Orthodontics Research Group and are now competitors when it comes to abstracts. He urged reducing this kind of competition.

Dr. Weintraub gave some of the history of how the BEHSR Group grew and noted that it is stronger as a result. She added, however, that having more Groups gives more people leadership opportunities.

Dr. Crystal from Pediatric Oral Health Research noted that one of IADR's greatest strengths is networking opportunities, and that merging Groups would enable more of this and reduce the silos being created with the increasing number of SGNs.

Dr. Herzberg noted that it is a big challenge for the SGNs that they have only one activity a year, and he suggested requiring SGNs to hold more events throughout the year. Dr. Duarte noted that the IADR Community is an

excellent vehicle for communication throughout the year and that the Cariology Group is using this in lieu of its newsletter.

Dr. D'Souza noted that the Board has been discussing this issue for many years. She added that scientific programming is key and that having a program committee that can select interdisciplinary themes is important.

Dr. Dechow noted that the Clinical Translational Sciences Network was formed as a Network due to its interdisciplinary nature. This led to a discussion of the difference between Groups and Networks, with some agreeing that Networks bring different Groups together, while others felt that Groups and Networks are treated the same and do not see this difference. There was agreement that members should have a better understanding of the difference between a Group and a Network.

Dr. Heller from the Salivary Research Group noted the importance of Groups for helping students become more involved. She added that Salivary Research has a social media presence to help bring members together.

Dr. Den Besten recommended that these questions be put into a Google document and sent to Councilors to elicit more feedback. Dr. Fox agreed, noting that the feedback will help to inform the work that the TF does.

Dr. Alikhani from Orthodontics Research Group felt that his Group lost members due to the cost of participation, and he recommended reducing fees to attract more members. He was also concerned that students cannot afford membership and meeting costs.

Dr. Alikhani also recommended retaining Groups that contribute to membership growth and disbanding those that do not.

Dr. Den Besten thanked Councilors for their input. In closing the meeting, she noted that the focus of IADR must be global as that is the way to move forward. Dr. Fox indicated that additional feedback will be gathered from the SGNs to move this discussion forward.

Action 1: GHQ will send out a survey to the SGNs to gather additional responses to the questions posed during this feedback session to inform the TF in its work to evaluate the SGNs.

8. Additional Business

There being no additional business, the 2021 IADR Virtual Council meeting adjourned at 6:06 p.m. EDT.

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

Eric C. Reynolds

*The University of
Melbourne, Australia*

**IADR Presidential Address by
Eric C. Reynolds at the
99th Virtual General Session
of IADRIAADR/CADR**



IADR President Pamela Den Besten, AADR President Mark Herzberg, CADR

President Walter Siqueira, CEO

Christopher Fox, distinguished guests, corporate partners, and members from around the world, I am profoundly honored to be elected as the 98th president of this august association. I joined IADR in 1983. 1983 was a very significant year for me, as it was the year I attended my first IADR General Session, and it was held in Sydney, Australia. It was in fact the first IADR General Session to be held in Australia where IADR members from around the world could experience close by the iconic structures of the Sydney Harbor Bridge and the Opera House as well as wonder at the unique Australian species the kangaroo, platypus, and koala at the nearby zoo and enjoy the amazing artwork of the Aboriginal and Torres Strait Islander peoples. It was also the year Coralie and I were married, and we in fact both attended the IADR General Session, as we have for many of the general sessions over the past 38 y. Coralie works with me at the Melbourne Dental School, so she is not only my wife but also a valued colleague. I would not be here today if it were not for her scientific contribution, her very loyal support, and sage advice. We are still both passionate members of IADR.

IADR has been instrumental in my career development right from my first general session in Sydney, where I met researchers from around the world who inspired me into a career of dental research. I strongly recommend to our student members and other early career researchers that you reach out to senior members who work in your research area by email or through the online IADR community and, when we do finally return to face-to-face General Sessions, that you find a way to attend and meet as many people as you can. You will find as I did that these senior researchers are very generous with their advice and support, and they will inspire you. It is this networking opportunity that IADR offers that acts as a catalyst in the career development of all members and is highly valued.

The IADR is very fortunate to have an outstanding chief executive officer in Christopher Fox, who leads a talented team at global headquarters. The strategic governance of the IADR is provided by a diverse and enthusiastic Board of Directors. I have been fortunate to work with, and learn from, 3 presidents: Rena D'Souza, Paula Moynihan, and now Pam Den Besten, who are passionate leaders, and on behalf of all members, I thank them for their excellent and ongoing contributions. I am very ably supported by the new President Elect Brian O'Connell and the new Vice President Ophir Klein. I thank them also for their commitment to the IADR, and I look forward to working with them more closely over my term as president.

The theme for my presidential term is "IADR 100 y On: Driving Science, Engagement, and Globalization Post COVID-19." Just over 100 y ago, IADR was founded by a professor of biological chemistry at Columbia University, William J. Gies. He was involved in dental research investigating the microbiology and biochemical processes of dental caries. He founded the IADR to unite a community of likeminded dental scientists to promote excellence in research related to what we now call dental, oral, and craniofacial research. The original Articles of Agreement signed in December 1920 state that IADR was established "to promote broadly the advancement of active research in all branches of dentistry so that dentistry may render cumulatively more perfect service to humanity." Our current mission statement may use slightly less eloquent words, but the message is much the same: "To drive dental, oral and craniofacial research for health and well-being worldwide." The need to ensure the quality of our science and status as the premier research organization globally in dental, oral, and craniofacial research is still as strong today as it was 100 y ago, particularly with the IADR strategy of globalization and membership growth. The IADR scientific groups and networks have a critical role in science quality control by reviewing General Session Abstracts, as does the Annual Session Committee with its oversight of proposed symposia. It is vital that these reviewers, in their assessment and aim to maintain quality, offer constructive criticism of proposals to provide a learning and improvement process to keep members, particularly early career researchers, engaged. Similarly, it is important that all members are offered the opportunity to comment on the development of IADR Science Policy by the IADR's Science Information Committee to allow input from all member key opinion leaders around the globe to achieve broad member ownership of the policies.

IADR must engage effectively with all its stakeholders globally to maximize its convening power. This requires representation from all IADR regions on the different IADR committees; hence, it is imperative that all regions nominate members willing to serve in this capacity to provide regional representation. Engagement with our corporate partners is not only important for sponsorship of IADR meetings and prizes but also for the development of academic–industry collaborations that can lead to research translation and societal benefits. There are many examples of this research translation over the past 100 y, but one I know all members are very proud of is the role IADR academic and industry members have played in the identification of fluoride as an anticariogenic agent and the use of fluorides in community water supplies and oral care products to reduce the economic and social burden of dental caries. The role IADR plays as a catalyst in the development of academic–industry collaborations cannot be overstated and is one of the many attractions to members. We thank our corporate partners for their engagement and recognize academic–industry collaboration as a highly valued activity of the overall IADR experience.

A recent IADR strategic planning review has reaffirmed the strategy of IADR regionalization with the formation of the 5 regions: Africa/Middle East, Asia/Pacific, Latin American, North American, and Pan-European. The formation of the regions provides an opportunity to address unique local conditions and membership needs within a similar time zone. However, it is also clear from that review that IADR needs to improve

the level of professional services support and operational activities within the regions with better service coordination and communication with global headquarters. The success of regionalization has been made even more important with the impact of the coronavirus disease 2019 (COVID-19) pandemic causing the cancellation of the 2020 General Session and the offering of a 100% virtual meeting for the 2021 General Session. This pandemic poses the greatest challenge to IADR in its 100-y history in terms of member retention and fiscal security. I would like to acknowledge Christopher Fox and his headquarters team on the excellent financial stewardship and rapid implementation of online offerings, including the virtual General Session, to successfully navigate through the pandemic's impact to date. However, the newly formed regions as well as the scientific groups and networks will need to play a greater role in member recruitment and retention to help support the regional growth of IADR.

I thank the members from around the world who have registered for this first ever online virtual General Session and ask them to use the virtual experience platform to fully engage in the meeting. Using this platform, attendees can watch presentations live or view recorded sessions at any time. They can also access online thousands of research presentations, including the Distinguished Lecture Series, Symposia, Keynote Addresses, Lunch & Learning, and Oral and Poster sessions. Attendees will also be able to discuss and network with other attendees from around the world in the online forum IADR Community. So please make full use of the platform to make this virtual meeting a success.

Although the impact of COVID-19 has been a challenge and the threat of the emergence of more virulent strains of the coronavirus is a concern, I have confidence in human ingenuity and technology to overcome these challenges so that we will be able to meet face-to-face again, hopefully next year in Chengdu. However, General Sessions in the future may offer both in-person and virtual registrations depending on the outcomes of this current virtual meeting.

Notwithstanding the current challenges facing IADR, the post-COVID-19 future looks very exciting. New technologies like integrative structural biology elucidating the molecular structure of life's nanomachines, including bacterial secretion systems together with rational drug and immunotherapy design based on multiomics, will lead to optimized therapies as part of precision medicine. This will be supported by robotics and artificial intelligence, referred to as dentronics for dental applications, and together with tissue engineering, breakthroughs should have a significant impact on oral health through ongoing research and research translation by IADR members. These exciting new technologies should lead to the development of multivalent therapies to target polymicrobial communities to prevent and reverse dysbiosis associated with caries and periodontal diseases, 3-dimensional printing of tissue scaffolds containing a mineralization system to regenerate lost tissue, and the use of dentronics to not only improve diagnosis but also assist in the delivery of better treatment outcomes.

In conclusion, I am honored to represent you and work with you to help shape the future of this outstanding association as the 98th president of the IADR, and I wish you an enjoyable and productive virtual meeting. Thank you.

Author Contributions

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

Declaration of Conflicting Interests

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Editor's Report for the *Journal of Dental Research*, December 2021

I am pleased to provide to the IADR/AADOCR Joint Board of Directors my annual report as Editor-in-Chief for the *Journal of Dental Research*. This report provides a summary of the progress of the *JDR* over the past year. The journal continues to perform strongly across all metrics, remaining #1/91 journals in Dentistry, Oral Surgery & Medicine for the most recent Eigenfactor \leftrightarrow Score at 0.01683 and #5/91 for 2-year Journal Impact Factor at 6.116 (Table 1). Total citations increased to 26,197. The *JDR* was #2/91 in a new metric, the 'Journal Citation Indicator', a field-normalized ranking system based on citations over a 4-year period.



Table 1. Key metrics for the *JDR*.

	2020(rank)	2019
Eigenfactor TM	0.01683(#1)	0.01986
2-yearImpactFactor ^a	6.116(#5)	4.914
5-yearImpactFactor ^a	7.199(#3)	5.844
JournalCitationIndicator ^b	2.39(#2)	-
Totalcitations ^a	26,197(#1)	20,557

a This is the first year of a transition in impact factor calculations, which has resulted in a slight increase in IF and total citations for journals that appear both online and in print. Nevertheless, the *JDR* metrics here are very strong.

b This is a new metric. A score of '1' reflects a journal in the middle of the field.

Since it takes time to accumulate citations, journal metrics are based on publications from years preceding the census year. Reads/downloads provide more up-to-date indicators of a journal's impact. Notably, there were 911,236 full-text downloads in 2020, which was more than double the previous year (448,396 downloads) and reflects the very high level of interest in the *JDR* during a year that was defined by the COVID-19 pandemic.

The following are some highlights of progress of the *JDR* in 2021:

I. Manuscript Processing.

There were 1,449 original submissions in 2020, representing a 20.1% increase compared with 2019 (1,206 submissions). We began tracking papers on COVID-19 in May 2020 and have continued to identify these through a separate manuscript type that is selected by authors at submission. In 2021 (up to 31st October), Research Reports represented approximately 75% of submissions, while Clinical Reviews and COVID-19 submissions each constituted nearly 10% of submissions (Fig. 1). Invited article types including Perspectives, Critical Reviews and Discovery! articles were more strongly represented in the accepted papers than submissions (Fig. 2).

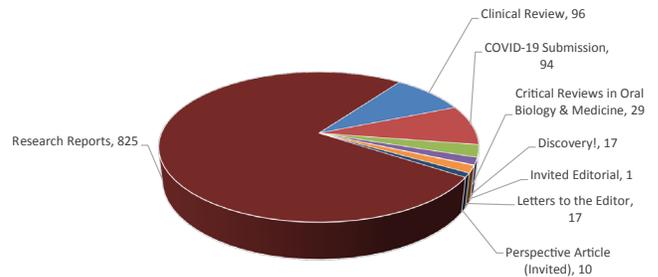


Figure 1. *JDR* Original Submissions by Manuscript Type between January 1–October 31, 2021

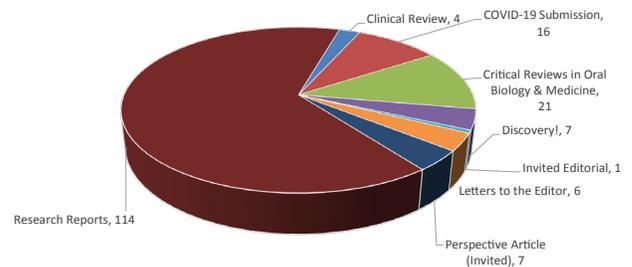


Figure 2. *JDR* Acceptances (Original and Revised) by Manuscript Type between January 1–October 31, 2021

The average time from submission to first decision was 17.1 days over the 12 months up to November 8th, 2021. To maintain an efficient handling of manuscripts, over 2/3 of papers are triaged at entry and 50% following peer review. This provides submitting authors a quick turnaround time to identify other venues for their research (Fig. 3). Of 1,080 manuscript decisions between January 1st and October 31st 2021, 161 manuscripts (15%) were approved for transfer to the *JDR-CTR*, helping to maintain a strong pipeline of papers for our sister journal.

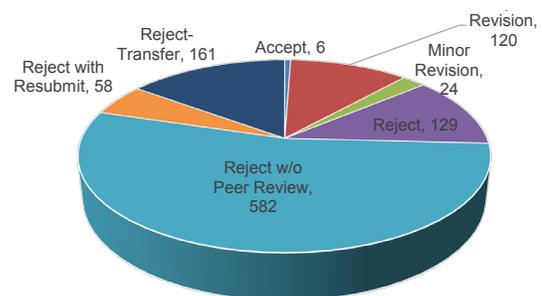


Figure 3. Original Manuscripts with Decision Date between January 1–October 31, 2021

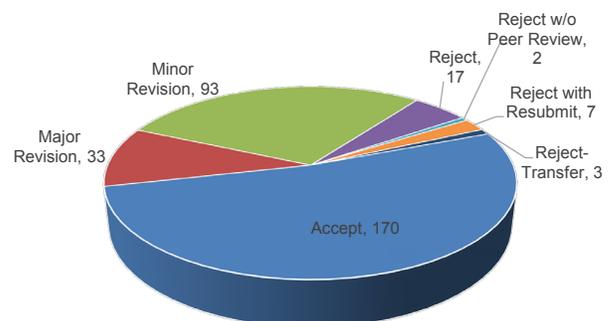


Figure 4. Revised Manuscripts with Decision Date between January 1–October 31, 2021

Approximately 90% of revised manuscripts are eventually accepted, sometimes after further rounds of peer review (Fig. 4). The strong workflow after a manuscript has been accepted continues to result in rapid online publication of articles (36 days from acceptance to online publication). The time from submission to print publication is 147 days. A strong supply of manuscripts and additional competition from COVID-19 papers has led to a small increase in the pool of accepted manuscripts awaiting print publication. This will be managed through a 10% increase in page numbers in 2022, which was approved at the May Joint Board meeting, to maintain capacity for publishing urgent COVID-19 research without negatively impacting other publications in the dental, oral and craniofacial sciences.

2. JDR Global Institutional Reach and Fiscal Stability.

The *JDR* continues to attract manuscript submissions from institutions around the world. Access to the *JDR* has been strong through initiatives such as HINARI, which makes online content available free-of-charge to libraries in low- and middle-income countries via the Research4Life portal. Over 10% of *JDR* publications were open access in 2020 compared with <5% in previous years. The increase was largely driven by publications on COVID-19 which are made freely available upon publication on SAGE's COVID-19 research site (<https://journals.sagepub.com/coronavirus>). This conforms to a Wellcome Trust initiative to promote data sharing and to ensure that vital information for responding to the pandemic is released for everyone to see, regardless of journal subscriptions.

3. Highly accessed and cited research in 2021

Total article downloads remain high in 2021, with COVID-19 research still generating strong interest (Table 2). Citations to 2020 papers also appear to be extremely high compared with previous years. For example, 4 papers that were published in print in 2020 have already been cited >100 times each. Three COVID-19 research papers from the last 3 months have achieved Altmetrics scores >50, reflecting high levels of engagement through social media and other channels.

4. Promotion of JDR Research.

We continue to promote *JDR* research through press releases, which are available at this link:

<https://www.iadr.org/about/news-reports/iadr-press-releases>.



Key articles have also been promoted on the IADR Community, enabling reader discussions of the work. The *JDR* Twitter feed (@JDentRes), established in July 2020, has amassed >1,500 followers to date. This is a key platform to promote the *JDR* to a broad audience and has been used to publicize new issues of the journal, new research articles and highlights from the previous year.

The *JDR* has started recording video podcasts to promote *JDR* research including the 2021 special issue. We are refining the format of these podcasts and are open to ideas for further developing them.

The *JDR* editors frequently give talks on publishing to promote interest in the journal and to encourage engagement with authorship and reviewing. The move to online seminars brought new opportunities for talks in 2020 and we have given seminars to several groups across the Americas, Europe and Asia. We also delivered peer review training in a workshop at the IADR General Session organized by Prof. Effie Ioannidou.

The success of the journal promotion strategy owes a great deal to Elise Bender and Denise Streszoff at the IADR Global Headquarters office, who have overseen the establishment and running of the Twitter feed as well as managing the journal's press releases. These activities reflect the journal's strong commitment to the promotion of oral, dental and craniofacial science to scientific, clinical and lay audiences worldwide.

5. Special Issues in the JDR.

A special issue on the Interface between Materials and Oral Biology was published in September 2021. There was an excellent level of interest in the topic resulting in the largest issue of the year with 22 articles. We are very grateful to Editors Professor Jack Ferracane and Dr Luiz Bertassoni for their hard work co-ordinating the special issue.

The next special issue is planned for the final quarter of 2022 and will focus on Data-Driven Analytics for Dental, Oral and Craniofacial Health Care. Dr Falk Schwendicke will edit the issue together with Guest Editor Professor Mary Marazita (University of Pittsburgh). This will highlight the latest scientific advances in research leveraging data-driven dental and oral health analytics with applications to care.



Submissions are open until the end of January 2022.

Table 2. Top 3 downloaded papers from January – September 2021

Total Downloads	Article
26,218	P.S. Kumar, S. Saraswat, S.M. Dabdoub, A.P. Meethil, P.P. Chaudhary Sources of SARS-CoV-2 and Other Microorganisms in Dental Aerosols Volume 100 Issue 8; 10.1177/00220345211015948
20,999	F. Hua, L. Meng, Z. Bian Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine Volume 99 Issue 5; 10.1177/0022034520914246
15,464	G. De Luca Canto, A.R. Santos-Silva, R.L. Carvalho da Silva, A.C. Acevedo, J. Amorim dos Santos, N. Sugaya, E.N.S. Guerra, A.G.C. Normando Oral Manifestations in Patients with COVID-19: A Living Systematic Review Volume 100 Issue 2; 10.1177/0022034520957289

6. Acknowledgements

The journal’s success would not be possible without the dedicated efforts of a broad team. I would like to thank Dr. Christopher Fox, Denise Streszoff, Kourtney Skinner, and Lily Knol at the *JDR* Headquarters in Alexandria, without whom the journal could not run. We are fortunate to be supported by the capable staff at SAGE Publishing, including Lauren Hunt, Paulina Klein, Alan Carabes, Alisia Lemos, and Isaac Hirsch, who work closely with the editors and the team at *JDR* Headquarters to ensure the smooth-running of the journal. Michaila Patterson is the local editorial assistant at Newcastle University where she is supporting the journal by managing the page proofs, working with the authors, the IADR office, and SAGE. I am very grateful for the hard work and diligence of our team of Associate Editors: Professors Ana Paula Colombo, Gustavo Garlet, Dana Graves, Jacques Nör, Joy Richman, Falk Schwendicke and Carmem Pfeifer (since June 2021). I would like to record my thanks to Professor Jack Ferracane who served as Associate Editor for over 10 years before leaving in June 2021 to take up an appointment as the Founding Editor-in-Chief of the American Dental Association’s new open access journal JADA Foundational Science. Finally, I would like to acknowledge the members of the Editorial Board and the many reviewers, who give up their time and efforts to critique papers. The conscientious efforts of the reviewers and editors are vital for us to select the top papers from the many high- quality submissions that we receive.

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

Yours faithfully,

Nicholas S. Jakubovics
Newcastle University, UK

Editor’s Report for the *JDR Clinical & Translational Research*, 2021

It’s my pleasure to provide the annual report to summarize our *JDR CTR* activities from January to October, 2021. The journal is now 6 years old, and we have made considerable progress due to many people whom I wish to acknowledge here. We greatly appreciate the daily dedication and support of many at GHQ, including Lily Knol, Kourtney Skinner, Denise Streszoff and Chris Fox.

I also want to acknowledge the assistance we have from Elise Bender in helping us to initiate the *JDR CTR* stream on Twitter. Our *JDR CTR* twitters announce our most recent online publications and are posted by Dr. Akanksha Srivastava, IADR member and Oral Maxillofacial Prosthodontist at the University of Chicago Faculty of Medicine.

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

Our progress would not have been nearly as rapid had we not been the fortunate recipients of referred manuscripts from Nick and his team of Associate Editors. The *JDR* has generously “fed” the *JDR CTR* from the start, and our journal standing has been greatly aided due to their active and continuous support.

Highlights of progress by the *JDR CTR* for 2021

I. Manuscript Processing:

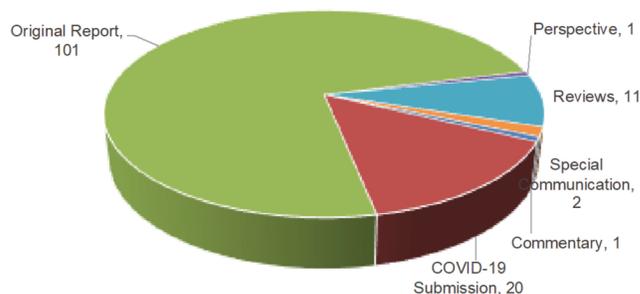
The average time from submission to acceptance has decreased to 92 days. We are working hard to reduce this through increasing our Editorial Advisory Board and engaging new reviewers. To increase the number of new, qualified reviewers, Effie initiated a peer-review workshop, and we are holding it every year during IADR meetings.

We have recently named a new Editorial Advisory Board starting in January 2022, thereby expanding it from 28 to 42 members.

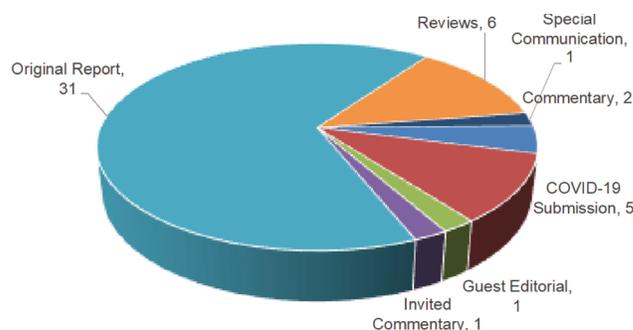
Average <i>JDR CTR</i> Turnaround Times	2017	2018	2019	2020	2021 YTD
Submission to Acceptance	122 Days	119 Days	118 Days	105 Days	92 Days
Acceptance to Online Publication	30 Days	28 Days	43 Days	26 Days	27 Days
Acceptance to Print Publication	123 Days	107 Days	156 Days	236 Days	269 Days

<i>JDR CTR</i> average days from submission to first decision (Prior 12 months)*	34.4 Days
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JDR CTR Original Submissions by Manuscript Type between January 1–October 31, 2021



JDR CTR Acceptances (Original and Revised) by Manuscript Type between January 1–October 31, 2021



Most read *JDR CTR* articles in the last 6 months

Top 10 Most Downloaded Articles: Jan. - September 2021	
Total Downloads	Article
4,868	E. Eliav, L. Rasubala, Y.F. Ren, H. Malmstrom Dental Care and Oral Health under the Clouds of COVID-19 Volume 5 Issue 3; 10.1177/2380084420924385
2,818	A.W. Dick, G. Gahlon, A.M. Kranz, B.D. Stein Characteristics of US Adults Delaying Dental Care Due to the COVID-19 Pandemic Volume 6 Issue 1; 10.1177/2380084420962778
2,779	A. Dahiya, A. Letra, A. Mann, L.C. Souza Considerations for Pregnant Dental and Health Care Workers amid COVID-19 Volume 5 Issue 4; 10.1177/2380084420952747
2,777	S. Deacon, K. Durman, M.K. Virdi The Debate: What Are Aerosol-Generating Procedures in Dentistry? A Rapid Review Volume 6 Issue 2; 10.1177/2380084421989946
2,184	N. Hiraishi, D. Duangthip, C.H. Chu, E.C.M. Lo, I.S. Zhao, M.L. Mei, S.S. Gao Clinical Trials of Silver Diamine Fluoride in Arresting Caries among Children A Systematic Review Volume 1 Issue 3; 10.1177/2380084416661474
2,062	C.S. Smith, T.H. Brickhouse, M. Mosavel, A.A. Akinkugbe, D.T. Garc�a COVID-19 and Dental and Dental Hygiene Students' Career Plans Volume 6 Issue 2; 10.1177/2380084420984772
2,042	B. Gharib, A. Baghalian, H. Bahramian COVID-19 Considerations in Pediatric Dentistry Volume 5 Issue 4; 10.1177/2380084420941503
1,912	J.H. West, B.T. Crookston, C.T. Yentes, R.C. Moffat Patient Perceptions about Professional Dental Services during the COVID-19 Pandemic Volume 6 Issue 1; 10.1177/2380084420969116
1,895	A.A. Agudelo-Su�rez, S.P. Plaza-Ru�z, D.M. Barbosa-Liz Impact of COVID-19 on the Knowledge and Attitudes of Dentists toward Teledentistry Volume 6 Issue 3; 10.1177/2380084421998632
1,877	D. Hu, M. Saraputseva, A. Saraputsev SARS-CoV-2 Seropositivity among Dental Staff and the Role of Aspirating Systems Volume 6 Issue 2; 10.1177/2380084421993099

Most read JDR CTR articles in the last 6 months

<p>Dental Care and Oral Health under the Clouds of COVID-19</p> <p>Y.F. Ren, L. Rasubala, H. Malmstrom, E. Eliav</p> <hr/> <p>Jul 2020 - Vol 5, Issue 3 First published: 24 Apr 2020 Views & downloads: 2654 Citations: 31</p> 	<p>The Debate: What Are Aerosol-Generating Procedures in Dentistry? A Rapid Review</p> <p>M.K. Virdi, K. Durman, S. Deacon</p> <hr/> <p>Apr 2021 - Vol 6, Issue 2 First published: 29 Jan 2021 Views & downloads: 1891 Citations: 0</p> 	<p>Characteristics of US Adults Delaying Dental Care Due to the COVID-19 Pandemic</p> <p>A.M. Kranz, G. Gahlon, A.W. Dick, B.D. Stein</p> <hr/> <p>Jan 2021 - Vol 6, Issue 1 First published: 27 Sep 2020 Views & downloads: 1844 Citations: 10</p> 
<p>Clinical Trials of Silver Diamine Fluoride in Arresting Caries among Children: A Systematic Review</p> <p>S.S. Gao, I.S. Zhao, N. Hiraishi, D. Duangthip, M.L. Mei, E.C.M. Lo, C.H. Chu</p> <hr/> <p>Oct 2016 - Vol 1, Issue 3 First published: 15 Aug 2016 Views & downloads: 1459 Citations: 70</p> 	<p>Considerations for Pregnant Dental and Health Care Workers amid COVID-19</p> <p>A. Mann, A. Dahiya, L.C. Souza, A. Letra</p> <hr/> <p>Oct 2020 - Vol 5, Issue 4 First published: 18 Aug 2020 Views & downloads: 1385 Citations: 0</p> 	<p>COVID-19 Considerations in Pediatric Dentistry</p> <p>H. Bahramian, B. Gharib, A. Baghalian</p> <hr/> <p>Oct 2020 - Vol 5, Issue 4 First published: 14 Jul 2020 Views & downloads: 1346 Citations: 4</p> 
<p>Impact of COVID-19 on the Knowledge and Attitudes of Dentists toward Teledentistry</p> <p>S.P. Plaza-Ruiz, D.M. Barbosa-Liz, A.A. Agudelo-Suarez</p> <hr/> <p>Jul 2021 - Vol 6, Issue 3 First published: 25 Feb 2021 Views & downloads: 1343 Citations: 0</p> 	<p>COVID-19 and Dental and Dental Hygiene Students' Career Plans</p> <p>D.T. García, A.A. Akinkugbe, M. Mosavel, C.S. Smith, T.H. Brickhouse</p> <hr/> <p>Apr 2021 - Vol 6, Issue 2 First published: 06 Jan 2021 Views & downloads: 1139 Citations: 0</p> 	<p>Patient Perceptions about Professional Dental Services during the COVID-19 Pandemic</p> <p>R.C. Moffat, C.T. Yentes, B.T. Crookston, J.H. West</p> <hr/> <p>Jan 2021 - Vol 6, Issue 1 First published: 21 Oct 2020 Views & downloads: 1037 Citations: 7</p> 

Most cited *JDR* articles published in this journal in the last 3 years. This report is current as of week ending November 8, 2021. These statistics are updated weekly using data sourced exclusively from CrossRef.

<p>Dental Care and Oral Health under the Clouds of COVID-19</p> <p>Y.F. Ren, L. Rasubala, H. Malmstrom, E. Eliav</p> <p>Jul 2020 - Vol 5, Issue 3 First published: 24 Apr 2020 Citations: 31 Views & downloads: 16969</p> <p>40</p>	<p>Systematic Review of Evidence Pertaining to Factors That Modify Risk of Early Childhood Caries</p> <p>P. Moynihan, L.M. Tanner, R.D. Holmes, F. Hillier-Brown, A. Mashayekhi, S.A.M. Kelly, D. Craig</p> <p>Jul 2019 - Vol 4, Issue 3 First published: 14 Feb 2019 Citations: 19 Views & downloads: 2096</p> <p>30</p>	<p>Dental Fluorosis Trends in US Oral Health Surveys: 1986 to 2012</p> <p>C. Neurath, H. Limeback, B. Osmunson, M. Connett, V. Kanter, C.R. Wells</p> <p>Oct 2019 - Vol 4, Issue 4 First published: 06 Mar 2019 Citations: 15 Views & downloads: 870</p> <p>81</p>
<p>Regulation of PGLYRP1 and TREM-1 during Progression and Resolution of Gingival Inflammation</p> <p>A. Silbereisen, A.K. Hallak, G.G. Nascimento, T. Sorsa, G.N. Belibasakis, R. Lopez, N. Bostanci</p> <p>Oct 2019 - Vol 4, Issue 4 First published: 23 Apr 2019 Citations: 14 Views & downloads: 357</p> <p>4</p>	<p>Prediabetes and Diabetes Screening in Dental Care Settings: NHANES 2013 to 2016</p> <p>C.G. Estrich, M.W.B. Araujo, R.D. Lipman</p> <p>Jan 2019 - Vol 4, Issue 1 First published: 06 Sep 2018 Citations: 12 Views & downloads: 2239</p> <p>5</p>	<p>Recombinant Human Platelet-Derived Growth Factor: A Systematic Review of Clinical Findin...</p> <p>L. Tavelli, A. Ravidà, S. Barootchi, L. Chambrone, W.V. Giannobile</p> <p>Apr 2021 - Vol 6, Issue 2 First published: 11 May 2020 Citations: 11 Views & downloads: 2663</p> <p>2</p>
<p>Characteristics of US Adults Delaying Dental Care Due to the COVID-19 Pandemic</p> <p>A.M. Kranz, G. Gahlon, A.W. Dick, B.D. Stein</p> <p>Jan 2021 - Vol 6, Issue 1 First published: 27 Sep 2020 Citations: 10 Views & downloads: 4115</p> <p>58</p>	<p>COVID-19: Perspective of a Dean of Dentistry</p> <p>E. Emami</p> <p>Jul 2020 - Vol 5, Issue 3 First published: 13 May 2020 Citations: 10 Views & downloads: 2985</p> <p>1</p>	<p>Unconscious Racial Bias May Affect Dentists' Clinical Decisions on Tooth Restorability: ...</p> <p>N. Patel, S. Patel, E. Cotti, G. Bardini, F. Mannocci</p> <p>Jan 2019 - Vol 4, Issue 1 First published: 16 Nov 2018 Citations: 8 Views & downloads: 2851</p> <p>25</p>

JDR CTR Articles with the highest Altmetric Score from the last 3 months, indicating influence and impact

<p>Dental Erosion: Effect of Diet Drink Consumption on Permanent Dentition</p> <p>M. Samman, E. Kaye, H. Cabral, T. Scott, W. Sohn</p> <p>Oct 2021 - OnlineFirst First published: 08 Oct 2021 Citations: 0 Views & downloads: 80</p> <p>59</p>	<p>Physical Constraint in Pediatric Dentistry: The Lived Experience of Parents</p> <p>P. Malik, B. Ferraz dos Santos, F. Girard, R. Hovey, C. Bedos</p> <p>Oct 2021 - OnlineFirst First published: 10 Oct 2021 Citations: 0 Views & downloads: 474</p> <p>6</p>	<p>Predictors of Unmet Dental Health Needs in US Adults in 2018: A Cross-Sectional Analysis</p> <p>D.J. Gaskin, H. Zare, R. McCleary, O. Kanwar, A.L. Davis</p> <p>Jul 2021 - OnlineFirst First published: 29 Jul 2021 Citations: 0 Views & downloads: 101</p> <p>3</p>
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Future activities:

Upcoming special issue — The proceedings of the 2021 Arcora Foundation Distinguished Professor in Dentistry Symposium: The Changing Face of Dentistry will be published as a series of articles in the first *JDR CTR* Special Issue! Based on the content and substance of this symposium, I believe that this issue will be highly cited, and I look forward to its publication.

We appreciate the support and guidance of the IADR and AADOCR Boards, as well as the Publications Committee, and we welcome your input as we strive to further improve the *JDR CTR*.

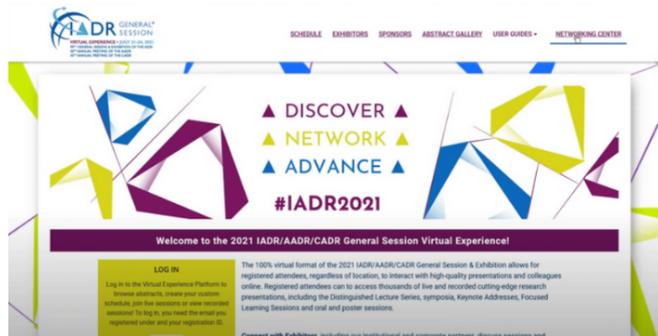
Sincerely,

Jocelyne Feine
McGill University

Christopher H. Fox
Chief Executive Officer

OVERVIEW

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



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

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

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

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

COVID-19 UPDATES AND RESOURCES WEBPAGE

The impacts of COVID-19 are rapidly evolving and as such IADR has created a [COVID-19 Updates and Resources page](#) to keep our members up-to-date with funding opportunities, association news, webinars, COVID-19 articles published in the *Journal of Dental Research (JDR)*, *JDR Clinical and Translational Research (JDR CTR)* as well as other publishers, and other useful resources. The *JDR* and *JDR CTR* continue to actively seek manuscript submissions on COVID-19. Manuscripts on this topic are prioritized for peer review.

PUBLICATIONS

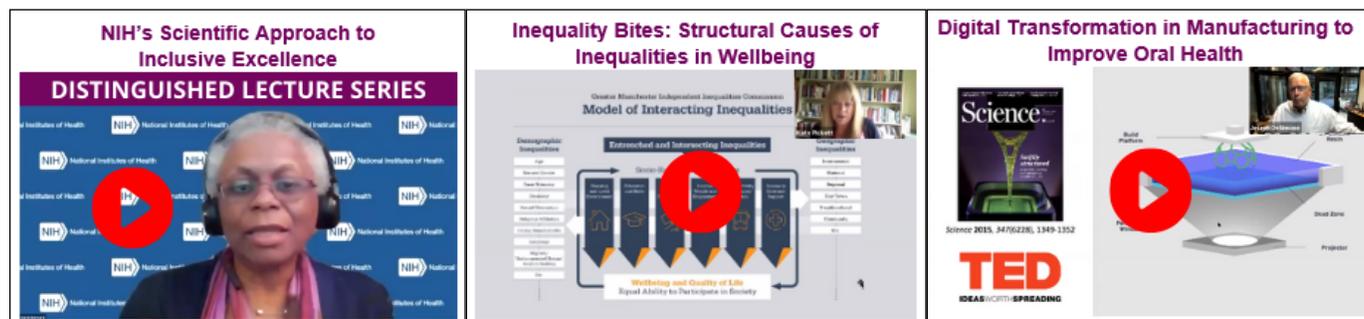
Journal of Dental Research (JDR) Impact Factor

The IADR/AADOCR were pleased to announce that the *Journal of Dental Research (JDR) 2-year Journal Impact Factor™ is over 6 for the first time* at 6.116, ranking #5 of 91 journals in the “Dentistry, Oral Surgery & Medicine” category, and the *JDR 5-year Journal Impact Factor™ is over 7 for the first time* at 7.199 score, ranking #3 of 91 journals. The *JDR* also ranks #1 of 91 journals in total citations and Eigenfactor, #2 in the new Journal Citation Index and #3 in Article Influence Score. This news comes from the *2021 Journal Citation Reports™* (Clarivate™, 2021).

Full *2021 Journal Citation Reports™* results for the *JDR*:

- 2-year Journal Impact Factor™: 6.116, ranking #5 of 91 journals
- 5-year Journal Impact Factor™: 7.199, ranking #3 of 91 journals
- Eigenfactor: 0.01683, ranking #1 of 91 journals
- Total citations: 26,197, ranking #1 of 91 journals
- Journal Citation Indicator: 2.39, ranking #2 of 91 journals
- Article Influence Score: 1.726, ranking #3 of 91 journals

New in 2021 is the Journal Citation Indicator. Developed by the Institute for Scientific Information (ISI)™ at Clarivate™,



this new metric represents the average category-normalized citation impact for papers published in the prior three-year period, providing a single journal-level metric that can be easily interpreted and compared across disciplines. The Journal Citation Indicator will be calculated for all journals in the Web of Science Core Collection – including those that do not have a Journal Impact Factor (JIF)[™]. Follow the JDR on Twitter @JDRentRes!

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

In October, the JDR [announced the publication of a special issue](#) in the winter of 2022 highlighting the latest scientific advances in research leveraging data-driven dental and oral health analytics with applications to care. The issue will be of interest to data scientists and bioinformaticians, public health and health services researchers and health economists, and oral health investigators and practitioners. The special issue editors are Falk Schwendicke, Charité Universitätsmedizin Berlin, Germany, and Mary L. Marazita, University of Pittsburgh, PA, USA. The deadline to submit an article is January 31, 2022.

JDR Special Issue: Interface Between Materials and Oral Biology

Understanding the way materials interact with tissues and organisms at

the cellular and molecular levels, and at a variety of different size scales, is critical for advancing the development of this new generation of materials, as well as for enhancing existing biomaterials. In September 2021, the JDR published the special issue “[Interface Between Materials and Oral Biology](#)” which featured research reports and critical reviews that highlight the complex interactions occurring between biomaterials and fluids, living cells, and tissues. The Editors of this special issue were Jack L. Ferracane and Luiz E. Bertassoni of the Oregon Health & Science University, Portland, OR, USA. [View the press release.](#)



Watch the JDR Special Issue Video Conversation

[View the conversation](#) between special issue Editors Luiz Bertassoni and Jack L. Ferracane and special issue authors David Kohn, University of Michigan, Ann Arbor, USA, who wrote “Translating Dental, Oral, and Craniofacial Regenerative Medicine Innovations to the Clinic Through Interdisciplinary Commercial Translation Architecture,” and Vinicius Rosa, National University of Singapore, who wrote “Graphene Nanocoating: High Quality and Stability Upon Several Stressors.”

JDR Article “Factors Affecting Wound Healing” Wins SAGE Publishing 10-Year Impact Award

The JDR article “[Factors Affecting Wound Healing](#),” by Shujuan Guo and Luisa A. DiPietro of the University of Illinois at Chicago, received a [10-Year Impact Award](#). This article had the second most citations in all SAGE journals from 2010-20. Launched in 2020 by SAGE Publishing, the 10-Year Impact Awards recognize research that is influential for the longer-term. Each year SAGE presents awards to the three articles published in SAGE journals that are most highly cited over a 10-year period.

JDR Clinical & Translational Research

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

Featured 2021 JDR and JDR CTR COVID-19 Publications

[Dental Mitigation Strategies to Reduce Aerosolization of SARS-CoV-2](#)

Limiting infection transmission is central to the safety of all in dentistry, particularly during the current SARS-CoV-2 pandemic, yet many dental procedures unavoidably generate aerosols. This study used a ‘phantom head’ model to mimic dental procedures in a multifaceted approach to measure aerosol dispersal in a dental surgery setting and determine the potential of different mitigation strategies to reduce the infection risk to the dental team from bioaerosol exposure during routine dental procedures.

[Better Reporting of Studies on Artificial Intelligence: CONSORT-AI and Beyond](#)

An increasing number of studies on artificial intelligence (AI) are published in the dental and oral sciences but aspects of these studies suffer from a range of limitations. Standards towards reporting, like the recently published CONSORT-AI extension, can help to improve studies in this emerging field. Watch authors Falk Schwendicke and Joachim Krois of the Charité – Universitätsmedizin Berlin, Germany, [discuss this article in this video](#), moderated by JDR Editor-in-Chief Nicholas Jakubovics, Newcastle University, England.

[Presence and Prevalence of Salivary Gland Ectasia and Oral Disease in COVID-19 Survivors](#)

The clinical picture of COVID-19 in various target organs has been extensively studied and described, but relatively little is known about the characteristics of oral cavity involvement. This study investigated the presence and prevalence of oral manifestations in COVID-19 survivors.

[SARS-CoV-2 Positivity in Asymptomatic-screened Dental Patients](#)

Asymptomatic carriage of SARS-CoV-2 is a potentially significant source of transmission, yet remains relatively poorly understood. This study investigated SARS-CoV-2 infection in asymptomatic dental patients to inform community surveillance and improve understanding of risks in the dental setting.

[Ventilation Assessment by Carbon Dioxide Levels in Dental Treatment Rooms](#)

Carbon dioxide (CO₂) is a byproduct of human metabolism and exists in high levels in exhaled air and is therefore often used as a proxy for indoor air quality. This study evaluated CO₂ levels in dental operatories and determined the accuracy of using CO₂ levels to assess ventilation rate in dental clinics.

Appendix I (continued)

[COVID-19: Seroprevalence and Vaccine Responses in UK Dental Care Professionals](#)

Dental care professionals are thought to be at enhanced risk of occupational exposure to SARS-CoV-2, but robust data to support this is lacking. This study provides a longitudinal analysis of antibodies to SARS-CoV-2 spike glycoprotein, including early analysis of the impact of vaccination on the immune response.

JDR CTR

[Advocacy for a Digital Oral Health That Leaves No One Behind](#)

The health, social, and economic consequences of the COVID-19 pandemic have already had a dramatic impact on the prevailing oral health care model and will continue to do so. This paper promoted the use of digital tools to offer opportunities to improve healthy behavior, lower risk factors common to oral diseases and other noncommunicable diseases and contribute to reducing oral health inequalities.

[COVID-19 and Dental and Dental Hygiene Students' Career Plans](#)

This study examined the short-term impact of the COVID-19 pandemic on dental hygiene and dental students' career intentions.

[Role of Aspirating System Type in SARS-CoV-2 Seropositivity Among Dental Staff](#)

High-volume aspirators are recommended in dental clinics during the COVID-19 pandemic, but this study showed that the type of aspirating system significantly affects the incidence of SARS-CoV-2 infection among dental specialists.

IADR COMMUNITY

The [IADR Community](#) allows IADR members to engage with other members throughout the year. Members can discuss hot topics, share insights, and post resources while building their worldwide professional network. Within the overall IADR Community, there is the AADOCR Community and each IADR Scientific Group and Network has its own separate community which allows members to further connect within their specialty area of dental, oral, and craniofacial research.

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

2021 AMA events included:

- IADR Regional Board Member, Pan European Region, Gottfried Schmalz, University of Regensburg, Germany, on the topic of Safety of Dental Amalgam on February 23, 2021.
- Mark Ryder, University of California, San Francisco, USA, on the topic of *Porphyromonas gingivalis* in Alzheimer's Disease brains and the potential for gingipain inhibitors as a treatment on April 13, 2021.
- IADR Behavioral, Epidemiologic and Health Services Research Scientific Group President, Daniel McNeil, West Virginia University, Morgantown, USA, on the topic of

“Integrating Behavioral and Social Determinants into Oral Health Research” on June 22, 2021.

- Jennifer Webster-Cyriaque, University of North Carolina at Chapel Hill, USA, on the topic of “How to Support and Develop a Diverse and Inclusive Climate That Empowers Students, Faculty, and Staff” on October 27, 2021.

IADR WEBINARS

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



2021 IADR Webinars:

- **Periodontology and the COVID-19 Pandemic**

The webinar “Periodontology and the COVID-19 Pandemic,” sponsored by the IADR Periodontology Research Group on May 17, 2021, is now available for viewing in the IADR Webinar Connect platform and featured:

- Saso Ivanovski, The University of Queensland, Herston, Australia, on “The Role of Saliva in Transmission of SARS-CoV-2 and Relevance in Diagnostic Test”
- Faleh Tamimi, Qatar University, Doha on “The Association Between Periodontitis and COVID-19 Severity”
- Purnima Kumar, The Ohio State University, Columbus, USA, on “The Role of Aerosol on the Transmission of Coronavirus and the Impact in Dentistry”
- Iain Chapple, University of Birmingham, UK, on “Are Oral Health Professionals More Likely to be Exposed to COVID-19?”
- Co-Chairs: David Herrera, University Complutense, Madrid, Spain, and Nagihan Bostanci, Karolinska Institutet, Stockholm, Sweden.

- **Journal of Dental Research, JDR Clinical & Translational Research, and Brazilian Oral Research: A View of the Editorial Processes**

The webinar “*Journal of Dental Research, JDR Clinical & Translational Research, and Brazilian Oral Research: A View of the Editorial Processes*,” sponsored by the IADR Brazilian Division, took place on June 30, 2021. The objective of the webinar is to provide an overview of the editorial process from submission until the final publication of a paper and outlined the criteria used by editors and reviewers to evaluate the scientific merit of the work.

The webinar, now available for viewing in the IADR Webinar Connect platform, included presentations from:

- *JDR* Editor-in-Chief Nicholas Jakobovics, Newcastle University, England
 - *JDR CTR* Editor-in-Chief Jocelyne Feine, McGill University, Montréal, Québec, Canada
 - President of the IADR Brazilian Division and an Associate Editor of the journal *BOR*, Paulo Cesar, University of São Paulo, Brazil
- **COVID-19 Infection Rates Among Dental Professionals: A Comparison of Rates in North America and Europe**

The webinar “COVID-19 Infection Rates Among Dental Professionals: A Comparison of Rates in North America and Europe” took place on September 8, 2021. The objective was to discuss the emerging evidence from several countries of COVID-19 infection rates in dentists, dental hygienists, and other dental staff as they practice during the pandemic.

Now available for viewing in the IADR Webinar Connect platform, this webinar featured:

Speakers:

- Cameron Estrich, ADA Science and Research Institute, Chicago, IL, USA
- Iain Chapple, University of Birmingham, England
- Marco Mazevet, Les Chirurgiens-Dentistes de France, Paris
- Sreenath Madathil, McGill University, Montreal, Quebec, Canada

Reaction panelists:

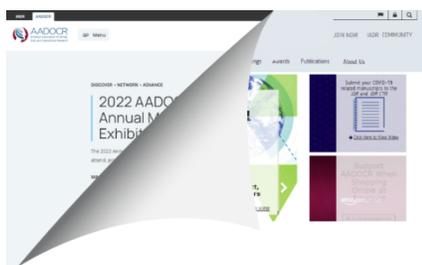
- IADR President Eric Reynolds, The University of Melbourne, Australia
- Amie Dowell, Chair, Federation of Dental Hygiene Regulators of Canada, Edmonton, Alberta
- Gerhard Seeberger, FDI World Dental Federation President, Cagliari, Italy

Chair: CADR past president Walter Siqueira, University of Saskatchewan, Saskatoon, Canada

MARKETING

New IADR Website, Membership Portal, and Membership Database!

In October, the IADR announced the launch of our redesigned website and new member portal—the My IADR Portal. The My IADR Portal includes access to the IADR Community, publications, events, submission sites, and more. The new look and membership database will easily connect IADR members to their many benefits. The new system



requires all members to activate their account and create a new account password.

Social Media

Social media has become an increasingly important tool for communicating Association news. IADR continues to grow its social media presence with an increased number of posts, active tagging, and the use of media, such as branded images and videos, within posts. In May 2021, IADR/AADOCR launched a *JDR CTR* Twitter account to further expand the IADR/AADOCR presence online. Follow the IADR @IADR, the *JDR CTR* @JDRClinTransRes, and the *JDR* @JDentRes on Twitter!

#IADR2021 Social Media Toolkit

New for the 2021 IADR/AADR/CADR General Session & Exhibition was the creation of the #IADR2021 Social Media Toolkit. The toolkit resources and the hashtag #IADR2021 allowed attendees to share their experience, join the conversation, and get 2021 IADR/AADR/CADR General Session & Exhibition updates.



World Oral Health Day on Twitter

IADR celebrated World Oral Health Day on March 20, 2021. IADR promoted the 2021-23 campaign theme: Be Proud of Your Mouth, which reiterates the IADR mission to drive dental, oral, and craniofacial research for health and well-being worldwide.

Twitter Metrics

From January to October 2021, IADR had 661,000 Twitter impressions. This is already 55,000 more impressions than all of 2020, with two more months of activity to go. IADR tweeted 336 times in 2021 versus 250 times in 2020. IADR also gained 470 new followers in 2021 bringing the total number of followers to 6,022.

MEMBERSHIP

As of October 31, 2021, IADR membership stood at 8,493 members, a 2.2% increase from the December 31, 2020, total of 8,314. The slight increase in overall IADR membership was driven by strong growth in the PER (+13.4%) and AMER (+24.5%) Regions. Divisions with the strongest growth were Nigeria (+43%), Saudi Arabia (+39%), Chinese (+20%), Irish (135%), and Israeli (+141%).

The IADR GHQ will continue to work with the officers of Divisions and Sections as well as Scientific Groups and Networks to renew members and support new members of the IADR. A new member onboarding program was introduced in fall 2020 to increase member engagement. New benefits such as the IADR Community and IADR Webinar Connect increase greater member networking opportunities and educational knowledge. As of October 2021, IADR had 15 Corporate Section members and 1256 Institutional Section members.

IADR Adopt-A-Member Program

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

FINANCE

The 2020 Audit was completed and the Association received an “unqualified opinion,” meaning that the auditors found our financial statements to present fairly, in all material respects, the financial position of the International Association for Dental Research as of December 31, 2020 and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America. As of December 31, 2020, IADR’s total assets were \$17.7 million (a decrease of \$0.6 million from 12/31/19). The decrease in total assets was primarily due to a decrease in cash and prepaid expenses, this decrease was partially offset by an increase in investments and fixed assets. Total revenues were \$2.6 million down from \$5.8 million in 2019 primarily due to the cancellation of the 2020 General Session and lower membership revenues. Total operating expenses for 2020 were \$3.8 million, down from \$5.5 million in 2019, also primarily due to the cancelled General Session. Net assets at the end of year were \$15.9 million, an increase of \$0.2 million from the end of 2019. \$15.0 million of the net assets are without donor restrictions.

The IADR investment portfolio as of December 21, 2020, was \$15.6 million, a net increase of 4.0% from 2019. This increase is the net of strong investment returns partially offset by amounts withdrawn to fund operations following the cancellation of the General Session. Cambridge Associates continues to provide investment advice to IADR, and the portfolio has met our benchmarks for the last several years despite the market volatility. Although unaudited, the IADR portfolio as of Q3 2021 was \$17.0 million, an increase of 8.6% year-to-date.

Preliminary year-end estimates for 2021 based on YTD results project IADR ending the year with a \$260,000 deficit versus a budgeted deficit of \$358,000, or \$98,000 better than budget. The lower-than-expected deficit is due to a higher-than-expected meeting surplus from the July 2021 virtual General Session, partially offset by a larger than expected general operations deficit due to unbudgeted costs associated with the new regional support staff and lower than expected member dues revenue.

SCIENCE POLICY AND INTERNATIONAL ADVOCACY

Fluoride Policy and Position Statement Review

Policy and position statements allows for IADR to establish to our membership, decision and policy makers, and the general public where IADR stands on important topics in science and dental research. IADR’s fluoride statements: *Fluoridation of Water Supplies* (adopted 1979, updated 1999) and *Dietary Fluoride Supplements* (adopted 1983) were approved by the Board of Directors to be updated and as such a SIC Subcommittee was formed. The SIC Subcommittee consisted of the following members:

- Jaime Aparecido Cury, Dental School of Piracicaba, University of Campinas, Brazil
- Loc Do, The University of Queensland, Australia
- Patrice James, University College Cork, Ireland
- Peter Mossey, University of Dundee, Scotland
- Vida Zohoori, Teesside University, Middlesbrough, England

In the updated Community Water Fluoridation statement, IADR supports community water fluoridation and recommends the adjustment of fluoride concentration in community water to an optimum level according to national guidelines of each country.

Position statements were shared in the IADR Community for input from the IADR membership. Member comments were reviewed by the SIC Subcommittee and edits to the position statements were made as required. The community water fluoridation position statement is now complete and will be submitted to the Board for approval. The SIC Subcommittee is wrapping up revisions to the dietary fluoride supplementation statement.

Contributions to the Oral Health Report and Oral Health Resolution

An [Oral Health Resolution](#) was proposed by several Member States following the WHO Director General (DG) [oral health report](#). IADR submitted written comments that emphasized the need for the prioritization of basic, translational, and population oral health research to facilitate significant improvement in oral

health, the need for a comprehensive research agenda to reduce risk factors for cleft lip with and without cleft palate (CL/P), and consideration of the development and implementation of fluoridation programs. The DG oral health report was [updated](#) to include two of the three components included in IADR's written intervention. The updated Oral Health Resolution was approved during the 74th World Health Assembly in May 2021.

The approved Resolution includes a directive to devise an oral health global strategy and action plan to inform the development of a framework for tracking progress with clear measurable targets. The WHO convened a web-based consultation for Member States, UN organizations, and non-State actors on their draft strategy. In response to their consultation, IADR submitted a response that advocated for:

- Inclusion of a national HPV vaccination program girls and boys to reduce oropharyngeal cancers as well as screening programs to mitigate outcomes.
- Inclusion of community water fluoridation within the draft strategy as a recommendation of a measurable target for the prevention of oral diseases.
- Inclusion of language that is supportive of the phase down of dental amalgam.
- Integration of oral health prevention and the basic description of oral health problems during the life course within the nursing career curriculum.
- Enhancement of the research agenda with an emphasis on the expansion of the current research interest in dental technologies to include a more public health lens.
- Inclusion of noma and orofacial clefting in the oral disease research agenda with measurable targets.

Presented at the WHO 148th Session of the Executive Board



was able to deliver IADR's strong support for the Oral Health Report and Resolution at the WHO 148th session of the Executive Board on January 21, 2021. [Watch the full presentation](#). I co-authored along with

Interviewed on CDA Oasis Live

I was able to discuss the landmark report on oral health that was presented at the Executive Board of the World Health Organization, and the related resolution that was passed at the meeting, with IADR member John O'Keefe of the Canadian Dental Association on CDA Oasis Live. [Watch the interview online here](#). View the [report](#) and the [resolution](#). The resolution was later adopted by the World Health Assembly in May (see below) with strong support from Member States, IADR, and



other Non-State Actors like the FDI World Dental Federation, SmileTrain, NCD Alliance, International Diabetes Federation, International Society of Nephrology, World Heart Federation, and the World Stroke Organization.

Update to the Model Lists of Essential Medicines (EML) and Essential Medicines for Children (EMLc)

The WHO Model [List of Essential Medicines](#) (EML) has been updated every two years since 1977 by an Expert Committee on the Selection and Use of Essential Medicines. The EML is currently used as a guide by more than 150 countries to determine which medicines to provide and fund. Significant changes related to oral health were proposed for 2021. A new section within the EML and EMLc: “30. Dental Preparations”

- Add within this section a new sub-section “30.1 Medicines for dental caries”
- Move the existing entry for “sodium fluoride” (currently listed in Section 27: Vitamins and Minerals) to the new category 30.1, without changes to the current specifications
- Add an entry in new group 30.1 for fluoride toothpaste

IADR submitted comments supportive of the proposed new proposed section 30—dental preparations within both the EML and EMLc as well as the entry of a new group for fluoride toothpaste. However, IADR expressed support for the maintenance of “sodium fluoride” in Group 27 as a “vitamins and minerals.” The changes were adopted as proposed with “sodium fluoride” being removed from Group 27.

Dental Amalgam

The Secretariat of the Minamata Convention invited parties and relevant stakeholders to submit comments on their first draft of the Minamata Intercessional document—“[Guidance on Monitoring of Mercury and Mercury Compounds to Support the Effectiveness Evaluation of the Minamata Convention](#).” This guidance document was developed as a result of a [request](#) by COP-3 of the Secretariat to advance the work to support the effectiveness evaluation by drafting, among others, guidance on monitoring to maintain harmonized, comparable information on mercury levels in the environment ([MC3/I0](#)).

IADR in collaboration with the American Dental Association (ADA) has developed a response to this draft. Our response emphasized our current support for maintaining the availability of encapsulated dental amalgam as the best restorative option when alternatives are less than optimal based on clinical, economic,

or practical reasons. We indicated that dental material research is ongoing with the ultimate goal of alternative, mercury-free, affordable restorative materials viable for more clinical conditions.

The virtual COP 4.1 was held November 1-4, 2021, but the issue of dental amalgam will not be on the agenda until COP 4.2 to be held in March 2022, in-person in Bali, Indonesia.

Ban on the Use of Nano-structured Forms of Silica in Cosmetic Products

The European Commission commissioned an independent Scientific Committee on Consumer Safety (SCCS) to provide scientific advice on the safety of nanomaterials for use in relevant categories of cosmetic products and on reasonably foreseeable exposure conditions. In their report, the Cosmetic Product Working Group (CPWG) expressed an inability to “draw any firm conclusion either for or against the safety of Synthetic Amorphous Silica (SAS) materials because of the inadequacy of safety data.” The CPWG further stated that “in the absence of conclusive evidence for safety, the use of nano-structured forms of silica in cosmetic products, especially those that may lead to oral or inhalation exposure to nanoparticles, raised concern over safety of the consumer.” This then led to a potential ban on the use of nano-structured forms of silica, such as SAS, in cosmetic products by the European Commission.

PER-IADR in collaboration with IADR responded with a letter to the Head of the European Commission Cosmetic Unit. Our response outlined the significant implications for the production of fluoride toothpastes and the resulting public health impacts in terms of protection from dental caries and overall improvement in oral health of European populations. IADR signaled our support for the provision of infrastructure and adequate time for research to be conducted on the safety of silica in toothpastes and reported to the European Union so that evidence-based legislative proposals and policy initiatives may be enacted. Due to our input as well as the input of other stakeholders, the European Commission has agreed to pause the proposed ban whilst additional evidence is collected.

In response to this pause, IADR has worked with The Platform for Better Oral Health in Europe on a document that addresses the health concerns associated with oral exposure to SAS as well as the public health consequences of a potential ban on the use of SAS in the manufacture of toothpaste. This document will be submitted to the European Commission for their consideration.

European Food Safety Authority Draft Opinion on the Safety of Dietary Sugars

The European Food Safety Authority (EFSA) launched a public consultation on the [draft scientific opinion on the Tolerable Upper Intake Level for dietary sugars](#). This draft document includes a scientific assessment of the relationship between the intake of dietary sugars and adverse health effects in relation to chronic metabolic diseases, pregnancy-related endpoints, and dental caries; advice to Member States when setting goals and recommendations for dietary sugars; and intake estimates of total, added and free sugars in 25 European countries.

IADR submitted a response to this draft that provides support for:

- The inclusion of the World Health Organization (WHO) guideline within the abstract and summary sections.
- The inclusion language specifically speaks to the formation of dental caries within older populations.
- The alignment of dose-response (or hazard) across body systems, considering the multiple systems that are impacted by the consumption of free and added sugars.
- Intentionally pinpointing the need for addressing research gaps in older adults.

IADR REGIONAL DEVELOPMENT PROGRAM

Since 1996 through 2021, the Regional Development Program has distributed more than \$1.3 million in funding to enhance research capacity and research infrastructure. Three Regional Development Programs were funded in 2021:

- IADR Australia/New Zealand Division
An mHealth Model for Remote Emergency Assessment and Support of Traumatic Dental Injuries: A Multicenter Feasibility Study
- IADR Chilean Division
Development of Smart Biomaterials to Target Implant-related Infections: Untangling Material-protein-bacteria Interactions
- IADR Tunisian Section
People living with HIV/AIDS: Quality of Life, Orofacial Manifestations and Salivary Biomarkers

EXTERNAL RELATIONS

IADR President Eric Reynolds Presented at the FDI-IADR-WHO World Oral Health Forum

IADR President Eric Reynolds, The University of Melbourne, Australia, spoke at the virtual session “[From words to action: What does the new WHO resolution on Oral health mean for populations, the oral health community, and health systems?](#)” co-hosted by FDI World Dental Federation, IADR, and NCD Alliance.

FDI World Dental Federation

The 2021 FDI World Dental Congress took place virtually on September 26-29, 2021, hosted by the Australian Dental Association in Sydney, Australia. The 2022 FDI World Dental Congress will take place in Mumbai, India from September 29-October 2, 2022.

In early 2021, the [FDI Vision 2030: Delivering Optimal Oral Health for All](#) was created with the purpose of providing guidance on achieving appropriate, affordable, evidence-based, integrated, and comprehensive oral health care for all. The report identifies challenges that will confront dentistry and the oral health community over the next decade and it proposes strategies for how these can be turned into opportunities to improve oral health, reduce oral health inequalities, and contribute to reducing the global burden of oral diseases.

NCD Alliance

2021 marks the third year that IADR is a NCD Alliance member. IADR joined the NCD

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

Global Health Council

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

FUTURE MEETINGS

- The 100th General Session & Exhibition of the IADR and the 5th Meeting of the IADR Asia Pacific Region will be a hybrid meeting, taking place online and onsite in Chengdu, China on June 22-25, 2022.
- The 101st General Session & Exhibition of the IADR and the XII Meeting of the Latin American Region will be held on June 21-24, 2023, in Bogotá, Colombia.
- The 2024 IADR/AADOCR/CADR General Session & Exhibition will take place March 13-16, 2024, in New Orleans, LA, USA.

- The 103rd General Session & Exhibition of the IADR will take place on June 25-28, 2025, in Barcelona, Spain.

IN MEMORIAM

Sadly, the IADR lost the following past IADR officers since last the last IADR Board of Directors meeting:

- Marjorie K. Jeffcoat, 24th President of the AADOCR (1995-96) and the 77th President of IADR (2000-01). View her tribute in the *Journal of Dental Research*.
- John Stamm, IADR Treasurer (1997-2001). View his tribute in the *Global Research Update*.

In addition, the following notable IADR members have passed since last the last IADR Board of Directors meeting:

- William Maixner [View his tribute in the Global Research Update](#).
- Charles A. "Scotty" McCallum, Jr. [View his tribute in the Global Research Update](#).
- Ralph Katz [View his tribute in the Global Research Update](#).
- Michael Anthony Lennon [View his tribute in the Global Research Update](#).
- Buddhi Shrestha [View his tribute in the Science Advocate](#).
- Ray Williams [View his tribute in the Science Advocate](#).

CLOSING

In closing, I would like to thank the leadership of Pamela Den Besten, Eric Reynolds, the IADR Board of Directors, the IADR GHQ staff, and all the IADR volunteer leaders.

Appendix 2 — Membership & Attendance Tables

Active Membership by Division

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

Scientific Group/Network Membership by Division 2021

IADR Scientific Group/Network	Total	AMER																			AMER Total	APR										APR Total
		ESafrican	Egyptian	Iranian	Iraqi	Jordan	Kuwaiti	Lebanese	Libyan	Nigerian	SAfrican	Saudi	Sudanes	Syrian	Tunisian	UAE	Australian	Chinese	Indian	Japanese		Korean	Mongolian	Pakistani	Seasian							
Behavioral, Epidemiologic and Health Services	680	3	5	0	1	1	2	0	0	12	5	14	1	0	0	44	46	11	9	28	3	0	3	27	127							
Cariology Research Group	684	0	5	0	2	0	3	0	0	9	2	27	0	1	1	51	22	22	17	42	3	0	2	33	141							
Clinical and Translational Science Network	197	0	1	0	1	0	0	0	1	1	0	3	0	0	0	6	7	6	6	4	2	0	0	6	31							
Craniofacial Biology Group	500	0	3	0	0	0	1	4	0	1	4	10	0	0	2	25	13	38	2	41	4	0	0	13	111							
Dental Anesthesiology and Special Care Research	113	0	0	0	0	0	1	0	0	1	4	0	0	0	0	7	6	11	1	22	1	0	0	4	45							
Dental Materials Group	1265	3	9	1	5	1	7	1	0	2	6	34	0	1	0	75	30	35	9	138	13	0	10	44	279							
Diagnostic Sciences Group	143	0	1	0	0	0	10	0	0	1	8	0	0	0	0	21	3	7	3	10	3	0	2	3	31							
Education Research Group	322	0	0	1	1	0	4	0	0	2	3	15	1	0	0	28	23	2	8	11	0	0	2	12	58							
e-Oral Health Network	120	0	1	0	1	0	0	0	0	2	2	4	0	0	1	11	7	1	3	0	2	0	0	6	19							
Evidence-based Dentistry Network	300	0	6	0	2	0	6	0	0	0	5	25	0	0	0	46	11	9	6	6	0	0	4	11	47							
Geriatric Oral Research Group	215	0	0	0	0	0	0	0	0	5	1	1	0	0	0	7	16	5	3	40	3	0	0	19	86							
Global Oral Health Inequalities Research Network	247	4	1	1	1	0	0	0	0	4	7	3	1	0	2	24	28	3	8	8	0	0	0	9	56							
Implantology Group	625	4	6	2	1	0	6	1	0	1	3	17	0	0	2	45	23	59	4	67	2	0	7	12	174							
Int Network for Orofacial Pain & Related Disorders Methodology (INORPM)	191	0	1	0	0	1	1	0	0	1	0	4	0	0	0	9	1	9	4	16	3	0	0	11	44							
Microbiology/Immunology Group	646	2	2	0	2	0	2	0	0	3	3	2	0	0	3	20	18	22	6	68	5	0	0	28	147							
Mineralized Tissue Group	405	0	2	0	1	0	0	0	0	0	1	2	0	0	0	6	3	14	2	33	9	0	1	8	70							
Network for Practice-based Research	100	0	1	0	0	0	1	0	0	1	0	8	1	0	0	13	6	1	2	1	0	0	0	1	11							
Neuroscience Group	223	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2	2	4	1	46	4	0	0	10	67							
Nutrition Research Group	109	0	1	0	0	0	2	0	0	1	0	2	0	0	0	6	4	0	1	9	0	0	0	1	15							
Oral & Maxillofacial Surgery Group	478	2	1	3	0	0	6	1	0	10	3	22	0	0	1	49	9	100	9	29	2	0	4	14	167							
Oral Health Research Group	531	1	0	0	1	0	0	0	0	7	6	12	0	1	2	30	28	14	8	34	3	0	1	15	103							
Oral Medicine & Pathology Group	465	1	1	0	1	1	2	0	0	10	3	12	1	1	4	0	37	17	45	4	33	2	0	1	18	120						
Orthodontics Research Group	576	1	4	2	2	0	9	5	0	9	3	44	0	0	1	82	7	50	10	31	5	0	5	15	123							
Pediatric Oral Health Research Group	504	2	1	2	2	1	13	0	0	12	4	32	0	1	1	76	24	31	12	21	1	0	3	27	119							
Periodontal Research Group	1091	1	4	3	1	0	4	0	0	6	1	19	0	0	1	41	34	52	12	124	17	0	3	35	277							
Pharmacology/Therapeutics/Toxicology Group	105	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	3	2	5	13	0	0	0	5	28							
Prosthodontics Group	676	2	9	0	3	1	15	0	0	4	5	46	0	0	2	87	16	71	7	121	8	0	8	31	262							
Pulp Biology & Regeneration Group	475	0	6	1	1	1	10	0	0	1	1	28	0	1	1	4	55	9	25	13	45	12	0	7	25	136						
Salivary Research Group	268	0	0	0	0	0	1	0	0	4	1	1	0	0	2	0	9	4	8	2	25	1	0	0	8	48						
Stem Cell Biology Group	310	0	6	2	0	0	0	0	0	1	1	5	1	1	0	19	7	19	5	28	10	0	0	22	91							
Student Training and Research (STAR) Network	263	0	1	0	2	1	2	0	0	5	0	31	0	0	2	44	9	1	15	5	1	0	2	6	39							
Women in Science Network	389	1	2	0	0	0	1	0	0	1	0	1	1	0	0	8	7	1	5	7	0	0	0	5	25							
No Scientific Group/Network Selected	600	0	0	0	2	0	1	0	0	0	6	7	0	0	0	16	18	41	3	42	4	0	1	13	122							
Grand Total	13816	27	80	18	33	8	110	12	0	118	79	444	7	7	20	37	1000	461	719	205	1148	123	0	66	497	3219						

Continued on next page

Scientific Group/Network Membership by Division 2021 (continued)

Continued from previous page

IADR Scientific Group/Network	Latin American Region (LAR)																			North American Region (NAR)				Pan European Region (PER)							Grand Total
	Argentine	Brazilian	Caribbean	Chilean	Colombian	Costarica	Ecuadorian	Guatemalan	Panamanian	Paraguayan	Peruvian	Uruguayan	Venezuelan	LAR Totals	American	Canadian	Mexican	NAR Total	British	Conteurope	Irish	Israeli	Russian	Scan	PER Total	Other					
Behavioral, Epidemiologic and Health Services	5	17	2	5	10	1	1	0	0	0	4	4	5	54	249	43	21	313	56	30	13	10	1	22	132	10	680				
Cardiology Research Group	12	41	1	12	10	2	4	0	0	0	4	3	10	99	226	14	4	244	30	78	10	2	3	21	144	5	684				
Clinical and Translational Science Network	0	2	0	0	3	0	0	0	0	0	0	0	0	5	117	7	1	125	9	15	0	3	0	0	27	3	197				
Craniofacial Biology Group	2	4	0	4	3	0	1	0	0	0	2	0	0	16	281	17	8	306	7	23	1	6	0	3	40	2	500				
Dental Anesthesiology and Special Care Research	2	2	1	1	1	0	0	0	0	0	0	0	1	8	23	7	0	30	10	2	10	1	0	0	23	0	113				
Dental Materials Group	10	50	0	4	7	3	2	0	0	0	9	5	1	91	439	31	22	492	53	224	4	10	4	28	323	5	1265				
Diagnostic Sciences Group	3	3	0	1	3	0	0	0	0	0	0	4	1	15	53	5	2	60	3	10	0	1	0	2	16	0	143				
Education Research Group	4	4	3	4	3	0	1	0	0	0	2	1	0	22	119	14	4	137	33	16	13	7	0	5	74	3	322				
e-Oral Health Network	0	3	0	7	0	0	0	0	0	0	0	0	2	12	31	11	1	43	7	18	3	3	0	1	32	3	120				
Evidence-based Dentistry Network	4	11	0	4	3	0	0	0	0	1	0	0	0	23	100	14	2	116	22	22	8	6	1	4	63	5	300				
Geriatric Oral Research Group	0	7	0	2	0	0	2	0	0	0	0	1	2	14	48	8	5	61	9	22	8	1	0	7	47	0	215				
Global Oral Health Inequalities Research Network	0	10	2	5	4	0	1	1	0	0	3	0	1	27	73	13	2	88	26	6	6	6	0	6	50	2	247				
Implantology Group	5	26	0	2	2	0	1	0	0	0	2	1	1	40	213	19	7	239	23	74	8	10	1	9	125	2	625				
Intl Network for Orofacial Pain & Related Disorders/Methodology (INORP)	1	7	0	4	2	0	1	0	0	0	0	0	0	15	35	13	1	49	6	38	3	3	0	24	74	0	191				
Microbiology/Immunology Group	4	15	0	15	12	1	1	0	0	0	1	0	1	50	285	15	11	311	29	44	7	23	1	14	118	0	646				
Mineralized Tissue Group	8	11	0	1	2	1	1	0	0	0	0	1	0	25	199	14	9	222	28	36	0	7	2	5	78	4	405				
Network for Practice-based Research	0	0	0	0	0	0	0	0	0	0	0	0	0	0	44	1	4	49	10	11	5	0	0	1	27	0	100				
Neuroscience Group	1	6	0	4	2	0	0	0	0	0	0	2	0	15	75	10	3	88	0	22	0	1	0	27	50	1	223				
Nutrition Research Group	2	3	0	0	1	0	0	0	0	0	0	0	0	6	49	3	4	56	4	14	4	1	0	2	25	1	109				
Oral & Maxillofacial Surgery Group	1	5	0	6	2	0	4	0	0	0	0	1	4	23	142	9	11	162	14	30	16	10	0	6	76	1	478				
Oral Health Research Group	0	12	0	6	5	0	0	2	0	0	1	0	0	26	203	33	9	245	32	58	18	4	0	8	120	7	531				
Oral Medicine & Pathology Group	9	8	3	11	9	0	0	0	0	0	1	9	1	51	132	21	6	159	25	31	9	14	1	16	96	2	465				
Orthodontics Research Group	5	14	2	7	7	0	1	0	0	0	5	0	1	42	203	13	23	239	11	61	2	12	0	2	88	2	576				
Pediatric Oral Health Research Group	5	17	0	3	3	0	0	0	0	0	10	14	4	56	138	19	7	164	28	24	11	11	0	8	82	7	504				
Periodontal Research Group	2	34	4	24	8	0	1	0	0	0	3	0	0	76	374	25	9	408	59	156	10	27	0	34	286	3	1091				
Pharmacology/Therapeutics/Toxicology Group	2	1	0	2	5	1	0	0	0	0	0	0	0	11	47	3	1	51	4	4	3	1	0	1	13	1	105				
Prosthodontics Group	5	22	3	4	4	0	2	0	0	0	2	4	2	48	134	14	1	149	17	79	8	12	0	12	128	2	676				
Pulp Biology & Regeneration Group	9	4	1	8	6	1	0	0	0	0	2	1	2	34	118	9	4	131	15	73	11	2	1	14	116	3	475				
Salivary Research Group	9	10	0	1	2	0	0	0	0	0	0	0	1	23	113	13	1	127	11	34	0	2	0	14	61	0	268				
Stem Cell Biology Group	1	5	0	3	5	0	0	0	0	0	0	2	0	16	123	6	2	131	7	35	2	4	2	3	53	0	310				
Student Training and Research (STAR) Network	2	4	0	1	3	0	1	0	0	0	0	0	0	11	119	10	2	131	10	14	4	3	0	6	37	1	263				
Women in Science Network	4	13	0	3	1	0	0	0	0	0	3	0	0	24	250	18	3	271	20	23	4	6	0	7	60	1	389				
No Scientific Group/Network Selected	0	4	0	1	1	0	0	0	0	0	0	4	3	13	285	16	0	301	39	45	0	41	0	22	147	1	600				
Grand Total	117	375	22	155	129	10	25	3	0	0	55	57	43	991	5040	468	190	5698	657	1372	201	250	17	334	2831	77	13816				

Journal of Dental Research Subscriptions by Year

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

Online only JDR is included as an IADR membership benefit beginning 2006.

Tier 5 & 6 were combined in 2008.

Institutional model changed with move to SAGE publishing in 2009.

JDR Clinical & Translational Research Subscriptions by Year

	2017	2018	2019	2020	2021
Member Print	154	169	164	158	128
Member Online	7495	7757	7173	5911	8505
Student Print	42	52	37	30	27
Student Online	3085	3289	2895	2397	2111
Institutional Print					
Institutional Online					
Institutional Online Tier 1					
Institutional Online Tier 2					
Institutional Online Tier 3					
Institutional Online Tier 4					
Institutional Online Tier 5					
Institutional Online Tier 6					
Institutional Print and Online	418	398	333	288	273
# of Institutions via consortia	3218	3486	3407	2883	3317
Total	14412	15151	14009	11667	14361

Attendance for IADR General Sessions and AADOCR Annual Meetings

	Member	Student Member	Non-Member	Student Non-Member	Comp & Life Member	Sci Tran	TOTAL	Exhibitors	Accomp. Persons	GRAND TOTAL	# OF PAPERS
1980 – Los Angeles (AADOCR)	1224		341	237			1802			1802	1094
1981 – Chicago	1553		292	427	19		2291			2291	1383
1982 – New Orleans	1591	123	342	312	16		2384			2384	1553
1983 – Sydney (IADR)	513	42	183	63	6		807			807	388
1984 – Dallas	1572	186	407	358	18		2541			2541	1610
1985 – Las Vegas	1874	302	444	304	20		2944			2944	1912
1986 – Washington (AADOCR)	1776	389	402	301	16		2884	68	230	3182	1737
1986 – The Hague (IADR)	1098	101	403	106	13		1721	44	251	2016	1234
1987 – Chicago	2089	452	459	373	49		3422	39	253	3714	2088
1988 – Montreal	2275	519	510	402	33		3739	40	314	4093	2453
1989 – San Francisco (AADOCR)	1872	489	392	330	39		3122	33	307	3462	1958
1989 – Dublin (IADR)	1254	133	407	125	109		2028	0	413	2441	1338
1990 – Cincinnati	2070	457	585	459	43		3614	228	332	4174	2216
1991 – Acapulco	2081	729	676	506	67		4059	148	557	4764	2694
1992 – Boston (AADOCR)	1581	442	378	321	130		2852	115	223	3190	1723
1992 – Glasgow (IADR)	1784	204	526	199	19		2732	189	432	3353	1974
1993 – Chicago	2250	562	533	460	44		3849	235	274	4358	2539
1994 – Seattle	2638	701	552	417	38	148	4494	278	363	5135	2730
1995 – San Antonio (AADOCR)	1850	609	377	310	35	55	3181	289	265	3790	1962
1995 – Singapore (IADR)	1529	231	314	194	13		2281	280	331	2892	1535
1996 – San Francisco	3057	868	633	510	38		5106	345	607	6058	3378
1997 – Orlando	3074	937	561	582	56		5210	271	575	6056	3747
1998 – Minneapolis (AADOCR)	1431	522	211	246	70		2480	137	1	2618	1576
1998 – Nice (IADR)	2647	373	768	518	94		4400	110	781	5291	3226
1999 – Vancouver	2906	798	635	712	113		5164	211	607	5982	3605
2000 – Washington	3061	838	764	949	168		5780	274	564	6618	3880
2001 – Chicago (AADOCR)	1669	622	228	318	117		2954	179	174	3307	1920
2001 – Chiba (IADR)	2145	501	354	427	120		3547	180	244	3971	2167
2002 – San Diego	3011	1224	528	659	240		5662	307	460	6429	4109
2003 – San Antonio (AADOCR)	1491	678	174	226	205		2774	228	154	3156	1771
2003 – Goteborg (IADR)	2300	529	470	525	198		4022	253	361	4636	3108
2004 – Honolulu	2724	1028	631	865	168		5416	241	764	6421	4101
2005 – Baltimore	2666	945	554	695	156		5016	284	336	5636	3712
2006 – Orlando (AADOCR)	2487	825	292	343	325		4272	377	334	4983	2223
2006 – Brisbane (IADR)	1735	585	413	443	120	103	3399	196	383	3978	2616
2007 – New Orleans	2159	944	382	481	130		4096	253	283	4632	3018
2008 – Dallas (AADOCR)	982	524	121	153	124		1904	145	66	2115	1282
2008 – Toronto (IADR)	2423	973	506	452	182		4536	182	367	5085	3597
2009 – Miami	2492	1421	325	327	125		4690	222	246	5158	3585
2010 – Washington (AADOCR)	1286	615	173	195	62		2331	140	85	2556	1518
2010 – Barcelona	3298	1519	612	577	88		6094	240	200	6534	4969
2011 – San Diego	2724	1585	303	312	48		5260	276	288	5536	4041
2012 – Tampa (AADOCR)	1229	774	112	194	56		2365	130	103	2598	1668
2012 – Iguazu Falls (IADR)*	1954	1821	102	217	38		4132	141	221	4494	3584
2013 – Seattle	2861	1881	277	252	95		5366	224	304	5894	3795
2014 – Charlotte (AADOCR)	1286	817	108	182	105		2498	77	90	2665	1561
2014 – Cape Town (IADR)**	1429	512	100	76	52		2167	62	157	2388	1492
2015 – Boston	3146	2228	370	350	125		6219	170	356	6745	4356
2016 – Los Angeles (AADOCR)	1351	985	125	256	90		2807	100	156	3063	1794
2016 – Seoul (IADR)&	1705	1261	158	100	86		3310	137	160	3607	1793
2017 – San Francisco#	2594	1929	224	237	121		5105	79	237	5421	3750
2018 – Fort Lauderdale (AADOCR)	1209	931	98	104	176		2462	91	116	2724	1633
2018 – London (IADR)^	2708	1301	252	151	254		4666	156	315	5137	3014
2019 – Vancouver (IADR)^^^	2752	1690	360	118	223		5153	138	335	5626	3396
2020- Washington, DC (IADR)	Due to the Coronavirus Disease (COVID-19), the 2020 IADR/AADR/CADR General Session was canceled. 2890 abstracts originally scheduled for presentation were archived/published										
2021-Virtual Experience (IADR)^^^^	1715	1194	307	168	1204		3,446	65	0	3533	2197

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

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

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

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

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

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

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

Meeting Registration Fees

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

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

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

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

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

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

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

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

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

IADR & AADOOCR Members Dues and JDR & JDR CTR Subscription Fees

YEAR	IADR w/o JDR	AADOOCR w/o JDR	Print JDR & JDR CTR	IADR Incl. JDR	AADOOCR Total	Students IADR	Students AADOOCR
1982	20	25	27	47	72	3	5
1983	20	25	27	47	72	3	5
1984	20	25	27	47	72	3	5
1985	20	25	27	47	72	3	5
1986	20	25	27	47	72	3	5
1987	20	30	30	50	80	4	6
1988	20	30	30	50	80	5	7
1989	25	35	33	58	93	5	7
1990	25	35	38	63	98	5	7
1991	30	40	38	68	108	5	7
1992	30	47	38	68	115	5	7
1993	35	47	38	73	120	10	7
1994	35	47	38	73	120	10	10
1995	35	47	38	73	120	10	10
1996	40	57	38	78	135	10	10
1997	40	57	48	88	145	10	10
1998	40	57	70	110	167	10	10
1999	40	57	70	110	167	10	10
2000	40	67	70	110	177	10	10
2001	40	67	70	110	177	10	10
2002	45	67	82	127	194	10	10
2003	50	72	82	132	204	10	10
2004	50	72	82	132	204	10	10
2005	50	85	82	132	217	10	10
2006	62 ¹	95	62	124	1571	15	10
2007	40/50/74 ²	95	66	106/116/140	169	20	10
2008	40/50/80	95	73	113/123/153	175	22	12
2009	40/50/90	95	50 ³	90/100/140	185	25	15
2010	40/50/90	110	50	90/100/140	200	27	18
2011	42/55/105	115	50	92/105/155	220	30	23
2012	48/60/120	120	50	98/110/170	240	35	25
2013	54/68/135	125	50	104/118/185	260	40	30
2014 ⁴	56/70/140/112	130/104	50	106/120/190/162	270/216	42	35
2015 ⁵	56/85/155/124	135/108	50	106/135/205/174	290/232	47	40
2016	58/99/165/132	140/112	50/20 ⁶	108/149/215/182	305/244	50	40
2017	59/102/170/136	145/116	50/20	109/152/220/186	315/252	51	40
2018	61/105/175/140	150/120	50/20	111/155/225/190	325/260	52	45
2019	63/108/180/144	155/124	50/20	113/158/230/194	335/268	54	45
2020	64/111/185/148	160/128	50/20	114/161/235/198	345/276	55	45
2021	66/114/190/152	165/132	50/20	116/164/240/202	355/284	57	45
2022	68/117/195/156	170/136	50/20	118/167/245/206	365/292	58	45

¹ online only JDR is included as an IADR membership benefit

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

³ The JDR publishing is moved to SAGE.

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

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

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

Appendix 3 — Awards & Fellowships Winners (through 2021)

IADR Gold Medal

Lawrence Tabak	2018	David Williams	2021
Barry Sessle	2020		

IADR/AADOCR William J. Gies Award

(supported in 2021 by J. Morita Corporation)

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

IADR Academy of Osseointegration Innovation in Implant Sciences Award

(supported by Academy of Osseointegration)

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

(Discontinued)

IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration

(supported by Osteology Foundation)

Kasia Gurzawska-Comis, University of Birmingham, England	2020
Lauren Katz, University of North Carolina at Chapel Hill, USA	2021

IADR Colgate Community-Based Research Award for Caries Prevention

(supported by Colgate-Palmolive Company)

Denise Bailey – University of Melbourne, Australia	2011
Edward Lo – University of Hong Kong, SAR, China	2012
Donald Chi – University of Washington, Seattle, USA	2013

(Discontinued)

IADR Colgate Research in Prevention Travel Awards

(supported in 2021 by Colgate-Palmolive Company)

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

Yuliya Mulyar	2015	Mohammed Nadeem Bijle	2019	Yen-Tung Andy Teng (University of Rochester, NY, USA)	2006
Dara Shearer	2015	Shayan Darvish	2019	Cun-Yu Wang and Lijian Jin (University of Michigan, Ann Arbor, USA and University of Hong Kong, SAR, China)	2006
Vinay Pitchika	2016	Nicholas Fischer	2019	Toshihisa Kawai (The Forsyth Institute, Boston, Massachusetts, USA)	2007
Victor Matsubara	2016	Joshua Jenkins	2019	Fionnuala T. Lundy (Queen's University, Belfast, UK) and David Orr (University of Ulster at Coleraine, Coleraine, UK)	2007
Nathan Jones	2016	Tatiana Martini	2019	Gordon Ramage (Glasgow University Dental School & Hospital, Scotland, UK)	2007
Tan Nguyen	2016	Kenneth Sims	2019	Urban Hägg and co-investigators (The Prince Philip Dental Hospital, University of Hong Kong)	2008
Vanessa Sousa	2016	Leticia Capalbo	2020	Keith Kirkwood (Medical University of South Carolina, USA)	2008
Min Gyu Kwak	2016	Farzana Chowdhury	2020	David T.W. Wong (University of California, Los Angeles, USA)	2008
Preethi Prajod	2017	Mahmoud Elashiry	2020	Sandra Bordin (University of Washington, Seattle, USA) and co-investigator Xingde Li	2009
Jeong-Hyun Kang	2017	Ting Sang	2020	Eric Reynolds (Melbourne Dental School, The University of Melbourne, Australia) and co-investigator Stuart Dashper	2009
Cameron Stewart	2017	Jingyang Zhang	2020	Rena D'Souza (Baylor College of Dentistry, Texas A&M Health Science Center, USA) and co-investigators Jeffrey Hartgerink and Gottfried Schmalz	2009
Vasiliki Koidou	2017	Li Zhou	2020	Robert Patrick Allaker (Queen Mary & Westfield College, University of London, UK) and co-investigators Jie Huang and Guogang Ren	2010
Mor Shlezinger	2017	Christine Shaffer	2021	Craig Miller (University of Kentucky College of Dentistry, Lexington, USA) and co-investigator Jeffrey L. Ebersole	2010
Roger Junges	2017	Jennifer Baez-Polan	2021	Daniel Grenier (Groupe de Recherche en Ecologie Buccale, Université Laval, Quebec, Canada) and co-investigator Francesco Epifano	2010
Ali Alsharif	2018	Rania Nassar	2021	Scott De Rossi (Georgia Health Sciences University College of Dental Medicine, Augusta, USA) and co-investigators Douglas Dickinson, Stephen Hsu, Stephen Looney and Kalu Ogbureke	2011
Soraya León	2018	Thamyris de Souza Carvalho	2021	David T. Wong (University of California, Los Angeles, USA)	2011
Dono Kahharova	2018	Nathan Schiffman	2021	Hui Wu (University of Alabama at Birmingham, USA) and co-investigators Suzanne Michalek and Christian Melander	2011
Kassapa Ellepola	2018	Yun Niu	2021	Simone Duarte (New York University, NY, USA) and co-investigators Deepak Saxena and Nelson Silva	2012
Dina Moussa	2018			Christopher Irwin (Queen's University, Belfast, Ireland) and co-investigators Fionnuala Lundy and Brian Walker	2012
Yasir Siddiqui	2018			Doron Steinberg (Hebrew University, Jerusalem, Israel) and co-investigator Michael Friedman	2012

IADR Distinguished Service Award

(supported in 2020 by J. Morita Corporation)

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

IADR E.W. Borrow Memorial Award

(supported in 2021 by The Borrow Foundation)

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

IADR Innovation in Oral Care Awards

(supported in 2021 by GlaxoSmithKline)

Marie-Claude Amoureux and co-investigators (Clarigen, Inc., Carlsbad, CA, USA)	2004
Jack Ferracane and co-investigators (Oregon Health & Science University, Portland, USA)	2004
Spencer Redding and co-investigators (UTHSC, San Antonio, USA)	2004
Doron Steinberg and co-investigators (Hebrew University, Jerusalem, Israel)	2004
John Featherstone and co-investigators (UCSF, USA)	2005
Peter Holbrook and co-investigators (University of Iceland)	2005
Lin Tao (University of Illinois-Chicago, USA)	2005
Hyun (Michel) Koo and co-investigators (University of Wocheater, NY, USA)	2005

Yen-Tung Andy Teng (University of Rochester, NY, USA)	2006
Cun-Yu Wang and Lijian Jin (University of Michigan, Ann Arbor, USA and University of Hong Kong, SAR, China)	2006
Toshihisa Kawai (The Forsyth Institute, Boston, Massachusetts, USA)	2007
Fionnuala T. Lundy (Queen's University, Belfast, UK) and David Orr (University of Ulster at Coleraine, Coleraine, UK)	2007
Gordon Ramage (Glasgow University Dental School & Hospital, Scotland, UK)	2007
Urban Hägg and co-investigators (The Prince Philip Dental Hospital, University of Hong Kong)	2008
Keith Kirkwood (Medical University of South Carolina, USA)	2008
David T.W. Wong (University of California, Los Angeles, USA)	2008
Sandra Bordin (University of Washington, Seattle, USA) and co-investigator Xingde Li	2009
Eric Reynolds (Melbourne Dental School, The University of Melbourne, Australia) and co-investigator Stuart Dashper	2009
Rena D'Souza (Baylor College of Dentistry, Texas A&M Health Science Center, USA) and co-investigators Jeffrey Hartgerink and Gottfried Schmalz	2009
Robert Patrick Allaker (Queen Mary & Westfield College, University of London, UK) and co-investigators Jie Huang and Guogang Ren	2010
Craig Miller (University of Kentucky College of Dentistry, Lexington, USA) and co-investigator Jeffrey L. Ebersole	2010
Daniel Grenier (Groupe de Recherche en Ecologie Buccale, Université Laval, Quebec, Canada) and co-investigator Francesco Epifano	2010
Scott De Rossi (Georgia Health Sciences University College of Dental Medicine, Augusta, USA) and co-investigators Douglas Dickinson, Stephen Hsu, Stephen Looney and Kalu Ogbureke	2011
David T. Wong (University of California, Los Angeles, USA)	2011
Hui Wu (University of Alabama at Birmingham, USA) and co-investigators Suzanne Michalek and Christian Melander	2011
Simone Duarte (New York University, NY, USA) and co-investigators Deepak Saxena and Nelson Silva	2012
Christopher Irwin (Queen's University, Belfast, Ireland) and co-investigators Fionnuala Lundy and Brian Walker	2012
Doron Steinberg (Hebrew University, Jerusalem, Israel) and co-investigator Michael Friedman	2012
Bernhard Ganss (University of Toronto, Ontario, Canada) and co-investigator Eli Sone	2013
Marlise Klein (University of Rochester, NY, USA) and co-investigators Danielle Benoit, Hyun Koo and Falsetta Wood	2013
Dong Wang (University of Nebraska Medical Center, Omaha, USA) and co-investigator Richard Reinhardt	2013
Jake Jinkun Chen (Tufts University, Medford, MA, USA) and co-investigators Qisheng Tu and Lily Dong	2014
Yvonne Kapila (University of Michigan, Ann Arbor, USA) and co-investigators J. Fenno, and Alexander Rickard	2014
Keith L. Kirkwood (Medical University of South Carolina, Charleston, USA) and co-investigators Frank Alexis	2014
Lizeng Gao (University of Pennsylvania, Philadelphia, USA) and co-investigator David Cormode	2015
Janet Moradian-Oldak, (University of Southern California, Los Angeles, USA)	2015
Alireza Moshaverinia, (University of Southern California, Los Angeles, USA) and co-investigator Ali Khademhosseini, Homa Zadeh, and Songtao Shi	2015
Catherine. Ovitt (University of Rochester, NY, USA) and co-investigator Vyacheslan Korshunov	2016
Nicholas Jakubovics (Newcastle University, Newcastle Upon Tyne, England, UK) and co-investigators Michael Hall, Philip Preshaw and Grant Burgess	2016
Nihal Bandara (University of Queensland, Australia) and co-investigators Lakshman Samaranayake and Hugh David Charles Smyth	2016
Mikako Hayashi (Osaka University, Japan) and co-investigators Takayoshi Nakano and Reo Uemura	2017
Grayson Marshall (University of California, San Francisco, USA) and co-investigators Stefan Habelitz, Sally Marshall and Kuniko Saeki	2017
Petros Papagerakis (University of Saskatchewan, Saskatoon, Canada) and co-investigators Nikos Chronis and Silvana Papagerakis	2017

IADR Innovation in Oral Care Awards (cont'd)

Luiz Eduardo Bertassoni (Oregon Health and Science University Portland, OR, USA) and co-investigator Gaurav Sahay	2018
Prasanna Neelakantan (The University of Hong Kong, SAR, China) and co-investigators Celine Levesque, Frederic Cuisinier, Pierre-Yves Collart Dutilleul, Chu Chun Hung, Lakshman Samaranake and Nihal Bandara	2018
Rajesh V. Lalla (University of Connecticut, Farmington, CT, USA) and co-investigators Diane Burgess	2018
Marco Bottino (University of Michigan, Ann Arbor, USA) and co-investigators Steven Schwendeman and Hajime Sasaki	
Shan Jiang (University of Hong Kong, SAR, China) and co-investigators Chengfei Zhang, Edward Lo, Xuechen Li, and Linxian Li	2019
Sahar Ansari (University of California, Los Angeles, USA) and co-investigator Tara Aghaloo	2019
Jonathan An (University of Washington, Seattle, USA) and co-investigator Matt Kaeberlein	2020
Isabelle Denry (University of Iowa, Iowa City, USA) and co-investigator Amanda Haes	2020
So Ran Kwon (Loma Linda University, California, USA) and co-investigators Roberto Savignano, Christopher Perry	2020
Prasanna Neelakantan (University of Hong Kong, SAR, China) and co-investigators Conrado Aparicio, Lakshman Samaranayke, Julian Tanner, Gordon Rammer, Shanthini Kalimuthu	2021
Nicole Ritzert (ADA Science and Research Institute, Bethesda, MD, USA) and co-investigators Anna Kalmykov and Erin Claussen	2021
Cesar de la Fuente (University of Pennsylvania, Philadelphia USA) and co-investigator Marcelo Torres	2021

IADR KULZER Travel Awards

(supported in 2021 by KULZER)

Jonathan An	2010	Chen Xuan Wei	2016
Yu Furuya	2010	Hao-chieh Chang	2016
Mohammed Hadis	2010	Shaza Bishti	2016
Philipp Kohorst	2010	Sherif Elsharkawy	2016
Sybele Saska	2010	Yvette Alania	2017
Carina Castellan	2011	Ken Irari	2017
Nathaniel Lawson	2011	Dina Moussa	2017
Neshka Manchorova-Veleva	2011	Michael Wendler	2017
Giulio Marchesi	2011	Shuping Zhao	2017
Hiroyuki Miyajima	2011	Maher Eldafrawy	2018
Yoshio Abe	2012	Cameron Stewart	2018
Araceli Acevedo-Contreras	2012	Isabel Olegário	2018
Paula Benetti	2012	Pimpinee Eamsa-ard	2018
Juliano Pierri	2012	Maher Mohamed	2018
Alexander Stepuk	2012	Hao Ding	2019
Yang Xia	2013	Nicholas Fischer	2019
Kelly Sayre	2013	Joshua Jenkins	2019
Pedro Corazza	2013	Kartikeya Jodha	2019
Jean-François Nguyen	2013	Elizabeth Rocha	2019
Xi Chen	2013	Arwa Dagherery	2020
Anas Aljabo	2014	Valentin Herber	2020
Jamila Almuhamadi	2014	Kimberly Ngai	2020
Olivia Osiro	2014	Mohammed Zahedul Islam	
Taneka Taylor-Jones	2014	Nizami	2020
Jiajun Zhu	2014	Yin Ziaoxue	2020
Eliseu Munchow	2015	Lohitha Kalluri	2021
Kyle Serkies	2015	Isadora Garcia	2021
Alaa Turkistani	2015	Yehuda Klein	2021
Dongyun Wang	2015	Abdulrahman A. Balhaddad	2021
Ahmed Zaghoul	2015	Takahiko Sakai	2021
Basma Ghandourah	2016		

IADR Lion Dental Research Award

(supported in 2021 by the Lion Corporation)

Yuichi Kitasaki (Cariology)	2001
Khristine Marie Carino (BSHSR)	2001
Yael Hour-Haddad (Microbiology/Immunology)	2001
Olga Potella (Salivary)	2002
Towako Wakui (Oral Health)	2002
Eben Alsberg (Periodontal)	2002
David Conway (Cariology)	2003
Michael Cronin (BSHSR)	2003
Hiroyuki Tada (Microbiology/Immunology)	2003
Özgur Özdemir (Periodontal)	2004
Ji Li (Salivary)	2004
Loc Giang Do (BSHSR)	2005
Salunya Tancharoen (Microbiology/Immunology)	2005
Andrew Chi Chun Chan (Periodontal)	2006
Mariko Gyo (Oral Health)	2006
Xiaoli Gao (BSHSR)	2007
Daniel Moreinos (Cariology)	2007
Omer Deutsch (Salivary)	2008
Emanuele Cotroneo (Salivary)	2008
Julio Carrion (Periodontal)	2008
Olalekan Ayo-Yusuf (Oral Health)	2008
Sebastian Paris (Cariology)	2009
Ranawaka A.P. Perera (Microbiology/Immunology)	2009
Diep Ha (oral Health)	2010
Thanuja, D.K. Herath (Periodontal)	2010
Raluca Stiubea-Cohen (Salivary)	2010
Otto Lok Tao Lam (BEHSR)	2011
Fu Chen (Cariology)	2011
Yoav Neumann (Salivary)	2012
Daniel Jönsson (Periodontal)	2012
Shantanu Lal (Oral Health)	2012
Stefan Listl (BEHSR)	2013
Melissa Thiemi Kato (Cariology)	2013
Svetislav Zaric (Microbiology/Immunology)	2013
Donwivat Saensom (Oral Health)	2014
Omer Deutsch (Salivary)	2014
Richa Wahi (BEHSR)	2015
Falk Schwendicke (Cariology)	2015
Omer Fleissig (Microbiology/Immunology)	2015
Roger Junges (Oral Health)	2016
Tomomi Kawai (Periodontal)	2016
Helena Schuch (BEHSR)	2017
Reo Uemura (Cariology)	2017
Kassapa Ellepola (Microbiology/Immunology)	2017
Jacob Chew Ren Jie (Periodontal)	2018
Wei Qiao (Salivary)	2018
Yukako Kojima (Oral Health)	2018
Dina Moussa (Cariology)	2019
Emily Chang (Microbiology/Immunology)	2019
Talal Alshihayb (BEHSR)	2019
Mohammed Nadeem Bijle (Oral Health)	2020
Carla Alvarez Rivas (Periodontal)	2020
Hazem Abbas (BEHSR)	2021

IADR Regional Development Program

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

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

Finbarr Allen	2014
Haiping Tan	2015

(Discontinued)

JDR Cover of the Year

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

Pinborg Prize

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

(Discontinued)

Basic Research in Biological Mineralization Award
(supported in 2021 by Unilever Oral Care)

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

Research in Periodontal Disease Award

(supported in 2021 by Colgate-Palmolive Company)

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

Behavioral, Epidemiologic and Health Services Research Award

(formerly Behavioral Sciences/Health Services Research Award, supported in 2021 by CareQuest Institute for Oral Health)

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

Craniofacial Biology Research Award

(supported in 2021 by Dentsply Sirona)

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

Geriatric Oral Research Award

(supported in 2021 by GlaxoSmithKline)

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

Global Oral Health Research Award

(supported in 2021 by GlaxoSmithKline)

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

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

H.Trendley Dean Memorial Award

(supported in 2021 by Colgate-Palmolive Company)

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

Isaac Schour Memorial Award

(supported in 2021 by an endowment provided by Dr. Bernard G. Sarnat and Rhoda G. Sarnat through the Sarnat Family Foundation)

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

Oral Medicine and Pathology Research Award

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

Pharmacology, Therapeutics & Toxicology Research Award

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

Pulp Biology & Regeneration Award*(formerly Pulp Biology Award, supported in 2021 by Dentsply Sirona)*

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

Research in Oral Biology Award*(supported in 2021 by Church & Dwight Co., Inc.)*

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

Research in Prosthodontics & Implants Award

Julian Woelfel	1967	Yoshiro Kawamura	1976
Niels Brill	1968	Andrew Brewer	1977
George Paffenbarger	1969	Algirdas Albert Yurkstas	1978
Louis Boucher	1970	Bjorn Hedegaard	1979
Judson Hickey	1971	David Watts	1980
Antje Tallgren	1972	John McLean	1981
Douglas Atwood	1973	F. Karl W. Eichner	1982
Krishan Kapur	1974	Per-Olof Glantz	1983
Gunnar Carlsson	1975	Kalervo Koivumaa	1984

Per-Ingvar Brånemark	1985	Ichiro Nishimura	2004
John Bates	1986	Ignace Naert	2005
Bo Bergman	1987	Jocelyne Feine	2006
G. Derek Stafford	1988	Clark Stanford	2007
Gunnar Ryge	1989	Neal Garrett	2008
John Silness	1990	Lyndon Cooper	2009
Alan Grant	1991	Ronald Ettinger	2010
Robert Yemm	1992	Hugh Devlin	2011
George Zarb	1993	Pekka Vallittu	2012
Tomas Albrektsson	1994	Yasumasa Akagawa	2013
Ejvind Budtz-Jorgensen	1995	Takahiro Ogawa	2014
Alan Harrison	1996	Torsten Jemt	2015
Jack Lemons	1997	Adriano Piattelli	2016
Krishan Kapur	1998	David Bartlett	2017
Taizo Hamada	1999	Donald Brunette	2018
Angelo Caputo	2000	Asbjørn Jokstad	2019
Alan Hannam	2001	Matthias Kern	2020
Warner Kalk	2002	Kiyoshi Koyano	2021
Bengt Öwall	2003		

Salivary Research Award*(supported in 2021 by Unilever Oral Care)*

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

William H. Bowen Research in Dental Caries Award*(supported in 2021 by Johnson & Johnson Consumer, Inc.)*

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

Wilmer Souder Award

(supported in 2021 by an endowment provided by the IADR Dental Materials Group)

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

Young Investigator Award

(formerly Oral Science Research Award, supported in 2021 by P & G Professional Oral Health, Crest+Oral-B)

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

IADR/Borrow Dental Milk Foundation Fellowship

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

IADR David B. Scott Fellowship Recipients

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

1987	Argentine Division	Clarisa Bozzini, Universidad de Buenos Aires, Argentina
		Ana Maria Collet, Universidad de Buenos Aires, Argentina
		Gustavo Maria Mugnolo, Universidad Nacional de Córdoba,
		Argentina
1988	Australia and New Zealand Division	Melinda Barva, The United Dental Hospital of Sydney, Australia
		Hiran Perinpanayagam, University of Otago, New Zealand
1989	British Division	Ian Lightfoot, The University of Newcastle-upon-Tyne, UK
1990	Canadian Association for Dental Research	Kerim M. Ozcan, University of Dalhousie, Halifax, Nova Scotia, Canada
1991	Continental European Division	Alexandros Stassinakis, University of Berne, Switzerland
1992	Egyptian Division	Shahira El Ashiry, Cairo University
1993	Irish Division	Simon Killough, Queen's University of Belfast
1994	Israeli Division	David Mulkandov, Hebrew University, Jerusalem
1995	Japanese Association for Dental Research	Sachiko Takikita, Osaka University, Osaka, Japan
1996	Korean Division	Y-K Ko, Seoul National University, Seoul, Korea
1997	Mexican Division	Deyanira .L. Neveu Barquera, National University of Mexico, Mexico City, Mexico
1998	Scandinavian Division	Laura Tarkkila, University of Helsinki, Finland
1999	South African Division	Helene .A. Gelderblom, University of Pretoria, South Africa
2000	Southeast Asian Division	Samintharaj Kumar, National University of Singapore
2001	Venezuelan Division	Vanessa Luis, Santa Maria University
2002	American Division	Amy James, UTXHSC, San Antonio
2003	Argentine Division	Karina M. Katok, University of Buenos Aires
2004	Australian & New Zealand Division	Amrita Ramchod, University of Otago
2005	Brazilian Division	M.S. Bello Silva, University of São Paulo
2006	British Division	Janet D.C. Kan, King's College London Dental Institute
2007	Canadian Division	Amer Muhammad Hussain, University of Alberta
2008	Chinese Division	Quan Xing, Wuhan University
2009	Continental European Division	Andreas Niklas, University of Regensburg Medical School
2010	East/Southern Africa Division	Simiyu Benjamin, University of Nairobi
2011	Irish Division	Kate Horgan, Cork University
2012	Israeli Division	Sharon Shany-Kdoshim, The Hebrew University

2013	Japanese Division	Shinnichi Sakamoto, Hiroshima University
2014	Korean Division	Sungkyoon Kang, Wonkwang University
2015	Mexican Division	Jessica Lana-Ojeda, Universidad Autonoma de Yucatan
2016	Scandinavian Division	Anne Katrine Danielsen, Copenhagen University, Denmark
2017	South African Division	Sabeeha Minty, University of Witwatersand
2018	Southeast Asian Division	Valdy Hartono, Trisakti
2019	Venezuelan Division	Annabella Frattaroli, Afonso Josmary and Alejandra Garcia-Quintana, Central University of Venezuela
2020	Kuwaiti Division	Aisha Almulla and Latifah Ibrahim, Kuwait University
2021	Nigerian Division	Adedire Adetomiwa, Obafemi Awolowo University, Nigeria

IADR John J. Clarkson Fellowship

(supported in 2020 by the IADR Institutional Section and individual members)

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

IADR John A. Gray Fellowship

(supported in 2021 by Members and Sponsors)

Marianela Olivares (<i>American Association for Dental Research</i>)	1993
Patricia Mandalunis (<i>Argentine Division</i>)	1995
Christine Jackson (<i>Australian/New Zealand Division</i>)	1997
Evelise de Souza (<i>Brazilian Division</i>)	1999
Amit Rajni Vora (<i>British Division</i>)	2001
Michael Lizardo (<i>Canadian Division</i>)	2003
Ya Ling Song (<i>Chinese Division</i>)	2005
H. Esra Botsali (<i>Continental European Division</i>)	2007
Nanako Hirose (<i>Japanese Division</i>)	2015
Jonghwa Won (<i>Korean Division</i>)	2017
Claudia Ivonne Rodriguez (<i>Mexican Division</i>)	2019
Navdeep Kaur Brar (<i>Scandinavian Division</i>)	2021

IADR Hatton Competitions & Awards

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

Name	Category	Year
John Salley	Novice Awards	1953
Leo Korchin	Novice Awards	1954
Daniel Waite	Novice Awards	1955
C.E. Staley	Novice Awards	1955
Barry Miller	Novice Awards	1956
Robert Smith		1957
J.C. Beck		1958
Richard Hoffman		1959
Reginald Andlaw		1960
Jack Dale		1961
Charles Jerge		1962
Brigit Johansson		1963
Robert Williamson	Post-doctoral	1964
Robert Zager	Pre-doctoral	1964
Louis Ripa	Post-doctoral	1965
William Malone	Post-doctoral	1965
Robert Dolven	Pre-doctoral	1965
Mildred Romans	Pre-doctoral	1965

IADR Joseph Lister Award for New Investigators

(supported in 2021 by Johnson & Johnson Consumer Inc.)

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

IADR Norton M. Ross Fellowship

Darren Machule (<i>American Association for Dental Research</i>)	1992
Yumeng Deng (<i>Southeast Asian Division</i>)	1994
Cornel Driessen (<i>South African Division</i>)	1996
Nuno Hermann (<i>Scandinavian Division</i>)	1998
Tae-Yeon Lee (<i>Korean Division</i>)	2002
Aiko Nakasone (<i>Japanese Division</i>)	2004
Moshe Shemesh (<i>Israeli Division</i>)	2006
Adam Dowling (<i>Irish Division</i>)	2008
Kerstin Galler (<i>Continental European Division</i>)	2010
Yaoting Ji (<i>Chinese Division</i>)	2014
Jordan Cheng (<i>Canadian Division</i>)	2016
Josh Twigg (<i>British Division</i>)	2018
Isabelle Luz de Albuquerque (<i>Brazilian Division</i>)	2020

IADR STAR Network Academy Fellowship

Zhejun Wang	2017	Angela Salcedo	2019
Fabian Cieplik	2018	Emilio Cafferata	2020
Hui Chen	2019	Kiho Cho	2020
Saif Khan	2019		

IADR Three Minute Thesis® Competition

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

IADR Toshio Nakao Fellowship

(supported in 2021 by GC Corporation)

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

Name	Category	Year
Arnett Anderson	Post-doctoral	1966
Arthur Johnson	Post-doctoral	1966
Murray Nickleborough	Pre-doctoral	1966
Basil Richardson	Post-doctoral	1966
David Russell	Post-doctoral	1967
Burton Horowitz	Post-doctoral	1967
Sherman Sweeney	Pre-doctoral	1967
Stuart White	Pre-doctoral	1967
Dick Lavender	Post-doctoral	1968
M Kuftinec	Post-doctoral	1968
Marlin Walling	Pre-doctoral	1968
Ronald Shuler	Pre-doctoral	1968
Yehoshua Shapira	Post-doctoral	1969
Helen Blaine	Post-doctoral	1969
Alan Lurie	Pre-doctoral	1969
Benjamin Ciala	Post-doctoral	1970
Michael Barkin	Pre-doctoral	1970
George Kelly	Pre-doctoral	1970

IADR Hatton Competitions & Awards (continued)

Name	Category	Year	Name	Category	Year
Mark Piper	Post-doctoral	1979	Michael Martin	Pre-doctoral	2000
Huw Thomas	Post-doctoral	1979	Judith Parkhill	Pre-doctoral	2000
Christopher Kemp	Pre-doctoral	1979	Wendy Robinson	Junior	2001
Mark Fitzgerald	Pre-doctoral	1979	Christina Patrianakos	Junior	2001
Wayne Colin	Pre-doctoral	1984	Fernanda Petersen	Senior	2001
William Ng	Pre-doctoral	1984	Johanna Laurikkala	Senior	2001
Richard Finkelman	Post-doctoral	1985	Raj Gopalakrishnan	Post-doctoral	2001
B. Wells	Post-doctoral	1985	Tracie Payne-Ferreira	Post-doctoral	2001
Mark Fontenot	Pre-doctoral	1985	Matthew Abraham	Junior	2002
Leo Kupp	Pre-doctoral	1985	Owen Addison	Junior	2002
Pamela Den Besten	Post-doctoral	1986	Hiroshi Egusa	Senior	2002
Larry Swain	Post-doctoral	1986	Eben Alsberg	Senior	2002
Robert Burne	Pre-doctoral	1986	Juan Dong	Post-doctoral	2002
Marjorie Cowan	Pre-doctoral	1986	Mo Kang	Post-doctoral	2002
Christopher Overall	Post-doctoral	1987	Nader Salib	Junior	2003
Costas Maniatopolulos	Post-doctoral	1987	Jacob Stern	Junior	2003
Kurt Schilling	Pre-doctoral	1987	Keisuke Handa	Senior	2003
Salvatore Ruggiero	Pre-doctoral	1987	Mark Morgan	Senior	2003
Aaron Weinberg	Post-doctoral	1988	John Huang	Post-doctoral	2003
Junichiro Iida	Post-doctoral	1988	Petros Papagerakis	Post-doctoral	2003
George Nail	Pre-doctoral	1988	Justin Barnes	Junior	2004
Lucy Lamy	Pre-doctoral	1988	Adrian DeAngelis	Junior	2004
Dymphna Daly	Post-doctoral	1989	Andrew Fribley	Senior	2004
Laurie McCauley	Post-doctoral	1989	Elizabeth Foza	Senior	2004
Alan Hing	Pre-doctoral	1989	Ulrike Schulze-Späte	Post-doctoral	2004
Gordon MacFarlane	Pre-doctoral	1989	Silvana Papagerakis	Post-doctoral	2004
Theresa Madden	Post-doctoral	1990	Monique Goris	Junior	2005
Christopher Cutler	Post-doctoral	1990	Jeremy Horst	Junior	2005
Randy Todd	Pre-doctoral	1990	Manish Arora	Senior	2005
Mikyung Lee	Pre-doctoral	1990	Guive Balooch	Senior	2005
Randy Todd	Post-doctoral	1991	Xinquan Jiang	Post-doctoral	2005
Thomas Bramanti	Post-doctoral	1991	Karen Fong	Post-doctoral	2005
Alison O'Mahony	Pre-doctoral	1991	Jonathan Collier	Junior	2006
Venkatarama Rao	Pre-doctoral	1991	Vincenzo D'Antò	Junior	2006
Brian O'Connell	Post-doctoral	1992	Samantha Byrne	Senior Clinical Science	2006
Michael Ignelzi	Post-doctoral	1992	Chrisovalantou Cheretakis	Senior Clinical Science	2006
Arabelle Clayden	Pre-doctoral	1992	Maria Nystrom	Senior Basic Science	2006
Erez Nasatzky	Pre-doctoral	1992	Shashidharan Madhavan	Senior Basic Science	2006
Joseph Best	Post-doctoral	1993	Aisling Daly	Junior	2007
Jeng Jjiang-Huei	Post-doctoral	1993	Richard Damerou	Junior	2007
Keijo Luukko	Pre-doctoral	1993	Shigeyuki Ozawa	Senior Basic Science	2007
Angela Painter	Pre-doctoral	1993	Nan Hatch	Senior Basic Science	2007
Arthur DeCarlo	Post-doctoral	1994	Danielle DiCara	Senior Basic Science	2007
Bridget Doubleday	Post-doctoral	1994	Leanne Taylor	Senior Basic Science	2007
Eric Howard	Pre-doctoral	1994	Shilpa Raju	Junior	2008
Karen Reese	Pre-doctoral	1994	Erica Scheller	Junior	2008
Amitabha Lala	Post-doctoral	1995	Adriana Perez-Soria	Senior Clinical Science	2008
Natalia Lioubavina	Post-doctoral	1995	Lauren Turner	Senior Basic Science	2008
Christine Jackson	Pre-doctoral	1995	Hugh Kim	Senior Basic Science	2008
Shawn Macauley	Pre-doctoral	1995	Samar Khoury	Senior Clinical Science	2008
Galen Schneider	Post-doctoral	1996	Alexander Nee	Junior	2009
Nisha D'Silva	Post-doctoral	1996	Bo Yu	Junior	2009
Lina Bueno	Pre-doctoral	1996	Jaime Díaz-Zúñiga	Junior	2009
Gayatri Jayaraman	Pre-doctoral	1996	Elham Emami	Senior Clinical Science	2009
Lisa Bueno	Pre-doctoral	1996	Turki Alhazzazi	Senior Basic Science	2009
Amr Moursi	Post-doctoral	1997	Sutipalin Suwannakul	Senior Basic Science	2009
Laila Huq	Post-doctoral	1997	Paul Hooi	Junior	2010
David Williams	Pre-doctoral	1997	Jia Hao	Junior	2010
Robin Abbey	Pre-doctoral	1997	Niroshani Soysa	Senior Basic Science	2010
Michael Glogauer	Post-doctoral	1998	Kheng Tan	Senior Basic Science	2010
Nada Slakeski	Post-doctoral	1998	David Conway	Senior Clinical Research	2010
Anne-Marie Clancy	Pre-doctoral	1998	Maria Athanassiou-		
Harold Bobier	Pre-doctoral	1998	Papaefthymiou	Senior Clinical Research	2010
Jacques Nör	Post-doctoral	1999	Grace Lee	Junior	2011
Wendy Turner	Post-doctoral	1999	Katherine O'Donnell	Junior	2011
Mo Kang	Pre-doctoral	1999	Nicola Innes	Senior Clinical Science	2011
Neil O'Brien-Simpson	Post-doctoral	2000	Maria Villanueva Vilchis	Senior Clinical Science	2011
Monica Goldenberg	Post-doctoral	2000	Luciana Branco-de-Almeida	Senior Basic Science	2011

IADR Hatton Competitions & Awards (continued)

Name	Category	Year
Jeffrey Kim	Senior Basic Science	2011
Jonathan An	Junior	2012
Patricia Brooks	Junior	2012
Gerald McKenna	Senior Clinical Science	2012
Mervi Gürsoy	Senior Clinical Science	2012
Mildred Embree	Senior Basic Science	2012
Farhan Khan	Senior Basic Science	2012
Kyle Vining	Junior	2013
Panruethai Trongkij	Junior	2013
Martin Schimmel	Senior Clinical Science	2013
Jaana Helenius-Hietala	Senior Clinical Science	2013
Wanida Ono	Senior Basic Science	2013
Sasha Dimitrova-Nakov	Senior Basic Science	2013
Kyulim Lee	Junior	2014
Rebekah Eves	Junior	2014
Patricia González-Alva	Senior Clinical Science	2014
T. Paul Hyde	Senior Clinical Science	2014
Marit Aure	Senior Basic Science	2014
Joo-Young Park	Senior Basic Science	2014
Joshua Chong	Junior	2015
Laura Graham	Junior	2015
Ana Badovinac	Senior Clinical Science	2015
Maryam Jessri	Senior Clinical Science	2015
Juliana Delben	Senior Basic Science	2015
Reniqua House	Senior Basic Science	2015
Mychi Nguyen	Junior	2016
Meredith Williams	Junior	2016
Juan Fernando Oyarzo	Senior Clinical Science	2016
Aliye Akcali	Senior Clinical Science	2016
Yukako Yamauchi	Senior Basic Science	2016
Gazelle Crasto	Senior Basic Science	2016
Tanutchaporn Thongngam	Junior	2017
Zachary Pekar	Junior	2017
Scott Williams	Senior Clinical Science	2017
Dylan Herzog	Senior Clinical Science	2017
Sigal Buch	Senior Basic Science	2017
Mohamed Omar	Senior Basic Science	2017
Heather Wallis	Junior	2018
Alexandra Oklejas	Junior	2018
Bolanle Akinwonmi	Senior Clinical Science	2018
Paul Brady	Senior Clinical Science	2018
Kevin Byrd	Senior Basic Science	2018
Sangwoo Lee	Senior Basic Science	2018
Somtochukwu Ozoemena	Junior	2019
Jessica Zachar	Junior	2019
Benedikt Luka	Senior Clinical Science	2019
Mabelle Monteiro	Senior Clinical Science	2019
Mizuki Nagata	Senior Basic Science	2019
Jiayu Shi	Senior Basic Science	2019
Wachirawit Suntawan	Junior Category	2020
Basma Salem	Junior Category	2020
Christopher Donnelly	Basic Science Category	2020
Risa Masumoto	Basic Science Category	2020
Madhurmia Datta	Clinical Research Category	2020
Sonali Sharma	Clinical Research Category	2020
Jordan Blum	Junior Category	2021
Natalie Atyeo	Junior Category	2021
Zhi Ren	Basic Science Category	2021
Shanmukh Peddi	Basic Science Category	2021
Waheed Awotoye	Clinical Research Category	2021
Walid Ahmed Al-Soneidar	Clinical Research Category	2021

IADR GC Centennial Travel Grants

(supported in 2021 by GC Corporation)

Aline de Almeida Neves, Federal University Rio de Janeiro, Brazil	2020
Carola B. Bozal, University of Buenos Aires, Argentina	2020
Nandita Kshetrimayum, Regional Institute of Medical Sciences, Manipur, India	2020
Carolina Duarte, Nova Southeastern University, Fort Lauderdale, Florida, USA	2021

IADR Centennial Travel Award for New Investigators

Valentim Adelino Ricardo Barão	2020	Xingying Qi	2021
Renato Casarin	2020	Maria Lorena Cabirta	2021
Jjewen Dai	2020	Jorge Felipe Lima Teixeira	2021
Chanyuan Jin	2020	Sonali Sharma	2021
Angela Quispe-Salcedo	2020	Valentim Adelino	2021
David Okoye	2020	Stefan Chavdarov Zlatev	2021
Olubukola Olatosi	2020	Annabella Frattaroli Pericchi	2021
Tamara Peric	2020	Sukeshana Srivastav	2021
Theint Theint Than Way	2020	Aldrin André Huamán	2021
Aybuke Uslu	2020	Mendoza	2021
		Afef Amri	2021

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

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

Asia/Pacific Region

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

Latin American Region

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

North American Region

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

Pan European Region

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



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Independent Auditors’ Report

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

We have audited the accompanying financial statements of the International Association for Dental Research (the Association), which comprise the statement of financial position as of December 31, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

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

Auditors’ Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors’ judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Association as of December 31, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

To the Council and Members
International Association for Dental Research

Emphasis of Matter

As discussed in Note 2 of the financial statements, the Association adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. Our opinion is not modified with respect to this matter.

Report on Summarized Comparative Information

We have previously audited the Association’s statement of financial position as of December 31, 2018, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 11, 2019. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Councilor, Buchanan + Mitchell, P.C.

Washington, D.C.
November 12, 2020

Certified Public Accountants

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2019

(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2018)

Assets	2019	2018
Current Assets		
Cash and Cash Equivalents	\$ 1,439,228	\$ 104,612
Accounts Receivable	129,106	90,509
Contributions Receivable	551,205	352,638
Due from AADR	-	207,710
Prepaid Expenses and Other Current Assets	440,202	265,150
Total Current Assets	2,559,741	1,020,619
Investments	15,008,042	12,746,452
Deposits	-	40,376
Fixed Assets, Net	463,746	442,653
Investment in Deferred Compensation	273,518	207,665
Total Assets	<u>\$ 18,305,047</u>	<u>\$ 14,457,765</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable and Accrued Expenses	\$ 158,816	\$ 92,661
Due to AADR	86,909	-
Refunds and Pass-Through Amounts	525,011	295,576
Refundable Advances	145,000	-
Deferred Revenue		
Dues	600,817	385,690
General Session	847,260	60,650
Total Deferred Revenue	1,448,077	446,340
Total Current Liabilities	2,363,813	834,577
Deferred Compensation Payable	273,518	207,665
Total Liabilities	2,637,331	1,042,242
Net Assets		
Without Donor Restrictions		
Undesignated	14,290,510	12,291,606
Board Designated	355,870	306,725
Total Without Donor Restrictions	14,646,380	12,598,331
With Donor Restrictions		
Purpose Restricted	809,163	615,934
Endowment Funds	212,173	201,258
Total With Donor Restrictions	1,021,336	817,192
Total Net Assets	15,667,716	13,415,523
Total Liabilities and Net Assets	<u>\$ 18,305,047</u>	<u>\$ 14,457,765</u>

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2019
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2018)**

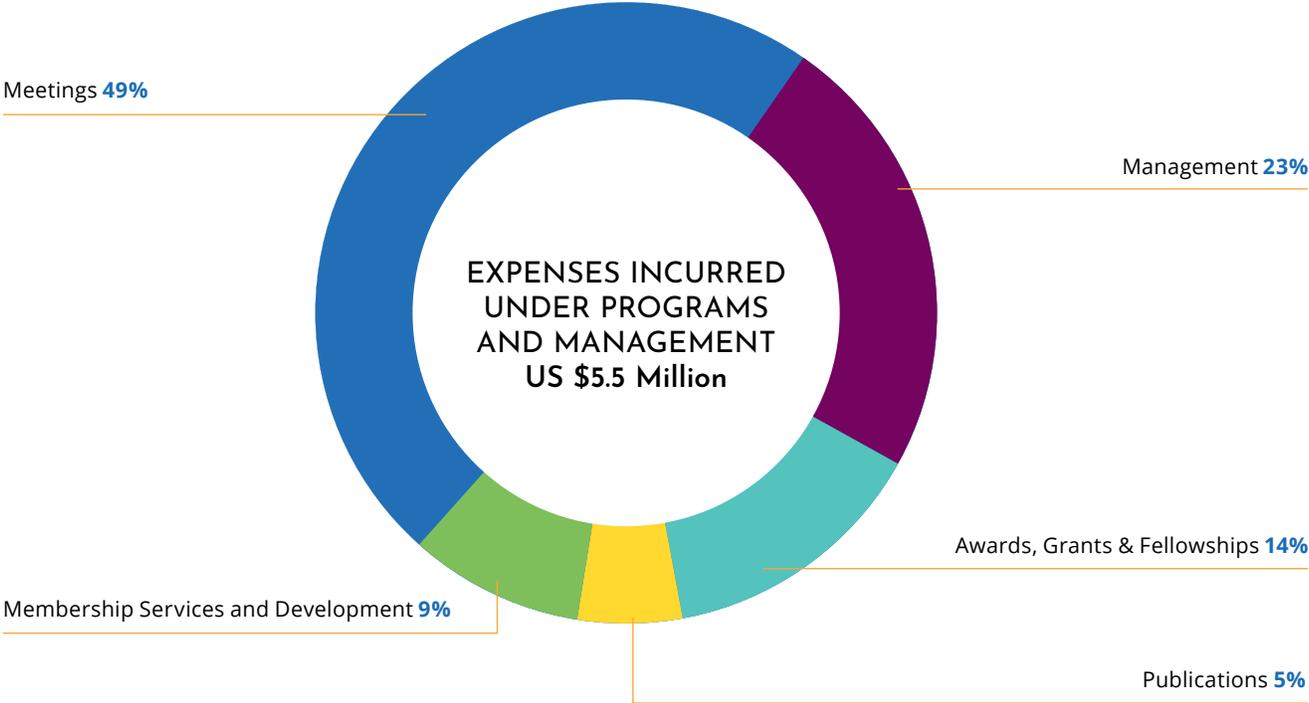
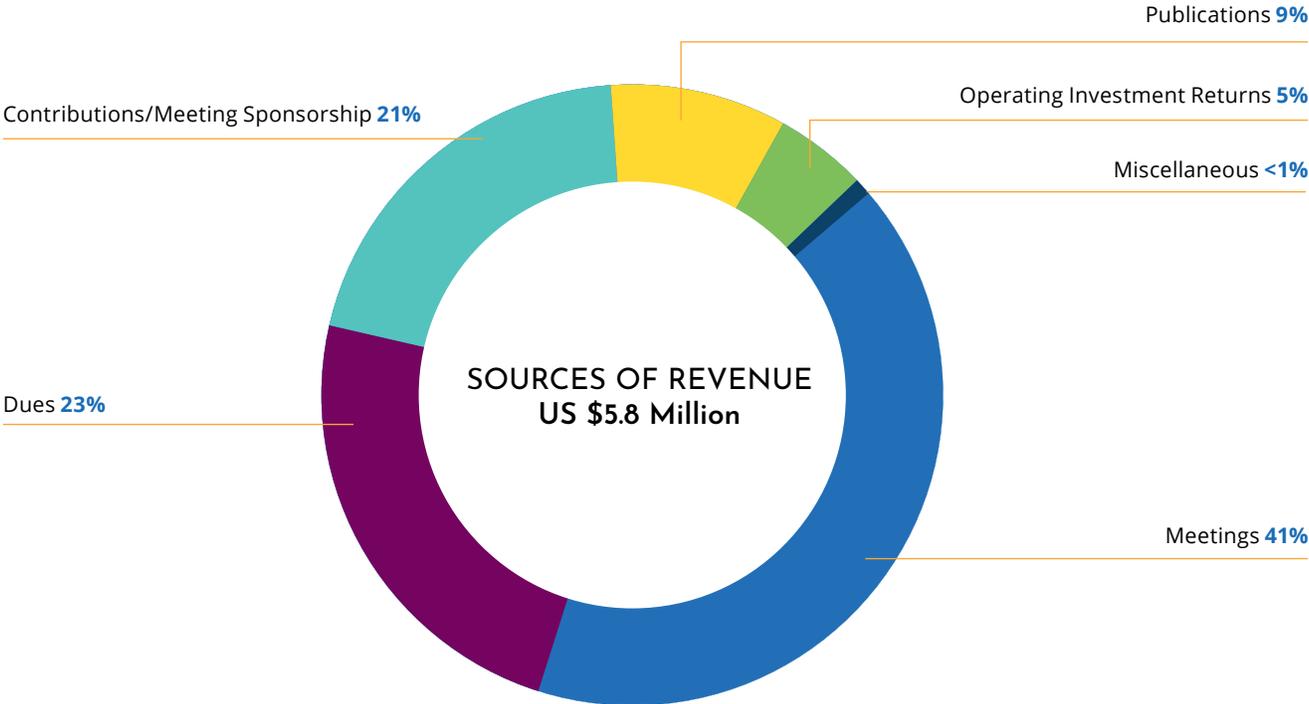
	Without Donor Restrictions	With Donor Restrictions	2019 Total	2018 Total
Revenues				
Conference Registration	\$ 2,219,614	\$ -	\$ 2,219,614	\$ 2,026,703
Membership Dues	1,361,572	-	1,361,572	1,496,438
Exhibitors’ Fees	160,088	-	160,088	183,311
Advertising	16,406	-	16,406	28,163
Symposia	25,100	-	25,100	24,356
Contributions and Sponsorships	500	1,187,542	1,188,042	1,130,255
Royalties and Publishing	503,752	-	503,752	484,947
Investment Return Designated for Current Operations	274,689	-	274,689	256,925
Miscellaneous	49,461	-	49,461	22,731
Net Assets Released from Restrictions	1,016,898	(1,016,898)	-	-
Total Revenues	5,628,080	170,644	5,798,724	5,653,829
Expenses				
Program Expenses				
Journal of Dental Research and Publishing	302,664	-	302,664	256,070
General Session and Meetings	2,695,200	-	2,695,200	2,870,919
Awards, Grants, and Fellowships	763,291	-	763,291	708,773
Member Services and Other Programs	295,001	-	295,001	218,297
Total Program Expenses	4,056,156	-	4,056,156	4,054,059
Supporting Services				
Management and General Expenses	1,261,884	-	1,261,884	1,047,942
Membership Development	224,074	-	224,074	266,970
Total Supporting Services	1,485,958	-	1,485,958	1,314,912
Total Expenses	5,542,114	-	5,542,114	5,368,971
Change in Net Assets before Investment Gain	85,966	170,644	256,610	284,858
Investment Gain (Loss) in Excess of Amounts Designated for Current Operations	1,962,083	33,500	1,995,583	(1,434,517)
Change in Net Assets	2,048,049	204,144	2,252,193	(1,149,659)
Net Assets, Beginning of Year	12,598,331	817,192	13,415,523	14,565,182
Net Assets, End of Year	\$ 14,646,380	\$ 1,021,336	\$ 15,667,716	\$ 13,415,523

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2019
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2018)

	<u>2019</u>	<u>2018</u>
Cash Flows from Operating Activities		
Change in Net Assets	\$ 2,252,193	\$ (1,149,659)
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities		
Depreciation and Amortization	64,626	68,021
Net Realized and Unrealized (Gain) Loss on Investments	(1,989,892)	1,414,928
<u>(Increase) Decrease in Assets</u>		
Accounts Receivable	(38,597)	(23,576)
Contributions Receivable	(198,567)	(305,138)
Due from AADR	207,710	(207,710)
Prepaid Expenses and Other Current Assets	(175,052)	177,606
Deposits	40,376	(40,376)
Investment in Deferred Compensation	(65,853)	2,124
<u>Increase (Decrease) in Liabilities</u>		
Accounts Payable and Accrued Expenses	66,155	(227,474)
Due to AADR	86,909	(33,666)
Refunds and Pass-Through Amounts	229,435	21,038
Refundable Advances	145,000	-
Deferred Revenue	1,001,737	(256,879)
Deferred Compensation Payable	65,853	(2,124)
Net Cash Provided by (Used in) Operating Activities	<u>1,692,033</u>	<u>(562,885)</u>
Cash Flows from Investing Activities		
Purchases of Investments	(11,005,721)	(827,051)
Proceeds from Sales and Maturities of Investments	10,734,023	549,798
Purchases of Fixed Assets	(85,719)	(24,519)
Net Cash Used in Investing Activities	<u>(357,417)</u>	<u>(301,772)</u>
Net Increase (Decrease) in Cash and Cash Equivalents	1,334,616	(864,657)
Cash and Cash Equivalents, Beginning of Year	<u>104,612</u>	<u>969,269</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 1,439,228</u></u>	<u><u>\$ 104,612</u></u>

2019 OPERATIONAL HIGHLIGHTS



Appendix 5 — Chief Executive Officer's Report on the Budgets, 2020-24

Executive Summary

Year-End Estimate – 2021

- Overall operations are estimated to result in a (\$260,000) deficit as compared to a budgeted deficit of (\$358,000) or \$98,000 better than budget.
- This is achieved by a better-than-expected meeting surplus (joint virtual meeting with AADOOCR) and lower than expected general operations expenses, partially offset by lower membership dues.
- **General Operations:**
 - The number of dues paying Members is expected to be about 145 greater than 2020 actuals, but approximately 1,440 less than the 2021 budget. This decrease will translate to dues revenue that is \$173,000 lower than budget and is the largest factor in the larger than expected general operations deficit.
 - Expenses are expected to be \$156,000 less than budget due to no Board meeting & travel costs, staff travel costs and lower than expected member recruitment costs, partially offset by higher than budgeted member retention costs, miscellaneous costs due to higher than budgeted comped dues and the costs for new IADR regional support staff beginning September 1st which were not included in the original budget.
 - The overall General Operations deficit is expected to be \$19,000 greater than budget.
- **General Session:**
 - Meeting revenues are expected to exceed budget by approximately \$140,000 thanks to higher than budgeted registrations and sponsorships.
 - Expenses are still being finalized. However, preliminary estimates indicate that most expenses should be at or below budgeted amounts. Lower than budgeted costs are seen in the meeting venue category due a possible hotel liability that is unlikely to be charged and meeting promotion costs, partially offset by higher than budgeted scientific program, merchant fees and networking opportunity costs.
 - IADR's share of the Joint IADR/AADOOCR net income is expected to be \$148,000, which exceeds budget by about \$106,000.
- *GHQ:* Salary & benefits costs are expected to be about \$51,000 lower than budget primarily due to an open staff position for part of the year. GHQ overhead costs are expected to be \$74,000 greater than budget primarily due to higher than budgeted upfront implementation costs for the Nimble (new association management system) & Website redesign projects, as well as the expected recruitments costs to hire a new executive assistant. These increased costs are partially offset by lower than budgeted office supply, telephone and depreciation costs. Staff was able to reduce telephone/internet costs while increasing our internet connection speed by 5x, by locking in a new 3-year agreement. Insurance costs while slightly more expensive than 2020 include \$100K in cyber security coverage and \$2M in flood coverage. Total GHQ 2021 costs are projected to be about \$23,000 greater than the original budget.
- *JDR:* The budgeted surplus is currently expected to be about \$18,000 greater than budget. Royalty income is currently being estimated to be \$13,000 greater than the budgeted amount. Mid-year reports from Sage show revenues trending slightly above 2020 results. Year-end revenue estimates could be adjusted upward if the trend continues. Costs are in line with or slightly below budget.
- *JDR CTR:* The budgeted deficit is currently expected to be about \$2,000 less than budget. Royalty income is currently being estimated to be slightly greater than the budgeted amount, mid-year reports from Sage show revenues slightly better than budget. Costs are in line with or slightly below budget.
- *Investment Spending Policy:* The IADR investment spending policy allows for up to 2% of the average investment portfolio balance measured over the prior 12 quarters to be used to fund IADR operations. Total estimated expenses to be funded from investment portfolio earnings in 2021 are expected to total \$592,000. This amount includes the general operations allocation to offset the overall budget deficit, IADR only programs such as the regional development program and strategic development work and support for or unfunded IADR awards. This amount is expected to be approximately \$227,000 greater than the amount available under the investment spending policy.

Table I2. General Operations

	ACTUAL	YTD	Year-End Estimate	BUDGET	Proposed BUDGET	Preliminary BUDGET	Preliminary BUDGET
	2020	9/30/2021	12/31/2021	2021	2022	2023	2024
REVENUE							
Institutional & Corporate dues	175,650	164,816	180,000	180,000	180,000	180,000	180,000
Membership Dues	882,605	961,277	961,277	1,134,324	997,203	1,078,011	1,164,408
Award Admin Fees	37,243	926	35,000	37,162	42,767	37,767	42,767
Miscellaneous	10,873	3,803	10,000	10,000	10,000	10,000	10,000
TOTAL REVENUE	1,106,371	1,130,822	1,186,277	1,361,489	1,229,973	1,305,781	1,397,174
EXPENSES							
Employee salaries	865,846	671,709	919,070	943,554	945,818	987,035	1,071,831
Employee benefits	234,437	193,161	259,637	262,319	264,829	278,837	302,792
Overhead Allocation	284,539	197,356	314,867	282,070	291,461	282,633	283,698
Merchant Fees/Bank Charges	30,491	27,988	55,976	49,944	44,734	47,804	51,087
Shipping & Courier	1,061	1,154	5,000	10,300	10,000	10,300	10,609
Board Costs - Travel, Mtg & Admin	8,655	115	1,000	185,000	185,000	185,000	185,000
Regional Board Member Support	0	0	0	13,390	14,000	14,420	14,853
Division/Section/Region Services	0	0	0	5,150	5,305	5,464	5,628
Travel - Staff	1,428	0	0	24,000	29,000	29,000	29,000
Regional Support Staff	0	0	53,771	0	166,862	171,868	177,024
International Advocacy	7,007	2,500	6,000	6,180	6,200	6,300	6,500
Miscellaneous	23,678	46,390	46,390	20,600	21,000	21,630	22,279
Media & Public Relations	12,203	12,934	12,934	12,750	13,085	13,478	13,882
Member Retention	69,724	90,894	90,894	75,900	35,781	36,854	37,960
Member Recruitment	21,705	4,599	4,599	35,000	19,925	20,523	21,138
TOTAL EXPENSES	1,560,774	1,248,800	1,770,137	1,926,157	2,052,999	2,111,146	2,233,281
Net Income	(454,403)	(117,978)	(583,860)	(564,669)	(823,026)	(805,365)	(836,106)

Budget assumptions	ACTUAL	YTD	YE Est	BUDGET	BUDGET	BUDGET	BUDGET
	2020	9/30/2021	12/31/2021	2021	2022	2023	2024
Members - High Income	3,653	3,759	3,759	4,623	3,947	4,144	4,352
Worldbank High Income Rate	\$ 180.00	\$ 190.00	\$ 190.00	\$ 190.00	\$ 195.00	\$ 200.00	\$ 205.00
Members - Middle Income	1,021	1,158	1,158	1,378	1,216	1,277	1,341
Worldbank Mid Income Rate	\$ 108.00	\$ 114.00	\$ 114.00	\$ 114.00	\$ 117.00	\$ 120.00	\$ 123.00
Members - Lower Income	276	268	268	417	281	295	310
Worldbank Lower Income Rate	\$ 63.00	\$ 66.00	\$ 66.00	\$ 66.00	\$ 68.00	\$ 70.00	\$ 72.00
Affiliate Members	37	31	31	66	33	34	36
	\$ 144.00	\$ 152.00	\$ 152.00	\$ 152.00	\$ 156.00	\$ 160.00	\$ 164.00
Members - Retired	253	232	232	144	244	256	269
	\$ 54.00	\$ 57.00	\$ 57.00	\$ 57.00	\$ 58.00	\$ 60.00	\$ 62.00
Student Members	2,402	2,339	2,339	2,895	2,456	2,579	2,708
	\$ 54.00	\$ 57.00	\$ 57.00	\$ 57.00	\$ 58.00	\$ 60.00	\$ 62.00

General Operations (Table I2)

Revenue

The largest portion of revenue comes from member dues. In the lower part of the table the supporting figures for the dues revenue are displayed. Membership increased slightly in 2021 when compared to 2020, but were approximately 1,400 members below budget as the budget contemplated a return to 2019 pre-Covid membership levels. As a result, membership revenue is expected to fall short of the budgeted amount by about \$173,000. Memberships are budgeted to increase 5% over 2021 levels in 2022 and similar memberships increases are budgeted for 2023 and 2024.

Dues rates for all tiers increase proportionally with increases to the high-income tier rate. The middle tier is set at 60% of the high-tier rate and the low-tier is set at 35% of the high-tier rate. Additional increases in membership dues continue to be recommended to offset rising costs and for the Association to become less dependent on meeting surpluses to balance the overall IADR budget. However, as membership has declined in

recent years, operating revenue has been insufficient to cover all operating costs.

Expenses

The largest expenses relate to salaries, benefits, global headquarters costs (overhead allocation), and Board costs. The overhead allocation percentages applied for 2020, 2021 and 2022 are 40.3, 40.4% and 38.42% respectively. Overall 2021 expenses are expected to be \$156,000 less than budgeted, due to lower than expected Board and staff travel and member recruitment costs, partially offset by unbudgeted regional support staff costs and higher than budgeted member retention costs and miscellaneous costs associated with comped member dues.

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

Overall

With overall expenses well below budgeted amounts, the shortfall in the General Operations net income is due to the decline in membership dues revenue.

Table I3. General Session

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	Virtual	Chengdu	Bogota	New Orleans
				BUDGET 2021	Proposed BUDGET 2022	Preliminary BUDGET 2023	Preliminary BUDGET 2024
REVENUE							
Registration	0	1,464,465	1,464,465	1,354,317	2,052,391	1,412,512	2,238,376
Exhibition Fees	0	14,689	14,689	103,620	295,980	194,685	154,546
Sponsorship & Advertising	261,331	275,700	275,700	155,660	305,170	290,170	307,095
Miscellaneous	5,251	490	490	1,600	5,750	3,250	5,750
IADR REVENUE (Before Mtg Div)	266,582	1,755,344	1,755,344	1,615,197	2,659,291	1,900,617	2,705,767
Meeting Dividend Collections		100,000	100,000	99,828	135,788	75,888	154,745
ADJUSTED TOTAL REVENUE	266,582	1,855,344	1,855,344	1,715,025	2,795,079	1,976,505	2,860,511
EXPENSES							
Employee Salaries	561,101	448,616	555,301	566,045	401,932	420,428	657,162
Employee Benefits	148,010	117,654	156,873	158,493	112,541	118,771	185,648
Overhead Allocation	167,389	142,682	190,242	172,244	122,809	118,751	169,162
Personnel	83,578	79,891	79,891	68,224	348,811	223,437	191,552
Merchant Fees/Bank Charges	77,156	52,232	52,232	39,201	73,427	51,923	75,146
Meeting Venue	49,553	0	0	197,729	374,600	498,500	161,100
Scientific Program	284,633	193,413	193,413	177,600	794,909	644,359	835,089
Exhibition	30,700	0	0	0	68,800	68,800	68,800
Networking Opportunities	2,301	58,250	58,250	46,750	167,750	97,750	172,960
Meeting Promotion	63,344	38,027	38,027	68,800	40,648	64,050	39,795
Miscellaneous	53,628	18,853	18,853	4,000	5,000	5,000	6,500
TOTAL EXPENSES	1,521,394	1,149,618	1,343,082	1,499,087	2,511,226	2,311,768	2,562,913
Net Income (prior to Div distributions)	(1,254,812)	705,726	512,262	215,938	283,853	(335,263)	297,598
Meeting Dividend Distributions	-	100,000	100,000	99,828	135,788	75,888	154,745
Division Share	0	121,145	82,452	23,222	29,613	-	28,571
Developing Regions Grant	0	48,458	32,981	9,289	11,845	-	11,428
AADOCR Profit Share (per 2005 MOU)	(627,406)	218,061	148,414	41,800	-	-	51,427
FINAL IADR NET INCOME	(627,406)	218,061	148,414	41,800	106,607	(411,151)	51,427

General Session (Table I3)

Revenue

The income generated in connection with the IADR annual meeting is mainly determined by the number of attendees and the registration fees. All meeting registration, both actual and projected, is listed at the bottom of the table. A detailed line-item budget is created for each meeting.

Since 2010, Member Registration rates have been increasing at only 2% per year. Student Registration rates are set at a level that is 50% of the full Member rate. Beginning in 2016, the Board agreed to allow reduced rates to Members and Students from lower and middle-income nations within the host Region at all General Sessions. In 2021 the reduced Member and Student rates were extended to all members from lower and middle-income nations. Beginning in 2019, reduced registration rates were offered to Members who have retained their membership for at least five consecutive years. These reduced rates being offered put pressure on the margins earned from these meetings.

Expenses

There are two main categories of expenses, 1) allocated staff salaries, benefits and overhead costs and 2) direct costs related to the meeting. Staff costs vary according to whether costs are distributed to one combined IADR/AADR meeting or to two separate meetings. In 2019, 2021 and 2024 these costs were/ are expected to be higher than in 2022 and 2023, because there is only one combined meeting in those years. The meetings

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

MAIN HEADING	TYPICAL EXPENSE ITEMS
Personnel	Staff travel and meals; temp staff; security; photographer; registration management
Meeting venue	Convention Center; equipment; signs; decorator; busing; insurance
Scientific Program	A/V; abstract management; poster boards; program book; lunch & learning; registration bags; symposium speaker
Exhibition	Booth equipment; carpeting; electricity; cleaning; hospitality center
Networking	Scheduled events (e.g. welcome, presidents etc. receptions, governance meetings)
Promotion	Registration material printing & postage; promotion posters; advertising

IADR's share of the expected overall meeting surplus for the 2021 virtual joint meeting is expected to be \$148,000.

The 2022 meeting in China will require strong local attendance to achieve the modest \$107,000 surplus that is budgeted. The 2023 meeting in Bogota, Columbia is conservatively budgeted for a deficit given the high preliminary venue costs and the 2024 joint meeting in New Orleans is conservatively budgeted for a modest surplus of \$51,000.

Table 15. Regional Development Program

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	Preliminary BUDGET 2021	Proposed Preliminary BUDGET 2022	Preliminary Preliminary BUDGET 2023	Preliminary Preliminary BUDGET 2024
REVENUE							
IAGS Meeting Surplus	0	0	32,981	9,289	11,845	0	11,428
Contributions	0	0	0	0	0	0	0
Board Designated Funds	0	0	0	0	0	0	0
Allocation from Investments	55,000	0	27,019	50,711	48,155	60,000	48,572
TOTAL REVENUE	55,000	0	60,000	60,000	60,000	60,000	60,000
EXPENSES							
Grants - RDP Committee	55,000	60,000	60,000	60,000	60,000	60,000	60,000
Grants - Board Designated	0	0	0	0	0	0	0
TOTAL EXPENSES	55,000	60,000	60,000	60,000	60,000	60,000	60,000
Net Income	0	(60,000)	0	0	0	0	0
Surplus from Previous Year	0	0	0	0	0	0	0
Ending Balance	0	(60,000)	0	0	0	0	0

Regional Development Program (Table 15)

Revenue

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

Expenses

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

Overall

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

Table 16. Fellowships and Awards Summary

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

Fellowships and Awards (Table 16)

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

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

In 2002, the Board of Directors designated funds from the association's reserves to be "quasi-endowed" to support several fellowships in perpetuity. Since these funds are not true "endowments", the Board has the power to change the purpose of these "designated" funds at its discretion. In 2006, IADR

received its first permanently endowed fund and its second in 2013. These endowments permanently fund two of the IADR Distinguished Scientist Awards.

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

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

Table I6a. Permanent and Quasi Endowments

	ACTUAL	YTD	Year-End	Budget
Schour Perm Endowment	2020	9/30/2021	Estimate	2021
			12/31/2021	
Revenue				
Contributions	85	110	110	50
IADR Portfolio Allocation	0	0	0	1,254
Total Return On Investment	9,242	7,486	7,486	7,159
Total Revenue	9,327	7,596	7,596	9,327
Expenses				
Awards/Fellowships	3,500	0	3,500	3,500
Plaques	80	0	100	100
Miscellaneous	48	0	0	0
Admin Fee	559	326	651	616
Investment Fees	413	379	379	331
Total Expenses	4,600	704	4,630	4,547
Net Income	4,727	6,892	2,966	4,780
Balance from Previous Year	82,117	85,891	86,844	86,844
Balance at Year End	86,844	92,783	89,810	91,624
Perm-Restricted Bal	71,518		71,628	
Temp-Restricted Bal	15,326		18,182	
Unrestricted Bal	0		0	
Total Bal Per Audit	86,844		89,810	
Fund Balance (Subject to ROI)	86,844		89,810	
Total Value of IADR Portfolio	\$15,599,174		\$ 16,351,564	
% of Portfolio Value	0.5567%		0.5492%	
<hr/>				
	ACTUAL	YTD	Year-End	Budget
Souder Perm Endowment	2020	9/30/2021	Estimate	2021
			12/31/2021	
Revenue				
Contributions	0	0	0	0
Total Return On Investment	17,691	13,809	13,809	12,901
Total Revenue	17,691	13,809	13,809	12,901
Expenses				
Awards/Fellowships	3,500	0	3,500	3,500
Plaques	80	0	100	100
Miscellaneous	129	0	0	0
Admin Fee	1,025	601	1,201	1,110
Investment Fees	755	698	698	596
Total Expenses	5,489	1,299	5,500	5,306
Net Income	12,202	12,510	8,309	7,595
Balance from Previous Year	147,983	160,185	160,185	160,185
Balance at Year End	160,185	172,695	168,494	167,780
Perm-Restricted Bal	130,000		130,000	
Temp-Restricted Bal	30,185		38,494	
Unrestricted Bal	0		0	
Total Bal Per Audit	160,185		168,494	
Fund Balance (Subject to ROI)	160,185		168,494	
Total Value of IADR Portfolio	\$15,599,174		\$ 16,351,564	
% of Portfolio Value	1.0269%		1.0304%	

Table 16a. Permanent and Quasi Endowments (continued)

Johnson Perm Endowment	2020	9/30/2021	12/31/2021	Budget
Revenue				
Contributions	7,330	32,670	32,670	10,000
Total Return On Investment	0	0	0	0
Total Revenue	7,330	32,670	32,670	10,000
Expenses				
Awards/Fellowships	0	0	0	0
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Admin Fee	0	0	0	0
Investment Fees	0	0	0	0
Total Expenses	0	0	0	0
Net Income	7,330	32,670	32,670	10,000
Balance from Previous Year	10,740	18,070	18,070	18,070
Balance at Year End	18,070	50,740	50,740	28,070
Perm-Restricted Bal	19,800		52,470	
Temp-Restricted Bal	0		0	
Unrestricted Bal	0		0	
Total Bal Per Audit	19,800		52,470	
Fund Balance (Subject to ROI)	0		52,470	
Total Value of IADR Portfolio	\$15,599,174		\$ 16,351,564	
% of Portfolio Value	0.0000%		0.3209%	
Johnson Endowment met \$50,000 funding requirement in Q3 2021, will begin earning investment returns in Q4				
	ACTUAL	YTD	Year-End	Budget
Gray Fellowship	2020	9/30/2021	Estimate	2021
Revenue				
Contributions	5	0	0	50
Total Return On Investment	12,043	9,000	9,000	8,094
Total Revenue	12,048	9,000	9,000	8,144
Expenses				
Awards/Fellowships	0	10,000	10,000	10,000
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Investment Fees	484	455	455	374
Total Expenses	484	10,455	10,455	10,374
Net Income	11,564	(1,455)	(1,455)	(2,230)
Balance from Previous Year	92,842	104,406	104,406	104,406
	104,406	102,951	102,951	102,175
Unrestricted Bal Per Audit - Board Desig.	104,401		102,951	
Temp-Restricted Bal Per Audit - Brd Desig.	0		0	
Temp-Restricted Bal - Non Brd Desig.	5		0	
Total Bal Per Audit	104,406		102,951	
Fund Balance (Subject to ROI)	104,401		102,951	
Total Value of IADR Portfolio	\$15,599,174		\$ 16,351,564	
% of Portfolio Value	0.6693%		0.6296%	

Table I6a. Permanent and Quasi Endowments (continued)

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	Budget 2021
Norton Ross				
Revenue				
Contributions	0	0	0	0
Total Return On Investment	6,641	4,965	4,965	4,465
Total Revenue	6,641	4,965	4,965	4,465
Expenses				
Awards/Fellowships	0	0	0	0
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Investment Fees	267	251	251	206
Total Expenses	267	251	251	206
Net Income	6,374	4,714	4,714	4,259
Balance from Previous Year	51,218	57,592	57,592	57,592
Balance at Year End	57,592	62,306	62,306	61,851
Unrestricted Bal Per Audit - Board Desig.	57,592		62,306	
Temp-Restricted Bal Per Audit - Brd Desig.	0		0	
Temp-Restricted Bal - Non Brd Desig.	0		0	
Total Bal Per Audit	57,592		62,306	
Fund Balance (Subject to ROI)	57,592		62,306	
Total Value of IADR Portfolio	\$15,599,174		\$ 16,351,564	
% of Portfolio Value	0.3692%		0.3810%	
<hr/>				
	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	Budget 2021
John Clarkson				
Revenue				
Contributions	556	171	200	600
Total Return On Investment	22,536	15,660	15,660	15,147
Total Revenue	23,092	15,831	15,860	15,747
Expenses				
Awards/Fellowships	15,000	15,000	7,500	0
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Investment Fees	906	792	792	700
Total Expenses	15,906	15,792	8,292	700
Net Income	7,186	39	7,568	15,047
Balance from Previous Year	174,484	181,670	181,670	181,670
Balance at Year End	181,670	181,709	189,238	196,717
Unrestricted Bal Per Audit - Board Desig.	181,670		189,238	
Temp-Restricted Bal Per Audit - Brd Desig.	0		0	
Temp-Restricted Bal - Non Brd Desig.	0		0	
Total Bal Per Audit	181,670		189,238	
Fund Bal (Subject to ROI)	181,670		189,238	
Total Value of IADR Portfolio	\$15,599,174		\$ 16,351,564	
% of Portfolio Value	1.1646%		1.1573%	

Table I6a. Permanent and Quasi Endowments (continued)

	ACTUAL	YTD	Year-End Estimate	Budget
David B. Scott	2020	9/30/2021	12/31/2021	2021
Revenue				
Contributions	85	50	80	80
Total Return On Investment	6,550	4,686	4,686	4,401
Total Revenue	6,635	4,736	4,766	4,481
Expenses				
Awards/Fellowships	2,500	2,500	2,500	2,500
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Investment Fees	263	237	237	203
Total Expenses	2,763	2,737	2,737	2,703
Net Income	3,872	1,999	2,029	1,778
Balance from Previous Year	97,124	100,996	100,996	100,996
Balance at Year End	100,996	102,996	103,026	102,774
Unrestricted Bal Per Audit - Non Brd Desig.	46,633		46,633	
Unrestricted Bal Per Audit - Brd Desig.	44,351		48,801	
Temp-Restricted Bal Per Audit - Brd Desig.	10,012		7,592	
Temp-Restricted Bal - Non Brd Desig.	0		0	
Total Bal Per Audit	100,996		103,026	
Temp-Res Fund Bal to Endow	\$54,363		\$56,393	
Total Value of IADR Portfolio	\$15,599,174		\$ 16,351,564	
% of Portfolio Value	0.3485%		0.3449%	

Table I6a. Fellowships and Awards Summary *(continued)*

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	Budget 2021
Gies Award				
Revenue				
Contributions	2,160	0	2,160	2,160
Total Revenue	2,160	0	2,160	2,160
Expenses				
Awards/Fellowships	2,000	2,000	2,000	2,000
Plaques	160	0	160	160
Miscellaneous	195	94	94	0
Total Expenses	2,355	2,094	2,254	2,160
Net Income	(195)	(2,094)	(94)	0
Balance from Previous Year	66,287	66,092	66,092	66,092
Balance at Year End	66,092	63,998	65,998	66,092
	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	Budget 2021
IADR Awards				
Revenue				
Contributions	36,380	50,000	73,000	115,950
IADR Portfolio Allocation	23,573	0	95,594	60,500
Total Revenue	59,953	50,000	168,594	176,450
Expenses				
Awards/Fellowships	105,062	75,614	154,000	200,561
Plaques	2,157	1,862	1,862	4,071
Miscellaneous	706	2,557	2,382	5,782
Admin Fees	4,238	0	10,350	14,036
Total Expenses	112,163	80,033	168,594	224,450
Net Income	(52,210)	(30,033)	0	(48,000)
Balance from Previous Year	99,924	47,714	47,714	47,714
Balance at Year End	47,714	17,681	47,714	(286)

* Includes Unilever Hatton Competition and Travel Awards, Borrow Memorial Award Distinguished Scientist Awards, and Research in Prevention Award

Table I6a. Fellowships and Awards Summary (continued)

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	Budget 2021
AO Implant Sciences Award				
Revenue				
Contributions	81,000	0	81,000	81,000
Total Revenue	81,000	0	81,000	81,000
Expenses				
Awards/Fellowships	74,361	0	75,000	75,000
Plaques	80	0	80	80
Miscellaneous	88	0	0	0
Admin Fees	5,920	0	5,920	5,920
Total Expenses	80,449	0	81,000	81,000
Net Income	551	0	0	0
Balance from Previous Year	0	551	551	551
Balance at Year End	551	551	551	551
IADR Joseph Lister Award				
Revenue				
Contributions	15,044	0	12,910	24,060
Total Revenue	15,044	0	12,910	24,060
Expenses				
Awards/Fellowships	12,000	11,000	11,000	18,000
Plaques	130	130	130	150
Miscellaneous	464	142	142	4,130
Admin Fees	1,780	0	1,780	1,780
Total Expenses	14,374	11,272	13,052	24,060
Net Income	670	(11,272)	(142)	0
Balance from Previous Year	7,665	8,335	8,335	8,335
Balance at Year End	8,335	(2,937)	8,193	8,335
Toshio Nakao				
Revenue				
Contributions	0	10,000	10,000	10,000
Total Revenue	0	10,000	10,000	10,000
Expenses				
Awards/Fellowships	0	7,500	7,500	15,000
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Admin Fees	5,000	0	0	0
Total Expenses	5,000	7,500	7,500	15,000
Net Income	(5,000)	2,500	2,500	(5,000)
Balance from Previous Year	8,092	3,092	3,092	3,092
Balance at Year End	3,092	5,592	5,592	(1,908)

Table 16a. Fellowships and Awards Summary (continued)

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	Budget 2021
Lion Award				
Revenue				
Contributions	0	2,080	2,080	7,000
Total Revenue	0	2,080	2,080	7,000
Expenses				
Awards/Fellowships	4,000	2,000	2,000	6,000
Plaques	114	57	57	300
Miscellaneous	2,199	73	73	0
Admin Fees	366	0	700	700
Total Expenses	6,679	2,130	2,830	7,000
Net Income	(6,679)	(50)	(750)	0
Balance from Previous Year	7,000	321	321	321
Balance at Year End	321	271	(429)	321
	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	Budget 2021
Innovation Oral Care Award				
Revenue				
Contributions	162,000	162,000	162,000	162,000
Total Revenue	162,000	162,000	162,000	162,000
Expenses				
Awards/Fellowships	150,000	99,841	150,000	150,000
Plaques	240	240	240	0
Miscellaneous	1,090	144	144	0
Admin Fees	11,760	0	12,000	12,000
Total Expenses	163,090	100,225	162,384	162,000
Net Income	(1,090)	61,775	(384)	0
Balance from Previous Year	162,000	160,910	160,910	160,910
Balance at Year End	160,910	222,685	160,526	160,910
	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	Budget 2021
Kulzer Travel Award				
Revenue				
Contributions	13,825	13,825	13,825	13,825
Total Revenue	13,825	13,825	13,825	13,825
Expenses				
Awards/Fellowships	12,500	12,500	12,500	12,500
Plaques	325	325	325	325
Miscellaneous	255	508	508	0
Admin Fees	675	0	1,000	1,000
Total Expenses	13,755	13,333	14,333	13,825
Net Income	70	492	(508)	0
Balance from Previous Year	0	70	70	70
Balance at Year End	70	562	(438)	70

Table I6a. Fellowships and Awards Summary *(continued)*

	ACTUAL	YTD	Year-End	Budget
Oral AIDS Workshop Grant	2020	9/30/2021	Estimate	2021
			12/31/2021	
Revenue				
Contributions	0	0	0	0
Total Revenue	0	0	0	0
Expenses				
Awards/Fellowships	0	0	0	0
Miscellaneous	0	0	0	0
Admin Fees	0	0	0	0
Total Expenses	0	0	0	0
Net Income	0	0	0	0
Balance from Previous Year	0	0	0	0
Balance at Year End	0	0	0	0
Centennial Travel Awards				
* Includes Emerging Leaders Awards				
Revenue				
IADR Portfolio Allocation	103,119	0	0	0
Contributions	823	10,201	10,196	0
Total Revenue	103,942	10,201	10,196	0
Expenses				
Awards/Fellowships	100,520	0	0	0
Plaques	1,660	0	0	0
Miscellaneous	1,763	0	0	0
Total Expenses	103,943	0	0	0
Net Income	(1)	10,201	10,196	0
Balance from Previous Year	442	441	441	441
Balance at Year End	441	10,642	10,637	441

Table 16a. All Global Headquarters Costs

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021
Staff costs				
Staff Salaries	2,198,261	1,707,951	2,295,646	2,340,063
Staff Benefits	575,288	482,476	648,520	655,218
Subtotal	2,773,549	2,190,427	2,944,166	2,995,280
% Change from Prior Year	1.8%		6.2%	5.4%
% Diff. From Current Year Budget	-2.4%		-1.7%	
Overhead costs				
Accounting fees	32,065	4,942	6,292	7,210
Audit	54,018	46,549	54,000	54,075
Bank charges	22,355	14,104	26,854	29,175
Building maintenance	64,848	46,461	65,000	65,808
Data Processing	12,982	3,477	3,477	2,500
Depreciation (50/50 Joint Assets)	163,203	125,283	193,753	196,116
Information Technology	139,976	194,746	291,941	215,920
Insurance	42,138	48,359	48,359	45,320
Leases & equipment	13,969	10,346	14,154	17,632
Legal fees	5,025	2,205	5,000	10,300
Miscellaneous	21,243	3,894	5,094	5,150
Office supplies	8,244	2,586	5,000	19,313
Postage & Shipping	6,882	661	2,000	3,605
Recruitment costs	89,094	4,993	33,493	2,575
Staff Development	13,599	4,684	20,000	23,000
Staff Events/Appreciation	3,806	1,113	5,500	5,768
Taxes - Property	32,958	20,679	34,220	34,505
Taxes - Other	0	0	0	0
Telephone	34,147	23,504	30,974	34,560
Temporary Help	0	0	5,578	4,500
Subtotal	760,552	558,586	850,689	777,031
% Change from Prior Year	19.8%		11.9%	2.2%
% Diff. From Current Year Budget	4.4%		9.5%	
GRAND TOTAL	3,534,101	2,749,013	3,794,855	3,772,311
% Change from Prior Year	5.2%		7.4%	6.7%
% Diff. From Current Year Budget	-1.0%		0.6%	
	2020	9/30/2021	12/31/2021	2021
	\$			%
IA General Operations	1,443,938		1,542,000	40.04%
IA General Session	791,759		862,804	24.19%
WCPD	n/a		n/a	n/a
AA General Operations	1,022,356		1,093,223	27.45%
AA Annual Meeting	n/a		n/a	n/a
AA FDA Conference	n/a		n/a	n/a
AA Fall Focused Symposium	17,691		20,999	0.59%
JDR	195,269		208,374	5.84%
JDR-CTR	63,087		67,453	1.89%
	3,534,101		3,794,855	100.00%

Table JP I. Journal of Dental Research

	ACTUAL 2020	YTD 09/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021
REVENUE				
Member subs	16,200	12,850	17,000	17,658
Student subs	1,650	1,825	1,800	1,863
<i>Advances in Dental Research</i>	2,475	0	0	0
Miscellaneous	706	0	0	800
Less: Subscription Rev to SAGE	(17,850)	(14,675)	(18,800)	(19,521)
Advertising Share	4,772	0	10,000	10,569
Editorial Stipend	265,000	132,500	265,000	270,000
Royalty Income	588,906	440,462	572,282	559,461
TOTAL REVENUE	861,859	572,962	847,282	840,830
EXPENSES				
Employee salaries	132,990	103,547	134,110	136,800
Employee benefits	31,511	28,186	37,886	38,277
Overhead Allocation	44,489	32,632	49,697	45,393
Merchant Fees	399	289	578	605
Printing	1,142	0	0	0
Editorial expenses/Ed Board	196,321	210,443	212,550	221,550
Taxes	0	0	1,000	2,800
<i>Advances in Dental Research</i>	0	0	0	0
Legal	42,328	24,431	37,575	36,071
Media/PR/Communication/Ann Rpt	0	0	0	698
Miscellaneous	3,587	116	200	3,000
Editor Search	1,488	0	0	0
TOTAL EXPENSES	454,255	399,644	473,595	485,194
Net Income	407,604	173,318	373,687	355,636
	Year-End Estimate	YTD	Estimated	Budget
Budget Assumptions	44196	09/30/2021	12/31/2021	2021
JDR				
Member Print				
Rate	\$50	\$50	\$50	\$50
Number of	324	245	340	353
	16,200	12,225	17,000	17,658
Student Subs Print				
Rate	\$25	\$25	\$25	\$25
Number of	66	65	72	75
	1,650	1,625	1,800	1,863

Joint Publications Budgets

Journal of Dental Research (Table JP I)

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

Revenue

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

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

Royalty revenue is expected to remain flat from 2020 to 2021, which is better than the budgeted 5% decrease that was expected. Editorial stipend revenue is less than budget due to no in-person editors' meeting being held again in 2021 due to COVID.

Expenses

IADR/AADOCR is responsible for paying editorial costs and various management and overhead costs. Expected 2021 expenses are projected to be slightly lower than budget.

Editorial expenses are budgeted to remain unchanged in 2022 as the same agreements will be in place for the editorial staff as in 2021.

Table JP2. JDR Clinical & Translational Research

	ACTUAL 2020	YTD 09/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021
REVENUE				
Member subs	2,540	2,420	3,500	3,969
Student subs	360	300	504	537
Less: Subscription Rev to SAGE	(2,900)	(2,720)	(4,004)	(4,506)
Miscellaneous	117	0	0	250
Advertising Share	0	0	0	0
Editorial Stipend	40,000	20,000	40,000	42,500
Royalty Income	55,553	37,906	49,041	47,933
TOTAL REVENUE	95,670	57,906	89,041	90,683
EXPENSES				
Employee salaries	43,058	33,610	43,413	44,257
Employee benefits	10,187	9,124	12,264	12,391
Overhead Allocation	14,382	10,563	16,087	14,694
Merchant Fees	72	71	124	140
Marketing	0	0	0	1,500
Editorial expenses/Ed Board	34,992	38,960	38,960	41,460
Legal	0	0	1,000	1,000
Miscellaneous	0	0	0	500
TOTAL EXPENSES	102,691	92,329	111,849	115,942
Net Income	(7,021)	(34,423)	(22,807)	(25,259)
	Year-End Estimate 44196	YTD 09/30/2021	Estimated 12/31/2021	Budget 2021
Budget Assumptions				
Member Print				
Rate	\$20	\$20	\$20	\$20
Number of	127	115	175	198
	2,540	2,300	3,500	3,969
Student Subs Print				
Rate	\$12	\$12	\$12	\$12
Number of	30	23	42	45
	360	276	504	537

JDR Clinical & Translational Research (Table JP2)

Created in 2016, the *Journal of Dental Research Clinical & Translational Research* is jointly owned by IADR and AADOCR with finances split on a 50/50 basis. Publication of the journal is outsourced to SAGE Publishing, Inc. Editorial services continue to be the responsibility of IADR/AADOCR, but copyediting, layout, and production are managed completely by SAGE.

Revenue

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

4 issues were produced annually in 2017 through 2021.

Royalty income has exceeded the budgeted estimate most years. The current year estimate assumes the budgeted royalty revenue will be close to budget as mid-year preliminary results show results slightly below budget. To be conservative, future year royalty income is budgeted to decline by 5% per year.

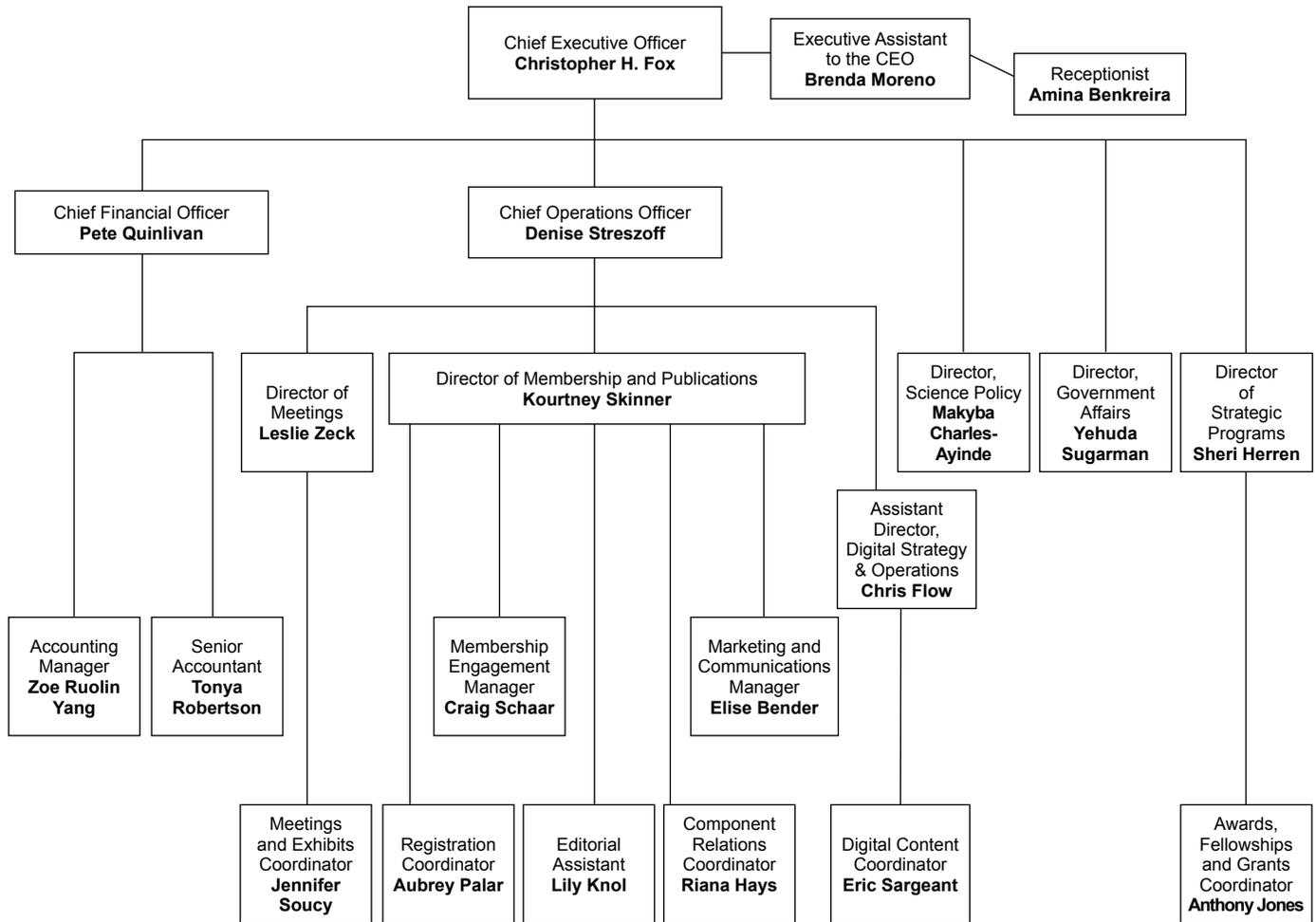
Expenses

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

2021 expenses are expected to be lower than budget due to no in person meeting of the editors and lower marketing costs. Future year budgets are planned at similar amounts to the 2021 budget. Editorial expenses are budgeted to remain unchanged in 2022 as the same agreements will be in place for the editorial staff as in 2021.

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

Appendix 6 — IADR/AADOOCR Global Headquarters Organization Chart



As of 1/1/2022

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

Board of Directors

Eric Reynolds, President
Brian O'Connell, President-elect
Ophir Klein, Vice-president
Pamela Den Besten, Immediate Past President
David Drake (2024), Treasurer (appointed)
Kimon Divaris (2022), Young Investigator Representative
Vinicius Rosa (2023), Young Investigator Representative
S. Aida Borges-Yáñez, RBM (North American)
Maria del Carmen Lopez Jordi, RBM (Latin American)
Gottfried Schmalz, RBM (Pan European)
Nobuhiro Takahashi (2024), RBM (Asia/Pacific)
Deema Al Shammery (2024), RBM (Africa/Middle East)
Nicholas Stephen Jakubovics (2025), *JDR* Editor-in-chief (2025)
Jocelyne Feine, *JDR CTR* Editor-in-chief (2024)
Christopher H. Fox, Chief Executive Officer (2025)

IADR Annual Session Committee

David Bartlett (2022), (British Division), Chair
Cui Huang (2022), (Chinese Division)
Riva Touger-Decker (2024), (AADOCR)
Paulo Cesar (2024), (Brazilian Division)
Chaminda Seneviratne (2024), (SEA Division)

IADR Awards Review Committee

Masaki Honda (2022), (Japanese Division), Chair
Saul Paiva (2022), (Brazilian Division)
Katherine Leung (2022), (Southeast Asian Division)
Maria Grazia Piancino (2022), (CED)
Oyinkansola Sofola (2022), (Nigerian Division)
Fabian Cieplik (2023), (CED)
Vijay Prakash Mathur (2023), (Indian Division)
Cristina Vidal (2023), (AADOCR)
Ling Ye (2023), (Chinese Division)
Michelle Visser (2024), (AADOCR)

IADR Constitution Committee

Omolara Uti (2022), (Nigerian Division), Chair
Gaetano Isola (2022), (CED)
Madhan Balasubramanian (2022), (Indian Division)
Alvaro Della Bona (2023), (Brazilian Division)
Hai Ming Wong (2023), (SEA Division)
Satoru Yamada (2023), (Japanese Division)
Laura Acosta-Torres (2024), (Mexican Division)
Smriti Aryal AC (2024), (United Arab Emirates Division)
Gabriel Sanchez (2024), (Argentine Division)

IADR Distinguished Scientist Awards

Marco Peres (Global Oral Health) (ANZ Division), Chair
Heikki Murtomaa (BEHSR) (Scandinavian Division)
David Bartlett (Pros. & Implants) (British Division)
William Landis (Bio. Mineralization) (AADOCR)
Ophir Klein (Cranio. Biology) (AADOCR)
Daniel Fried (Bowen Award/Caries Res.) (AADOCR)
Jo Frencken (H. Trendley Dean) (CED Division)
Bei Wu (Geriatric Oral Res.) (AADOCR)
Nisha D'Silva (Oral Med. & Pathology) (AADOCR)
J. Silvio Gutkind (Research in Oral Bio.) (AADOCR)
Panos Papapanou (Res. in Periodontal Research Group Disease) (AADOCR)

John Bartlett (P/T/T Research) (AADOCR)
David Bartlett (Res. in Pros. & Implants) (AADOCR)
Ashraf Fouad (Pulp Biology Research) (AADOCR)
Arjan Vissink (Salivary Research) (CED)
Pamela Yelick (Isaac Schour) (AADOCR)
Junji Tagami (Wilmer Souder) (Japanese Division)
Ariadne Letra (Young Investigator) (AADOCR)

IADR Ethics in Dental Research Committee

Effie Ioannidou (2022), (AADOCR), Chair
Maha Abbas (2022), (Iraqi Division)
Tazuko K. Goto (2023), (Japanese Division)
Olaniyi Taiwo (2024), (Nigerian Division)
Martin Zemel (2024), (Argentine Division)

FDI Representative

Christopher H. Fox, Chief Executive Officer

FDI Science Commission Representative

Helen Whelton (Irish Division)

IADR Fellowships Committee

Ana Paula Dias Ribeiro (2022), (AADOCR), Chair
Vesna Miletic (2022), (CED)
Chaminda Seneviratne (2022), (Southeast Asian Division)
Benjamin Chaffee (2024), (AADOCR)
Gianrico Spagnuolo (2024), (CED)
Cynthia Yiu (2024), (SEA Division)

IADR Honorary Membership Committee

Helen Whelton (2022), (Irish Division), Chair
Jukka Meurman (2023), (CED)
Angus Walls (2024), (British Division)
Rena D'Souza (2025), (AADOCR)
Paula Moynihan (2026), (ANZ)

IADR Innovation in Oral Care Awards Committee

Silvana Papagerakis (2022), (Canadian Division), Chair
Frank Lippert (2022), (AADOCR)
Marco Tatullo (2022), (CED)
Paulo Francisco Cesar (2023), (Brazilian Division)
Cristiane Machado Mengatto (2023), (Brazilian Division)
Akihiro Yoshihara (2023), (Japanese Division)
Ikhlal El Karim (2024), (Irish Division)
Jean-Francois Roulet (2024), (AADOCR)
Nzube Ilochonwu (2024), (Nigerian Division)

IADR Joseph Lister Award for New Investigators Committee

Thuy Do (2022), (British Division), Chair
Santosh Tadakamadla (2022), (Australian/New Zealand Division)
Dong Mei Deng (2022), (CED)
John Mitchell (2024), (AADOCR)
Olubukola Olatosi (2024), (Nigerian Division)

IADR KULZER Travel Award Committee

Vesna Miletic (2022), (CED Division), Chair
Daniel Harrington (2022), (AADOCR)
Saja Muhsin (2022), (Iraqi Division)
Takuya Matsumoto (2023), (Japanese Division)
Mohannad Nassar (2023), (UAE Division)
Kunaal Dhingra (2024), (Indian Division)

IADR Membership and Recruitment Committee

Jie-Fei Shen (2022), (Chinese Division), Chair
Rosemary Shinkai (2022), (Brazilian Division)
James Rudolf Collins (2022), (Caribbean Section)
Mohd Masood (2022), (Australian/New Zealand)
Kiyoshi Ohura (2022), (Japanese Division)
Abdul Naser Fahmi Tamim (2022), (UAE Section)
Carolina Cucco (2023), (AADOCR)
Barry Francis Quinn (2023), (British Division)
Gianrico Spagnuolo (2023), (CED)
Sheri Brownstein (2024), (AADOCR)
Adeyinka Dayo (2024), (AADOCR)

IADR Nominating Committee

Keiji Moriyama (2022), (Japanese Division), Chair
Paula Moynihan (2022), (ANZ) *IADR Immediate Past President
not serving on the Board (cannot serve as a Chair).
Effie Ioannidou (2022), (AADOCR)
Yan-Fang Ren (2023), (AADOCR)
Alastair J Sloan (2023), (ANZ Division)
Olga Baker (2024), (AADOCR)
Alvaro Della Bona (2024), (Brazilian Division)
Marcello Riggio (2024), (British Division)

IADR Regional Development Committee

Gottfried Schmalz (2022), PER RBM (CED), Chair
Silvana Papagerakis (2022), (Canadian Division)
Arvind Babu Rajendra Santosh (2022), (Caribbean section)
Lucas Abreu (2022), (Brazilian Division)
S. Aida Borges-Yáñez (2023), NAR RBM (Mexican Division)
Maria del Carmen Lopez Jordi (2023), LAR RBM (Uruguayan
Division)
Olawunmi Adedoyin Fatusi (2023), (Nigerian Division)
Seiji Nakamura (2023), (Japanese Division)
Deema Ali AlShammery (2024), AMER RBM (Saudi Arabian
Division)
Nobuhiro Takahashi (2024), APR RBM, (Japanese Division)
Tamara Peric (2024), (CED)
Sharon Tan (2024), (SEA Division)

IADR Science Information Committee

Gerald John McKenna (2022), (Irish Division), Chair
Anna Dongari-Bagtzoglou (2022), (AADOCR)
Debora Heller (2023), (Brazilian Division)
Sharukh S. Khajotia (2023), (AADOCR)
Keiji Moriyama (2023), (Japanese Division)
Thuy Do (2024), (British Division)
Gregg Gilbert (2024), (AADOCR)
Richard Ohrbach (2024), (AADOCR)
Bei Wu (2024), (AADOCR)

IADR Young Investigator Award Committee

Ariadne Letra (2022), (AADOCR), Chair
Omolara Uti (2022), (Nigerian Division)
Santosh Kumar Tadakamadla (2022), (Australian/New Zealand
Division)

Kazuhiya Yamazaki (2022), (Japanese Division)
Oleh Andrukhov (2023), (CED)
Patricia Miguez (2023), (AADOCR)
Deepak Saxena (2023), (AADOCR)
Cinthia Tabchoury (2023), (Brazilian Division)
Miao He (2024), (Chinese Division)

IADR/AADOCR Publications Committee

Paula Moynihan (2022), (ANZ), Chair
Timothy Wright (2022), (AADOCR)
Flavia Teles, AADOCR Rep (2022), (AADOCR)
Jens Kretz, AADOCR Rep (2023), (AADOCR)
Carmem Pfeifer, AADOCR Rep (2024), (AADOCR) (elected)
Min-Quan Du, IADR Rep (2022), (Chinese Division)
Georgios Belibasakis, IADR Rep (2023), (Scandinavian Division)
Vijay Mathur, IADR Rep (2024) (Indian Division)
Nick Jakubovics, (British Division) Editor-in-chief, *Journal of
Dental Research*, ex officio
Falk Schwendicke, Associate Editor, *Journal of Dental Research*,
(CED), ex officio
Gustavo Garlet, Associate Editor, *Journal of Dental Research*
(Brazilian Division), ex officio
Jacques Nör, Associate Editor, *Journal of Dental Research*
(AADOCR), ex officio
Joy Richman, Associate Editor, *Journal of Dental Research*
(Canadian Division), ex officio
Dana Graves, Associate Editor, *Journal of Dental Research*
(AADOCR), ex officio
Ana Paula Colombo, Associate Editor, *Journal of Dental Research*
(Brazilian Division), ex officio
Jocelyne Feine, Editor-in-chief, *JDR Clinical & Translational
Research* (Canadian Division), ex officio
Effie Ioannidou, Associate Editor, *JDR Clinical & Translational
Research* (AADOCR), ex officio
Christopher H. Fox, Chief Executive Officer, ex officio

IADR/AADOCR Tellers

Isabela Pordeus (2022), (Brazilian Division), Chair
Sheri Adamson Brownstein (2023), (AADOCR)
Liran Levin (2024), (Israeli Division)
Christopher H. Fox, Chief Executive Officer

IADR/AADOCR William J. Gies Award Committee

Petros Papagerakis (2022), (Canadian Division), Chair
Daniel Harrington (2022), (AADOCR)
George Taylor (2022), (AADOCR)
Arvind Babu Rajendra Santosh (2022), (Caribbean Section)
Gianrico Spagnuolo (2022), (CED)
Deepak Saxena (2022), (AADOCR)
Alastair J. Sloan (2023), (Australia/New Zealand Division)
Quan Yuan (2023), (Chinese Division)
Hongli Sun (2024), (AADOCR)

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

Regions	Region President	President-elect	Regional Board Member	Secretary	Treasurer	Past President	Councilor
Africa/Middle East			Margaret Wandera				
Asia/Pacific			Lijian Jin	Chaminda Jayampath Seneviratne	Sarbin Ranjitkar		
Latin American			María del Carmen López Jordi	Sylvia Laura Piovesan	Ines Teresa Salveraglio		
North American			S. Aida Borges-Yañez				
Pan European	Fionnuala Lundy		Gottfried Schmalz		Zrinka Tarle	Harold D. Sgan-Cohen	
Divisions	President	President-elect	Vice-president	Secretary	Treasurer	Past President	Councilor(s)
American	Mark Herzberg	Jacques Eduardo Nör	Jane Weintraub		Olga Baker	J. Timothy Wright	Timothy Wright, Mark Herzberg, Jacques Nör, Maria Ryan
Argentine	Gabriel Antonio Sanchez		Raquel Vivian Gallará	Analia Beatriz Garrofé	Angela Argentieri	Susan Molgatini	Gabriel Sanchez, Raquel Gallara
Australian/New Zealand	Karl Lyons		Sašo Ivanovski	Ryan Lee	Sarbin Ranjitkar	Boyen Huang	Karl Lyons, Sašo Ivanovski
Brazilian	Paulo Francisco Cesar		Valentim Adelino Ricardo Barão	Mary Caroline Skelton Macedo	Marcelo Bonecker	Isabela Almeida Pordeus	Isabela Pordeus, Paulo Cesar
British	Marcello Riggio, Rachel Waddington	Paul Anderson		Joseette Camilleri	Rebecca Moazzez	Peter Glenn Robinson	Marcello Riggio
Canadian	Walter L. Siqueira		Belinda Nicolau	Amir Azarpazhooh		Patrick Flood	Elham Emami, Anil Kishen
Chilean	Sebastian Daniel Aguayo		Constanza Martinez Cardozo	Daniel Ortuno	Bruna Benso	Alejandra Chaparro	Sebastian Aguayo
Chinese	Ji-hua Chen	Zhuan Bian		Miao He	Cui Huang	Chuan-bin Guo	Bian Zhuan, Miao He
Colombian	Farith Damian Gonzalez		Paula Alejandra Baldion	Edgar Orlando Beltrán	Rodrigo Rivera	Stefania Martignon	Edwin Meneses
Continental European	Bart Van Meerbeek	Imad About		Bart Van Meerbeek	Reinhard Hickel	David Herrera	Imad About, Bart Van Meerbeek
East & Southern Africa	Lorna Celia Carneiro						Fikir Aklilu
Indian	Mahesh Verma	Girish Parmar	Deepak Chandrasekharan, Vijay Prakash Mathur, C.J. Venkatakrishnan	Subramoniam M. Balaji	S. Kishore Kumar	Hari Parkash	Mahesh Verma, Balaji S.M.
Iranian	Mohammad Khoshnevisan	Massoud Seifi		Maryam Sadeghipour	Ghassem Ansari	Fatemeh Mashhadiabbas	Mohammad Behnaz
Iraqi	Faaziz Yaqub Alhamdani		Maha Jamal Abbas	Imad Fathi		Anwar Tappuni	Aseel Jassim
Irish	Ikhlās Aliwad El Karim			Gerald John McKenna	Martina Hayes	Rachel Ni Riordain	Gerry McKenna
Israeli	Jacob Horwitz		Nurit Beyth	Nir Sterer	Yaron Haviv	Asaf Wilensky	Alon Livny, Shlomo Matalon
Japanese	Satoshi Imazato		Seiji Nakamura		Keiji Moriyama	Kazuhisa Yamazaki	Satoshi Imazato, Seiji Nakamura
Korean	Jong Ghee Kim	Joo-Cheol Park	Kung-Rock Kwon, Hyung-Ryong Kim	Seong-Suk Jue, Jeong-Ho Yun	Su Jin Ahn	Seog Bae Oh	Jin Chung, Jeong-Hye Kim
Kuwaiti	Rashed Al-Azemi	Fawaz Alzoubi	Aqdar Akbar	Abrar Nahis Al-Anzi	Saleh Adnan Ashkanani	Adel A. Al-Asfour	Fawaz Al-Zoubi
Mexican	S. Aida Borges-Yañez				Fabiola Salgado Chavarria	Fernando Angeles-Medina	Aida Borges
Nigerian	Olaniyi Olufemi Taiwo	Omolara Gbonjubola Uti	Omoigberai Bashiru Bramioh	Adeyemi Tope Emmanuel	Basil Tochukwu Ojukwu	Modupe Olufunmilayo Ashiwaju	Omolara Uti
Peruvian	Janet Ofelia Guevara-Canales		Angela Quispe-Salcedo		Maria Angelica Alvarez-Paucar		Janet Guevara-Canales
Saudi Arabian	Deema Ali Al Shammery		Abdulrahman Dahham Al Saffan	Turki A. Bakhsh	Dalal Hazam Alotaibi	Sultan Binalrimal	Osamah Al Mugeiren
Scandinavian	Gunhild Strand		Vilma Brukiene	Ulvi Kahraman Gursoy	Nina Sabel	Ilze Akota	Gunhild Strand, Ulvi K. Gursoy
South African	Ahmed Bhayat	Saadika Khan		Thomas Madiba	Razia Adam	Sizakele P Ngwenya	Ahmed Bhayat
Southeast Asian	Risa Chaisuparat	May Chun Mei Wong		Nareudee Limpuangthip	Chaminda Jayampath Seneviratne	Chun-Pin Lin	Jayampath Seneviratne, Chun-Pin Lin
Uruguayan	Sylvia Laura Piovesan	Ronell Bologna	Ignacio Fernandez	Sylvia Piovesan	Guillermo Grazioli	Ines Teresa Salveraglio	Sylvia Piovesan
Venezuelan	Maglyner Montero		Jose Adolfo Cedeño	Fatima Rojas	Sonia Feldman	Alfonso Maldonado	María Acosta
Sections	President	President-elect	Vice-president	Secretary	Treasurer	Past President	Councilor(s)
Caribbean	James Rudolph Collins		Leandro Félix-Matos	Arvind Babu Rajendra Santosh	Ninoska Abreu Placeres		
Costa Rican	Daniel Chavarria-Bolaños	Gina Murillo	David Lafuente	Adrian Gomez-Fernandez	Jessie Reyes Carmona	Gina Murillo	Daniel Chavarria Bolaños
Ecuadorian							
Egyptian	Mohamed Abdelmageed Awad			Ali Ibrahim Abdalla	Mohamed Maamoun El-Sheikh		
Guatemalan							
Jordanian							
Lebanese	Joseph Ghafari			Anthony Tannous Macari	Ramzi Victor Haddad		May Daou
Libyan	Arheiam Ahmida Arheiam			Shkre Abdalla Ali Agkhre			
Mongolian							
Pakistani	Hina Zafar Raja		Abdul Samad Khan	Salman Aziz Mian	Muhammad Saad Ullah	Shazia Akbar	Muhammad Owais Nasim
Panamanian	Luis Vega Tejada		Eduardo Sierra Del Busto	Maria Cecilia Iriarte	Vania Barrow	Enelka Gonzalez	Carmen Aminta Gálvez
Paraguayan							
Russian							
Sudanese	Shaza K. Abass		Hiba Mohamed Ali		Maisa Mustafa Elfadul	Bakri Gismallaa	
Tunisian	Touhemi Ben Alaya	Mohamed Ben Khalifa		Imen Chaabani	Amira Besbes	Latifa Berzeouga	Fethi Maatouk
United Arab Emirates	Ahmad Sami Oueis	Mohamed Jamal	Mohannad Nassar	Abdul Naser Fahmi Tamim		Khalid Ameri	Khalid Al Ameri

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

IADR Group/Network	President	President-elect	Vice-president	Secretary/Treasurer	Councilor	Past President
Behavioral Epidemiologic and Health Services Research	Georgios Tsakos	Kimon Divaris	Tamanna Tiwari	Cameron L. Randall	Joana Cunha-Cruz	Daniel W. McNeil
Cariology Research	Rodrigo A. Giacaman	Simone Duarte	Lei Mei	Masatoshi Ando	Cinthia Pereira Machado Tabchoury	
Clinical and Translational Science Network	Jin Xiao	Mutlu Özcan	Geelsu Hwang	Shaoping Zhang	Paul C. Dechow	Anna Elisabet Edlund
Craniofacial Biology	Jeffrey C. Nickel	Shankar Rengasamy Venugopalan	Alexandre Vieira	Xiaofang Wang	Lorri Ann Morford	James L. Borke
Dental Anesthesiology and Special Care Research	Michelle Franz-Montan	Katsuhisa Sunada	Juliana Ramacciato	Carilynne Yarascavitch		Charlotte Catrina Currie
Dental Materials	Marco Ferrari	Salvatore Sauro	Vinicius Rosa	Marcelo Giannini	Saulo Geraldeli	Carmem Silvia Pfeifer
Diagnostic Sciences	Veeratrishul Allareddy	Satyashankara Aditya Tadinada	Steven R. Singer	Sindhura Anamali	Ralf Kurt Willy Schulze	Peggy Lee
Education Research	Kim Mary Piper	Tracy Lynn de Peralta	Michael Botelho	Leonardo Marchini	Man Hung	Kim Mary Piper
e-Oral Health Network	Sergio Uribe	Mohammed Shorab	Nicolas Giraudeau	Janneke Francisca Maria Scheerman	Harsh Priya	Sergio Uribe
Evidence-based Dentistry Network	Tanya Walsh	Analia Veitz Keenan	Shahnava Abdul Raheman Khijmatgar	Leonardo Augusto Rachele Righesso	Fang Hua	Mona Nasser
Geriatric Oral Research	Linda Marie Slack-Smith	Paul Brocklehurst	Alain Berard	Xi Chen	Mario A Brondani	Gerald John McKenna
Global Oral Health Inequalities Research Network	Marco Aurelio de Anselmo Peres	Jennifer E. Gallagher	Manu Raj Mathur	Carol Cristina Guarnizo-Herreno	Vijay Prakash Mathur	Peter Mossey
Implantology	Quan Yuan	Georgios Kotsakis	Alireza Moshaverinia	Katleen Vandamme	John Mitchell	Rafael Arcesio Delgado-Ruiz
Intl Network for Orofacial Pain and Related Disorders Methodology (INFORM)	Michail Koutris	Birgitta Haggman-Henrikson	Donald Nixdorf	Flavia P. Kapos	Yoshihiro Tsukiyama	Justin Durham
Microbiology/Immunology	Hui Wu	Jennifer E. Kerr	Anna Dongari-Bagtzoglou	Shannon M Wallet	Gill Diamond	Jose A. C. Lemos
Mineralized Tissue	Yongbo Lu	Stefan Habelitz	Alvaro Mata	Karina Carneiro	Xianghong Luan	Catherine Chaussain
Network for Practice-based Research	Madhan Balasubramanian		Richard Wierichs	Pathik Mehta	Susan Helen Cartwright	Madhan Balasubramanian
Neuroscience	Anibal Diogenes	Nikolaos Nikitas Giannakopoulos	Yoshizo Matsuka	Takashi Iida	Somsak Mitirattanakul	Daniela Godoi Gonçalves
Nutrition Research	Jennifer H. Ahn-Jarvis	Corrado Paganelli	Karen Glazer de Anselmo Peres	Domenico Dalessandri	Ana Wintergerst	Jennifer H. Ahn-Jarvis
Oral & Maxillofacial Surgery	Marco Dolci	Simon Young	James C. Melville	Chi Tonglien Viet	Kyle Holmberg Vining	Anh Le
Oral Health Research	Olivia Magda Teresa Marchisio	Alyson Axe	Lamis Mohammed Arafa Abuhaloob	Patricia A. Lenton	Deborah Lyle	Ralf E. Adam
Oral Medicine & Pathology	Andrew Fribley	Saman Warnakulasuriya	Camile S. Farah	Diana Messadi	Faizan Alawi	Raj G. Nair
Orthodontics Research	Cristina Teixeira	Conchita Martin	Jeanne M. Nervina	Guy Willems	Mani Alikhani	Cristina Teixeira
Pediatric Oral Health Research	Jung-Wei Chen	Martha Ann Keels	Duangporn Duangthip	Mihiri Jacintha Silva	Farah Chouchene	Yasmi O. Crystal
Periodontal Research	Shogo Takashiba	Philippe Bouchard	Purnima S. Kumar	Magda Feres	Evanthia Lalla, Andreas Stavropoulos	David Herrera
Pharmacology/Therapeutics/Toxicology	Asma A. Khan	Sonia Regina Bordin-Aykroyd	Johnah Galicia	Ramiro Mendonca Murata	Jennifer Gibbs	Edward Lynch
Prosthodontics	Lindsay Richards	Kenneth Kurtz	Edmond H.N. Pow	David Bartlett	Wedad Hammoudi	Joke Antoinette Duyck
Pulp Biology & Regeneration	Paul Roy Cooper	Bruno N. Cavalcanti	Hal Fergus Duncan	Nadia Chugal	Imad About	Nikita B. Ruparel
Salivary Research	Derk Hendrik Jan Jager	Michael Passineau	Simon D. Tran	Kihoon Nam	Xinyun Su	Isabelle Lombaert
Stem Cell Biology	Yang Chai	Brad A. Amendt	Jacques Eduardo Nör	Barbara Zavan	Gianrico Spagnuolo	Marco Tatullo
Student Training and Research (STAR) Network	Anne George	Sardar Fattahi	Tanner Cole Godfrey	Kathryn Mary Dunn	Ana Bedran-Russo	Anne George
Women in Science Network	Luciana Machion Shaddox	Grace M. De Souza	Ariadne Machado Gonçalves Letra	Mangala Prakesh Patel	Effie Ioannidou	Luciana Machion Shaddox

Appendix 9 — Past Presidents of the IADR

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

Past Treasurers of the IADR

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

Appendix 10 — Candidates for Vice-president of the IADR

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

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

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

Appendix 11 — Honorary Members of the IADR

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

Stetchford, 1992
 Frank E. Young, 1993
 Hans Jakob Wespi, 1994
 Basil G. Bibby, 1996
 Per-Ingvar Brånemark, 1998
 Tadimitsu Kishimoto, 2001
 David Ramsay, 2005
 Robert V. Blanden, 2006
 Jiri Mestecky, 2007
 Cyril Frank, 2008
 Anthony Fauci, 2009

Harald zur Hausen, 2010
 Michael Marmot, 2011
 José Gomes Temporão, 2012
 Johan Smit, 2014
 Vandelei Salvador Bagnato, 2015
 Mark Walport, 2016
 Dame Sally Davies, 2018
 Peter Cooney, 2019
 Kathryn Kell, 2020
 Christopher Murray, 2021

Appendix 12 — Non-officer IADR Board Members

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

1959-60	Ralph L. Ireland (North American), Howard J. Merkeley (North American)	2003-04	Susan Reisine (American), Hector Lanfranchi (Argentine), Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific)
1960-61	Genevieve Roth (North American), Lucien A. Bavetta (North American)	2004-05	Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific), José Luis Lage-Marques (South America), Richard Ellen (North America)
1961-62	Clifton O. Dummett (North American), Ralph L. Ireland (North American)	2005-06	Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific), José Luis Lage-Marques (South America), Richard Ellen (North America)
1962-63	Josse de Wever, Clifton O. Dummett (North American)	2006-07	Ahmed E.O. Ogwel (Africa/Middle East), Mariano Sanz (Pan-European), José Luiz Lage-Marques (Latin America), Richard Ellen (North America), Yoshimitsu Abiko (Pan-Asian-Pacific)
1963-64	C.R. Castaldi, C.D. Mohammed	2007-08	Ahmed E.O. Ogwel (Africa/Middle East), Jukka Meurman (Pan-European), José Luiz Lage-Marques (Latin America), Richard Ellen (North America), Yoshimitsu Abiko (Pan-Asian-Pacific)
1964-65	Clifton O. Dummett (North American), John B. Macdonald (North American)	2008-09	Ahmed E.O. Ogwel (Africa/Middle East), Jukka Meurman (European), Ana Maria Acevedo (Latin America), Javier de la Fuente-Hernandez (North America), Yoshimitsu Abiko (Pan-Asian Pacific)
1965-66	Otto Backer-Dirks (CED), Louis Baume (CED)	2009-10	Paul Brandt (Africa/Middle East), Jukka Meurman (European), Ana Maria Acevedo (Latin America), Brian Clarkson (North America), Wendell Evans (Asia Pacific)
1966-67	Wayne Wantland, Doran Zinner (North American)	2010-11	Harold Sgan-Cohen (Pan European), Ana Maria Acevedo (Latin America), Brian Clarkson (North America), Paul Brandt (Africa/Middle East) and Wendell Evans (Asia/Pacific)
1967-68	S. Wah Leung, Clifton O. Dummett (North American)	2011-12	Paul D. Brandt (Africa/Middle East), Wendell Evans (Asia/Pacific), Rita Villena-Sarmiento (Latin America), Edwin Yen (North America) and Harold D. Sgan-Cohen (Pan European)
1968-69	Wayne Wantland, Doran Zinner (North American)	2012-13	M. Jawad Behbehani (Africa/Middle East), Byung-Moo Min (Asia/Pacific), Rita Villena-Sarmiento (Latin America), Edwin Yen (North America) and Harold D. Sgan-Cohen (Pan European)
1969-70	Wayne Wantland, Doran Zinner (North American)	2013-14	M. Jawad M. Q. Behbehani (Africa/Middle East), Byung-Moo Min (Asia Pacific), Rita Villena-Sarmiento (Latin America), Edwin Yen (North America) and Timothy Watson (Pan European)
1970-71	Wayne Wantland, Doran Zinner (North American)	2014-15	M. Jawad M. Q. Behbehani (Africa/Middle East), Byung-Moo Min (Asia Pacific), Erik Dreyer (Latin America) Peter J. Polverini (North America) and Timothy Watson (Pan European)
1971-72	K.J. Paynter, T.E. Bolden (North American)	2015-16	Eyitope O. Ogunbodede (Africa/Middle East), Bian Zhuan (Asia/Pacific), Erik Dreyer (Latin America), Timothy Watson (Pan European) and Peter J. Polverini (North America)
1972-73	K.J. Paynter, T.E. Bolden (AADOCR)	2016-17	Eyitope O. Ogunbodede (Africa/Middle East), Bian Zhuan (Asia/Pacific), Erik Dreyer (Latin America), Brian O'Connell (Pan European), Peter J. Polverini (North America) and Owen Addison (Young Investigator Representative)
1973-74	Israel T. Kleinberg (AADOCR), Doran D. Zinner (AADOCR)	2017-18	Eyitope O. Ogunbodede (Africa/Middle East), Zhuan Bian (Asia/Pacific), Brian O'Connell (Pan European), Jaime Castellanos (Latin America), Joy Richman (North America), Owen Addison (Young Investigator Representative), Donald Chi (Young Investigator Representative)
1974-75	Hans R. Mühlemann (CED), S.B. Finn	2018-19	Jaime Castellanos (Latin America), Brian O'Connell (Pan European), Lijian Jin (Asia/Pacific), Joy Richman (North America), Margaret Wandera (Africa/Middle East), Donald Chi (Young Investigator Representative), Alireza Moshaverinia (Young Investigator Representative)
1975-76	Ivor R.H. Kramer (British), Howard M. Myers (AADOCR)	2019-20	Jaime Castellanos (Latin America), Gottfried Schmalz (Pan European), Lijian Jin (Asia/Pacific), Joy Richman (North America), Margaret Wandera (Africa/Middle East), Dagmar Else Slot (Young Investigator Representative), Alireza Moshaverinia (Young Investigator Representative)
1976-77	Howard M. Myers (AADOCR), Mogens R. Skougaard (ScADR)	2020-21	Lijian Jin (Asia/Pacific), Margaret Wandera (Africa/Middle East), Gottfried Schmalz (Pan European), S. Aida Borges-Yáñez (North American), María del Carmen López Jordi (Latin American), Dagmar Else Slot (Young Investigator Representative), Kimon Divaris (Young Investigator Representative)
1977-78	Lois K. Cohen (AADOCR), Ole Fejerskov (ScADR)	2021-22	Nobuhiro Takahashi (Asia/Pacific), Deema Ali AlShammery (Africa/Middle East), Gottfried Schmalz (Pan European), S. Aida Borges-Yáñez (North American), María del Carmen López Jordi (Latin American), Vinicius Rosa (Young Investigator Representative), Kimon Divaris (Young Investigator Representative)
1978-79	William Bowen (AADOCR), Peter C. Reade (ANZ)		
1979-80	J.D. DeStoppelaar (CED), Yojiro Kawamura (JADR)		
1980-81	Yojiro Kawamura (JADR), Ole Fejerskov (ScADR)		
1981-82	Declan Anderson (British), Joop Arends (CED)		
1982-83	David A.S. Parker (ANZ), Jukka Ainamo (ScADR)		
1983-84	Roy Page (AADOCR), Hector Orams (ANZ)		
1984-85	Robert Genco (AADOCR), Dan Deutsch (Israeli)		
1985-86	Dan Deutsch (Israeli), Joop Arends (CED)		
1986-87	Joop Arends (CED), Fujio Miura (JADR)		
1987-88	Fujio Miura (JADR), John Clarkson (Irish)		
1988-89	John Clarkson (Irish), Arto Demirjian (CADR)		
1989-90	Martin Taubman (AADOCR), Satoshi Sasaki (JADR)		
1990-91	Satoshi Sasaki (JADR), Luis Del Castillo Carillo (Mexican)		
1991-92	Kenneth Stephen (British), Joop Arends (CED), Yung-Soo Kim (Korean)		
1992-93	Joop Arends (CED), Yung-Soo Kim (Korean), Knut A. Selvig (ScADR)		
1993-94	Knut A. Selvig (ScADR), Teo Choo Soo (Southeast Asian), William G. Young (ANZ)		
1994-95	Teo Choo Soo (Southeast Asian), William G. Young (ANZ), At J. Ligthelm (South African)		
1995-96	William G. Young (ANZ), At J. Ligthelm (South African), Maria Fidela de Lima Navarro (Brazilian)		
1996-97	At J. Ligthelm (South African), Maria Fidela de Lima Navarro (Brazilian), Michel Goldberg (CED)		
1997-98	Maria Fidela de Lima Navarro (Brazilian), Michel Goldberg (CED), W.M. Edgar (British)		
1998-99	W.M. Edgar (British), Teo Choo Soo (Southeast Asian), Takayuki Kuroda (Japanese)		
1999-2000	W.M. Edgar (British), Teo Choo Soo (Southeast Asian), Takayuki Kuroda (Japanese)		
2000-01	Takayuki Kuroda (Japanese), Teo Choo Soo (Southeast Asian), Susan Reisine (American)		
2001-02	Susan Reisine (American), Gunnar Bergenholtz (Scandinavian), Hector Lanfranchi (Argentine)		
2002-03	Susan Reisine (American), Gunnar Bergenholtz (Scandinavian), Hector Lanfranchi (Argentine)		

Appendix 13 — IADR Policy Statements

* *The American Association for Dental Research (AADR) expanded its name to the American Association for Dental, Oral, and Craniofacial Research (AADOOCR) on July 26, 2021. These Policy Statements have been updated to include the expanded name.*

SUGAR-SWEETENED BEVERAGES

Policy statement

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

Position statement

The International Association for Dental Research (IADR) and the American Association for Dental, Oral, and Craniofacial Research (AADOOCR) support avoiding consumption of sugar-sweetened beverages (SSBs) in order to reduce intake of free sugars, which include added sugars and sugars in 100% juices, to decrease the prevalence of dental caries (or tooth decay) and other non-communicable diseases (NCDs) such as obesity, type 2 diabetes and cardiovascular disease. According to the Global Burden of Disease 2015 Study, untreated dental caries in permanent teeth is the most common global health condition, affecting 2.5 billion individuals. Untreated dental caries in primary (deciduous or “baby”) teeth ranked 10th among most common global conditions, while tooth loss ranked 36th. Global dental expenditures reached nearly 300 billion US dollars, and the cost of untreated dental caries in both primary and permanent teeth due to lost productivity exceeded 27 billion US dollars.¹ Due to their high health and economic burdens, steps must be taken to prevent all dental diseases, including dental caries. Both IADR and AADOOCR have established healthy meetings

policies that exclude the use of IADR and AADOOCR funds to purchase SSBs.^{3, 4} Both IADR and AADOOCR have changed their investment policies to screen for exclusion of SSB companies to align the Associations’ investments with their missions of driving dental, oral and craniofacial research for health and well-being worldwide.⁵

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

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

Evidence from studies performed in multiple countries have shown an association between consumption of free sugars, including those supplied by SSBs, and dental caries in both children and adults. Most compellingly, a comprehensive

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

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

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

IADR and AADOCR support the following recommendations. Firstly, SSBs should be avoided in the first two years of life in favor of water after a period of exclusive breastfeeding due to the risk of ECCs and priming taste preferences for sweet foods and drinks later in life.^{20, 37-41} Subsequently, SSBs should continue to be avoided at all ages as they provide little nutritive or health benefit. At the most, daily intake of calories from free sugars should not exceed 10% of total calories, and reduction to less than 5% likely has added benefits. Secondly, governments should implement evidence-based policies that reduce consumption of SSBs such as pricing policies, public health campaigns, improving promotion and access to healthy beverage alternatives, restriction of SSB purchases in government food programs⁴² and prioritize access to safe and inexpensive drinking water. Lastly, oral and general health civil societies should cooperate to produce evidence, policies and guidelines on SSBs and health outcomes with an emphasis on the social determinants of health, common risk factors and universal health coverage. IADR and AADOCR also support addressing research

gaps to establish the link between pricing policies to reduce SSB consumption and oral health outcomes in developing countries; investigate the effectiveness of proposed interventions such as policies affecting marketing and advertising, food production, portion size regulations, etc. for which there is currently limited evidence⁴² and to strengthen understanding of the role of SSB consumption in the development of other NCDs.³¹

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

(adopted March 2020)

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SAFETY OF DENTAL AMALGAM

Policy Statement

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

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

Position Statement

Introduction

IADR affirms the safety of dental amalgam for the general population without allergies to amalgam components or severe renal diseases. IADR supports maintaining its availability as the best restorative option when alternatives are less than optimal based on clinical, economic or practical reasons. The safety of dental amalgam has been investigated and affirmed through independent systematic reviews of the available scientific literature conducted by national and global scientific organizations, including the European Union (EU) Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR), World Health Organization (WHO) and the U.S. Food and Drug Administration (FDA). The last review identified was conducted by SCENIHR and summarized studies performed up to 2014. This position statement considers evidence identified in previous reviews and after 2014 regarding the safety of dental amalgam for use in general and vulnerable populations and by dental health providers.

The composition and clinical effectiveness of dental amalgams

Dental amalgam is an alloy of metals that comprises approximately 50% mercury and silver, tin, copper and other

metals. Dental amalgam was the first durable dental material that could be placed directly into teeth with dental caries and has been in use for over 150 years. Liquid mercury gives dental amalgam its malleability, enabling the dentist to shape and place the material into the tooth before it hardens.¹ Dental amalgam is less expensive² and easier to place compared to the most popular alternative material—tooth-colored composite resin. Currently, the use of amalgam varies country-by-country and is driven by clinical, economic and practical reasons.³ Composite resin fillings in permanent teeth in the back of the mouth are twice as likely to fail and carry a higher risk of secondary tooth decay compared to amalgam fillings, especially in children. Secondary decay occurs in the tooth after the restoration is placed and is the most common reason that restorations fail.^{2, 4-6}

No established links between amalgam and systemic diseases

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

Low levels of mercury released from dental amalgam

While it is true that those with dental amalgam fillings generally have higher levels of blood and urine mercury levels, it is important to note that slight increases in mercury exposure due to dental amalgam do not rise to a level of concern and are not expected to lead to adverse health effects. The expected exposure to mercury from dental amalgam is well below the EU safety limits established for those occupationally exposed to mercury.⁹ The U.S. Agency for Toxic Substances and Disease Registry (ATSDR) established a minimum risk level (MRL) for chronic inhalation of mercury vapor of approximately 4 micrograms inhaled mercury per day, which is less than people in the U.S. and Canada are exposed to from their amalgam fillings. The MRL is the level of mercury that can be inhaled without the expectation of suffering adverse health effects. Exposure to a higher level of mercury vapor does not necessarily mean the exposed would suffer adverse health effects but that at the MRL, no adverse effect is expected. This value takes into account infants, older people and people with poor health.¹⁰ The U.S. Environmental Protection Agency (EPA) derived a similar risk estimate of 6 micrograms per day.^{11; 2}

The amount of mercury released from amalgam restorations is likely dependent on a number of factors including the number of restorations, the surface area of the restorations, chewing and brushing habits and the ages of the restorations.^{8, 10} Urine levels of mercury increase by approximately 1-2 units in adults for

every 10 amalgam fillings placed.¹² Furthermore, the amount of mercury released from amalgam fillings decreases over time.¹³⁻¹⁵

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

Amalgam removal

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

Vulnerable populations

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

Two studies are particularly notable. The National Institute of Dental and Craniofacial Research funded two studies in Portugal and the U.S. to determine if there were any adverse health effects in children whose teeth were restored with dental amalgam. Both studies were randomized clinical trials and were conducted over seven and five years, respectively. In each study, over 500 children were randomly assigned to group receiving either amalgam or composite resin fillings. As expected, both studies showed that children with amalgam restorations had higher levels of mercury in their urine compared to children treated with composite resin.^{15, 17} In the Portugal study, urinary mercury levels plateaued by the second year of the study and declined throughout the rest of the study. Furthermore, there was no statistical difference between children in the amalgam or composite resin groups in behavioral tests, including memory and attention, at any point during this study. Children whose teeth were restored with composite resin in this study also experienced more failure of their tooth restorations, congruent with previous observations.^{5, 6, 15} In the study conducted in the U.S., there was also no statistical difference between children treated with dental amalgam and composite resin in neurological tests, including for IQ and memory, or kidney function.¹⁷ Since 2014, studies on pregnant women and children showed increased mercury in urine and blood of children and pregnant women with dental amalgam fillings, as expected;^{18, 19} no statistically significant association between maternal amalgam restorations and stillbirth after accounting for maternal parameters such as age and smoking, among others;²⁰ higher maternal

and cord blood in mothers with amalgam restorations but no difference in birth weight, length or head circumference,²¹ and no increased risk of child mortality or neurological disorders of the sons of female dental staff.^{22, 23}

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

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

Occupational safety issues and dental amalgams

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

Occupational safety studies have uncovered poor adherence to safety guidelines. The SCENIHR review noted one study that found violations of environmental and personal safety standards in 67% and 45%, respectively, of clinics visited.²⁸ Some recent studies also revealed violations of occupational safety regulations and indicated the need for more training on the safe use of dental amalgam, properly ventilated dental clinics and oversight.^{29, 30} The study by Khwaja and colleagues also highlighted the fact that there is still a high level of dental amalgam use among dentists in Pakistan, even in children and pregnant women and use can vary dramatically by location.²⁹ The FDI and WHO recommend using proper personal protective equipment and techniques and monitoring of mercury vapor levels in dental clinics to minimize exposure of dental personnel to mercury vapor,⁷ which is especially important for dentists who will continue to place high amounts of amalgam fillings. These data also reiterate the need for prevention to reduce the need for amalgam in the first place.

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

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

Mercury and the Environment – the Minamata Convention

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

Conclusions

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

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

(adopted June 2019)

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FLUORIDATION OF WATER SUPPLIES

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

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

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

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

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

(adopted 1979, updated 1999)

THE USE OF TOBACCO

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

(adopted June 27, 2000)

IADR SMOKING POLICY

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

(adopted 2001)

DIETARY FLUORIDE SUPPLEMENTS

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

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

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

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

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

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(adopted 1983)

THE LIVERPOOL DECLARATION: PROMOTING ORAL HEALTH IN THE 21ST CENTURY

A Call for Action

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

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

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

1. Countries should ensure that the population has access to clean water, proper sanitation facilities, a healthy diet and good nutrition.
2. Countries should ensure appropriate and affordable fluoride programmes for the prevention of tooth decay.
3. Countries should provide evidence-based programmes for the promotion of healthy lifestyles and the reduction of modifiable risk factors common to oral and general chronic diseases.
4. The school should be used as a platform for promotion of health, quality of life and disease prevention in children and young people, involving families and communities.
5. Countries should ensure access to primary oral health care with emphasis on prevention and health promotion.
6. Countries should strengthen promotion of oral health for the growing numbers of older people, aiming at improving their quality of life.
7. Countries should formulate policies for oral health as an integral part of national health programmes.
8. Countries should support public health research and specifically consider the recommendations of WHO which recommends 10% of a total health promotion programme budget be devoted to programme evaluation.
9. Countries should establish health information systems that evaluate oral health and programme implementation,

support the development of the evidence base in health promotion and disease prevention through research and support the international dissemination of research findings.

10. The participants and Associations support the efforts of the WHO Oral Health Programme which aims at coordinating and supporting inter country sharing of experiences in health promotion and oral disease prevention.

(adopted September 2005)

GLOBAL GOALS FOR ORAL HEALTH

(Joint FDI – WHO – IADR Statement)

Rationale

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

Evidence

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

Future Research

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

Public Health Significance

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

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

Goals

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

Objectives

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

Targets

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

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

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

Submitted by: FDI Science Commission

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

(adopted 2003)

IADR PROFESSIONAL CONDUCT AT MEETINGS POLICY

1. Purpose

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

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

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

2. Expected Behavior

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

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

3. Unacceptable Behavior

Unacceptable behaviors include:

- intimidating, harassing, abusive, discriminatory, derogatory or demeaning speech or actions by any participant at the IADR General Session & Exhibition or other IADR meeting, at all related events and in one-on-one communications carried out in the context of the IADR meeting. The IADR General Session & Exhibition event venues may be shared with members of the public; please be respectful to all patrons of these locations.
- harmful or prejudicial verbal or written comments or visual images related to gender, sexual orientation, race, religion, disability, age, appearance or other personal characteristics.
- inappropriate use of nudity and/or sexual images in public spaces (including presentation slides).

- deliberate intimidation, stalking or following.
- harassing photography or recording.
- sustained disruption of talks or other events.
- unwelcome and uninvited attention or contact.
- physical assault (including unwelcome touch or groping).
- real or implied threat of physical harm.
- real or implied threat of professional or financial damage or harm.

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

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

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

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

4. Consequences of Unacceptable Behavior

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

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

5. If You Are Subject to or Witness Unacceptable Behavior

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

All reports are confidential.

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

- Identifying information (name/badge number, appearance) of the participant doing the harassing.
- The behavior that was in violation.

- The approximate time of the behavior. (if different than the time the report was made)
- The circumstances surrounding the incident.
- Other people involved in or witnessing the incident.

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

6. Addressing Grievances

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

(revised March 2021)

HEALTHY MEETINGS POLICY

I. Purpose

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

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

2. IADR Healthy Meeting Policy Overview

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

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

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

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

a. SUGAR-SWEETENED BEVERAGE POLICY

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

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

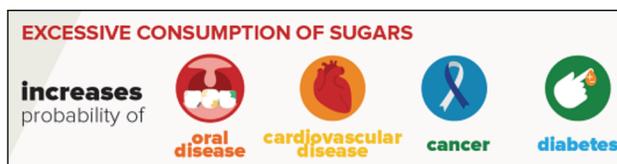


Image Source: [FDI World Dental Federation](https://www.fdiworlddental.com)

Implementation:

- Sugar-sweetened beverages will not be purchased by AADOCR for meetings, including AADOCR-funded events, such as receptions and luncheons.
- Fluoridated water will be served at all water stations throughout AADOCR meetings.
- AADOCR will ensure that low-fat and non-fat milk are served with coffee and tea in addition to half and half.

b. GENERAL FOOD POLICY

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

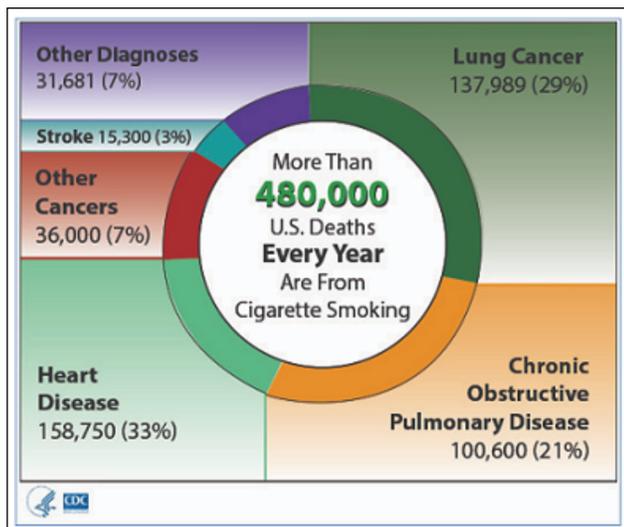
Implementation:

- AADOCR will offer fruits and/or vegetables every time food is served.
- AADOCR will place healthier foods and beverages in prominent positions, where they are more likely to be seen and chosen.
- AADOCR will provide vegetarian, gluten free and vegan meal options.
- AADOCR will not serve candy or have candy readily available for attendees at its meetings.
- When possible, AADOCR will offer reasonable portion sizes and/or limit dessert sizes.
- AADOCR will attempt to offer lower-sodium options, when available.
- AADOCR will offer whole grain options.

c. SMOKING POLICY

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

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



Implementation:

- i. AADOCR Annual Meetings and other AADOCR-funded events are all designated as tobacco-free, non-smoking (including tobacco cigarettes and e-cigarettes) events. AADOCR will make every effort to ensure that all meeting spaces and AADOCR event-associated venues are smoke-free.
- ii. AADOCR will host conferences in cities with comprehensive smoke-free policies that include restaurants and bars.

d. FITNESS AND WELLNESS POLICY

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

Implementation:

- i. regular exercise routines as well as to move regularly throughout the day, including within the meeting space by standing, stretching, etc.
- ii. AADOCR will encourage panelists to periodically break up sitting time.

e. REDUCING DISEASE TRANSMISSION

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

Proper hygiene practices—including frequently washing hands, staying home when sick, using a tissue or coughing/sneezing into a flexed elbow and not the hand, and not touching the face—are essential to overall cleanliness and interrupting the spread of disease.* AADOCR recognizes the importance of these practices to protect its meeting delegates, global headquarters staff and the meeting venue's staff. AADOCR will promote and encourage hygienic practices among its meeting and event attendees in order to help reduce the spread of germs and illnesses.

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

Implementation:

- i. AADOCR will ensure alcohol-based hand sanitizer containing at least 60% alcohol is available at AADOCR meetings and events.
- ii. AADOCR will confirm all meeting and event venues have clean handwashing facilities.
- iii. AADOCR will provide tissue at meetings and events that participants can take, as needed.
- iv. AADOCR will place reminders about the importance of hygienic practices throughout its meeting and event venues.
- v. **Health and Safety Protocols – NEW for 2022**

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

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

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

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

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

f. SUSTAINABILITY POLICY

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

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

Implementation:

- i. AADOCR will have recycling bins available for meeting attendees and staff at all times.
- ii. AADOCR will reduce waste and packaging whenever possible.
- iii. AADOCR will make handouts available online in an attempt to reduce paper consumption.

(revised April 2020)

Appendix I4 — IADR Code of Ethics

PREAMBLE

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

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

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

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

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

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

People

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

Professionalism

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

Public

- acknowledge professional and scientific responsibility to society
- strive to advance science and share knowledge in order to contribute to the public good

- value the public's trust in science and act at all times in such a way as to uphold their trust and confidence.
- use all resources prudently, taking into account appropriate laws and regulations.

HUMAN RIGHTS

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

BEST PRACTICE IN RESEARCH AND SCHOLARSHIP

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

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

HUMAN SUBJECTS RESEARCH

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

The World Medical Association (WMA)'s Declaration of Helsinki⁴ and the Council for International Organizations of Medical Sciences (CIOMS), the World Health Organization (WHO)'s *International Ethical Guidelines for Health-related Research Involving Humans*,⁵ and the International Council for Harmonisation⁶ provide international standards on the conduct of human subjects research. Such standards include principles such as informed consent; collection, storage and use of data; and privacy and confidentiality.

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

It is imperative that investigators be in compliance with national regulations and reporting requirements such as the National Institutes of Health's Office of Human Subjects Research Protections⁷ and remain up to date on current legislative changes.

ANIMAL RESEARCH

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

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

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

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

1. To Replace the use of live animals with non-animal alternatives
2. To Reduce the number of animals used in research to the minimum required for meaningful results
3. To Refine the procedures so that the degree of suffering is kept to a minimum.¹⁰

INTERNATIONAL COLLABORATIVE RESEARCH

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

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

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

CONFLICTS OF INTEREST

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

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

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

INTELLECTUAL PROPERTY

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

DISSEMINATION OF INFORMATION

Publishing

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

Editors, editorial boards and managing editors should:

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

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

- provide guidance as to whether posting a manuscript on a non-commercial preprint server is allowable and not considered previously published²⁶

Ethical Considerations for Authors

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

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

Likewise, authors should not:

- inappropriately fragment data into several different publications
- inappropriately or fraudulently manipulate images and/or data²⁸
- engage in plagiarism or self-plagiarism^{29–32}
- engage in ghostwriting³³

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

Ethical Considerations for Peer Review

Both editorial bodies and peer reviewers should:

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

Conferences

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

DISCRIMINATION, DIVERSITY, EQUITY AND INCLUSION

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

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

Members should:

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

HARASSMENT AND SEXUAL HARASSMENT

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

Sexual harassment can be either "quid pro quo" (submission or refusal to submit to unwelcome sexual attention, requests

for sexual favors, and/or other verbal or physical conduct of a sexual nature affects professional decisions) or “hostile work environment” (sexually oriented conduct that interferes with an individual’s job performance or has the purpose or effect of creating an intimidating, hostile, or offensive work environment).

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

Bullying

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

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

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

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

Training on Ethical Conduct of Research

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

REPORTING MISCONDUCT

IADR reserves the right to sanction members for scientific misconduct, including violation of this Code of Ethics. IADR membership may be suspended or terminated “for proven scientific misconduct” ([IADR Constitution, Article VI, Section 3\(B\), 2019](#)).⁴¹ Any allegations of misconduct will be kept confidential by the staff, leadership and governing bodies involved in the adjudication process.

All reports of alleged violations of the IADR Code of Ethics by a current member, or any attendee of an IADR-sponsored meeting or activity, should be made confidentially to the IADR Board through the Association’s Chief Executive Officer (CEO). The IADR Board may refer the report to the IADR Ethics Committee to review the circumstances, investigate the allegations, and make a recommendation to the IADR Board of Directors on potential sanctions. Sanctions will not be implemented without prior approval of the IADR Board of Directors.

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

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

Whistleblowing and Retaliation

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

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

Expectations of IADR Officers, Administrators, and Staff

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

1. **respect** the rights and reputation of the IADR, and the privacy of the membership;
2. hold Association information in **confidence**;
3. communicate in an **honest** and **responsible** manner regarding sponsorship or certification by the IADR;
4. not solicit or use recommendations or testimonials from agents nor use their relationships with agents to promote commercial expertise of any kind;
5. seek approval of the appropriate authority of IADR to communicate advertisement to the public by written or audio-visual means; and
6. state **accurately, objectively**, and without misrepresentation their professional qualifications, affiliations, and functions as well as those of the IADR with which they or their statements are associated. They shall correct the misrepresentations of others with respect to those matters.

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

(revised July 19, 2021)

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Appendix 15 — IADR Corporate Support

- 3M for being a Silver Level General Session Donor
- Church & Dwight in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Gold Level General Session Donor and in support of the IADR Colgate Research in Prevention Travel Awards, IADR Distinguished Scientist Awards, IADR OHRG Oral Health Research Group Award, and the AADOCR Student Research Fellowships and as an IADR *Journal of Dental Research* Centennial Advances Supporter
- Dentsply Sirona for being a Silver Level General Session Donor sponsor and in support of IADR Distinguished Scientist Awards, a Distinguished Lecture Series speaker, SCADA and AADOCR Student Research Fellowships
- GC Corporation for being a Silver Level General Session Donor sponsor and in support of the IADR Toshio Nakao Fellowship, and IADR GC Centennial Travel Grant
- GlaxoSmithKline in support of IADR Innovation in Oral Care Awards, IADR Distinguished Scientist Award, and AADOCR Student Research Fellowships
- J. Morita in support of the IADR/AADOCR William J. Gies Awards and the IADR Distinguished Service Award
- Johnson & Johnson Consumer Inc. in support of the IADR Joseph Lister Award and an IADR Distinguished Scientist Award
- KULZER in support of the IADR KULZER Travel Awards
- LION Corporation in support of the IADR Lion Dental Research Award for Junior Investigators
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Level General Session Donor and in support of the AADOCR Procter & Gamble Underrepresented Faculty Research Fellowship, AADOCR Student Research Fellowships, AADOCR William Clark Fellowship, and IADR Young Investigator Award and an IADR *Journal of Dental Research* Centennial Advances Supporter
- SHOFU Inc. in support of the IADR Hatton Competition and Awards
- Unilever Oral Care in support of IADR Distinguished Scientist Awards and IADR Hatton Competition and Awards

Appendix 16 — IADR Institutional Support

- American Academy of Periodontology in support of the AADOCR Student Research Fellowships
- The Borrow Foundation in support of the IADR E.W. Borrow Memorial Award
- CareQuest Institute for Oral Health in support of an IADR Distinguished Scientist Award and a Distinguished Lecture Series Speaker
- The Henry Schein Cares Foundation in support of the IADR Global Oral Cancer Symposia Series
- IADR Dental Materials Group in support of an IADR Distinguished Scientist Award and AADOCR Student Research Fellowships
- The National Institute of Dental and Craniofacial Research in support of the AADOCR Bloc Travel Grant
- The Osteology Foundation in support of the IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration
- Sarnat Family Foundation in support of an IADR Distinguished Scientist Award

Appendix 17 — In Memoriam (IADR Members who passed January 2021 – December 2021)

Joseph Antonucci
Ken Anusavice
Peter Barnard
Anil Chandra

R. Doyle
Ruth Freeman
Ralph Katz
James Kennedy

Israel Kleinberg
Daniel Laskin
Michael Lennon
Charles McCallum

Jonathan Shenkin
Buddhi Shrestha
John Stamm
Haiping Tan

Wim Van Palenstein-
Helderman
Ray Williams

IADR Constitution and Bylaws

CONSTITUTION

Adopted March 24, 1957; Revised through July 24, 2021

ARTICLE I. NAME

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

ARTICLE II. OBJECTIVES

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

ARTICLE III. CORPORATE STATUS

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

ARTICLE IV. REGIONS, DIVISIONS AND SECTIONS

Section I. ORGANIZATION

- (A) **REGIONS.** The IADR Board, with the approval of Council, shall organize the Divisions and non-Divisional Sections into Regions for purposes of more effective and efficient delivery of IADR member services. Each Region will have a Regional Board of Directors as defined in the Bylaws.
- (B) **DIVISIONS.** Members of the Association in any nation or group of geographically related nations, with the approval of the Council, may organize a Division after maintaining Section status for one year and having demonstrated the ability to conduct scientific and business sessions during this period. A Division will be comprised of a minimum number of members as specified in the Bylaws.
- (C) **SECTIONS.** Ten or more members within a Divisional area may, with the approval of the Division, organize a Section (except the Institutional and Corporate Sections) for the advancement of the objectives of the Division and the Association. In the event the locality or localities are not within the limits of a Division, a non-Divisional Section may be organized with ten or more members of the Association upon approval by the Council.
- (D) **INSTITUTIONAL SECTION.** Each Institutional Section Member will designate one representative from its institution to represent it in the Institutional Section. Institutional members will have representation in the Council through one Councilor elected by the Institutional Section. The representatives of Institutional Section Members must be members of the Association, in accordance with the Bylaws.

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

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

Section 3. SUSPENSION OR REVOCATION.

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

ARTICLE V. GROUPS, GROUP CHAPTERS AND NETWORKS

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

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

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

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

Section 5. SUSPENSION AND REVOCATION.

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

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

ARTICLE VI. MEMBERSHIP

Section I. ELIGIBILITY

- (A) **INDIVIDUAL MEMBERSHIP.** Any individual, without any considerations of color, caste, race, religion, age, gender, national or ethnic origin, or disability, who is interested in Dental Science and Dental Research shall be eligible for membership in this Association, as set forth in the Bylaws.
- (B) **INSTITUTIONAL MEMBERSHIP.** Any educational institution, research institution or center, government agency, interested in craniofacial, oral or dental related research shall be eligible for membership in a Division and/or in an at-large Institutional Section, subject to the eligibility requirements and approval of the Division or the Association and the limitations of Article IV C. The formation of an Institutional Section within a Division shall be optional with the Division.
- (C) **CORPORATE MEMBERSHIP.** Any corporation interested in craniofacial, oral or dental related research shall be eligible for membership in a Division and/or in an at-large Corporate Section, subject to the eligibility requirements and approval of the Division or the Association and the limitations of Article IV. The formation of a Corporate Section within a Division shall be optional with the Division.

Section 2. ACTIVATION OF MEMBERSHIP. Any individual eligible for membership under the Constitution and Bylaws and whose membership credentials have been found acceptable to the respective Division or Section shall become a member of the Association. Applications may be approved by the Membership and Recruitment Committee on a periodic basis. New members may immediately receive a probationary membership upon submission of application and payment, and will become official members upon review of their application.

Section 3. SUSPENSION OR TERMINATION.

- (A) Membership may be terminated automatically by a member upon delivery of a formal notice to the Chief Executive Officer of that member's resignation.
- (B) The membership of any member may be terminated or suspended for reasons of non-payment of dues, proven scientific misconduct, non-compliance with the Association's Constitution, or for other good cause shown. Termination of membership other than for non-payment of dues will be determined at an Annual Meeting of Council, by a two-thirds vote of the Council members present and voting. The person whose membership is threatened with termination shall be so notified by the Chief Executive Officer at least 120 days before the annual General Session, and shall be entitled to appear before Council in person, by representation, or by submission of a written statement to defend his/her right to membership.

ARTICLE VII. OFFICIALS

Section I. OFFICERS. The Officers of the Association shall be a President, President-elect, Vice-president, Immediate Past President, Treasurer, Chief Executive Officer, and Editor-in-Chief of the *Journal of Dental Research*. The Chief Executive Officer will also serve as Secretary of the Association. The Vice-president shall be elected from among the active members by ballot of the membership. The incumbent President-elect and Vice-president shall be advanced automatically to the next higher office at the end of their then-current terms of office. The Chief Executive Officer, the Treasurer, and the Editors-in-Chief shall be appointed by the Council.

- (A) **TERM OF OFFICE.** The terms of the President, President-elect, and Vice-president shall be one Association year; for the Treasurer it shall be three Association years. The terms of the Chief Executive Officer and Editor-in-Chief shall be five years, except that under special circumstances either may be appointed for a shorter period.
- (B) **TENURE OF OFFICE.** Each Officer shall serve until the installation of his duly-elected successor.
- (C) **VACANCIES.** An *ad interim* vacancy in any office shall be filled according to the rules outlined in the Bylaws.

Section 2. HONORARY OFFICERS. Honorary Officers may be elected by the Council from nominations made by its own members or by Divisions, Sections, or Groups, for a period of time to be determined by Council.

Section 3. BOARD OF DIRECTORS. The Board of Directors of the Association shall consist of the President, Immediate Past President, President-elect, Vice-president, Treasurer, Editors-in-Chief of the *Journal of Dental Research* and *JDR Clinical & Translational Research*, Chief Executive Officer, and an additional Regional Board Member to be selected by each Region to serve a three-year term, and two investigators to be selected as described in the Bylaws. The Chief Executive Officer and Editors-in-Chief shall have no vote.

Section 4. QUALIFICATIONS. All Officers and officials of the Association, the Divisions, the Sections, and the Groups shall be Members of the Association. An elected officer of the IADR shall have had service as a Division, Section, or Group Officer, or as a Councilor, or as a Committee Chair or Committee Member.

ARTICLE VIII. NOMINATIONS AND ELECTIONS

Section I. NOMINATIONS BY THE COUNCIL.

One or more nominations for Vice-president shall be made by the Council, and announcement of the nomination(s) shall be mailed to each member of the Association not fewer than four months before the date of the next annual General Session, and in a form to indicate that other nominations may be made by petition.

Section 2. NOMINATIONS BY PETITION. Additional nominations may be made by petition signed by 25 members of the Association and received by the Chief Executive Officer not more than 45 days after the mailing of the announcement of the Council nominations.

Section 3. NOTICE OF NOMINATIONS. Before the next annual General Session, the nominations for Vice-

president shall be sent by the Chief Executive Officer to all members of the Association on an official ballot for a vote by mail to be reported at that meeting. The nominations shall be sent no fewer than eight weeks before the due date for the return of the ballots to the Chief Executive Officer.

Section 4. ELECTION. A plurality of votes cast shall elect to each office, in accordance with the Bylaws.

ARTICLE IX. COUNCIL

Section 1. PERSONNEL. The Council of the Association shall consist of the President, the Immediate Past President, the President-elect, the Vice-president, the Chief Executive Officer, the Treasurer, the Editors-in-Chief, one or more Councilors from each Division, one Councilor from each Group, Network, Institutional Section and Corporate Section and a Councilor representing the FDI, World Dental Federation. The Chief Executive Officer, Editors-in-Chief, and FDI representative shall have no vote.

Section 2. DIVISION REPRESENTATION. For the purpose of representation on the Council, each Division shall designate or elect Councilors and be represented as follows:

- (A) A Division of 99 or fewer Association members shall have one Councilor.
- (B) A Division of 100 to 999 Association members shall have two Councilors.
- (C) A Division of 1,000 to 1,999 Association members shall have three Councilors.
- (D) A Division of 2,000 or more Association members shall have four Councilors.

Section 3. NON-DIVISIONAL SECTION REPRESENTATION. Each non-Divisional Section may be represented by a non-voting observer.

Section 4. FÉDÉRATION DENTAIRE INTERNATIONALE REPRESENTATION. For the purpose of representation on the Council, the Fédération Dentaire Internationale shall designate or elect one Councilor to serve for a period of at least one year. This Councilor must also be a member of the Association. The FDI Councilor will have no vote on Council.

Section 5. DUTIES OF THE COUNCIL. The Council shall be the governing body of the Association.

Section 6. INTERIM ACTION. During periods between meetings of the Council, the executive management of Council affairs shall be by the Board of Directors.

Section 7. REGIONAL REPRESENTATION. Each Region, as defined in Article IV, Section 1(A), shall be represented by a voting member in Council.

ARTICLE X. FINANCES

Section 1. DUES. At each annual General Session, the Council shall determine and announce the amount of the annual Association dues and the assessment for official publication(s). If no annual General Session is held, this function shall be exercised by the Board of Directors.

Section 2. EXPENDITURES. Funds of the Association may be expended only on general or specific authorization of the Council, except that if the Annual Meeting of the Council is not held, the Board of Directors also may authorize

expenditure of funds. The Board of Directors also may authorize expenditure of funds to defray expenses of the Association not foreseen at the time of the annual General Session.

Section 3. ACCOUNTS. All accounts of assets of the Association shall be audited annually by a Certified Public Accountant.

Section 4. REPORTS. All Officers collecting, disbursing, or holding in trust assets of the Association shall report annually to the Council and the Association in written form.

ARTICLE XI. MEETINGS

Section 1. ASSOCIATION. The Association shall meet for the exchange of scientific information at least once each year unless prevented by circumstances not under the control of the members.

Section 2. COUNCIL. The Council shall meet annually in conjunction with the annual meeting, which shall be known as the General Session of the Association.

Section 3. SPECIAL.

- (A) Special meetings of the Council or of the Association may be convened by the Board of Directors or the Council.
- (B) Upon petition from at least 50 members of the Association at least two weeks prior to the annual General Session, the Chief Executive Officer shall arrange for the Association to meet in general assembly during the General Session.

Section 4. DIVISIONS AND GROUPS. Each Division and Group shall meet at least once each year unless prevented by circumstances not under the control of the members.

ARTICLE XII. QUORUM

The quorum for the Council shall be as stated by the Bylaws.

ARTICLE XIII. JOURNAL

- (A) **NAME.** The official publication of the Association is the Journal of Dental Research. The journal is a joint publication of the IADR and AADR.
- (B) **MANAGEMENT.** An IADR/AADR Publications Committee (whose membership is described in the Bylaws) shall oversee the affairs of the *Journal of Dental Research* and other journals owned jointly by the IADR and/or AADR.

ARTICLE XIV. AMENDMENTS TO THE CONSTITUTION

Section 1. PROPOSAL. A proposed amendment to the Constitution, formally endorsed by at least 50 members and accompanied by a statement of reasons for adoption, may be presented at any Annual Meeting of the Council, and thereupon becomes a special order of business for a vote of the membership by mail prior to the succeeding annual General Session. Proposed amendments to the Constitution shall normally be reviewed by the Constitution Committee before presentation to Council.

Section 2. VOTING PROCEDURE. The Chief Executive Officer shall mail to each member of the Association not less than two months before the next annual General

Session of the Association: (a) a copy of the amendment, (b) the stated reasons for its adoption, (c) a ballot for a vote on the amendment, and (d) a copy of this Article XIV of this Constitution. The results shall be reported at the annual General Session.

Section 3. ADOPTION. A proposed amendment shall be adopted by a vote of not less than two-thirds of the members voting on the question, and shall become a part of the Constitution at the close of the annual General Session at which it is adopted.

ARTICLE XV. BY-LAWS

Bylaws and amendments to Bylaws may be proposed at any Annual Meeting of the Council and may be adopted at the same meeting by a vote of two-thirds of the members present and voting, the Bylaws and amendments taking effect at the close of the meeting. Proposed Bylaws and amendments to Bylaws shall normally be reviewed by the Constitution Committee before presentation to Council.

BY-LAWS

Adopted March 24, 1957; Revised through July 24, 2021

SECTION A. MEMBERSHIP

1. APPLICATION. Applications for individual membership shall be approved by the Membership and Recruitment Committee on a periodic basis. New members may immediately receive a probationary membership upon submission of application and payment, and will become official members upon review of their application.

A member residing within the geographical area of a Division or non-Divisional Section must be a member of a Division or non-Divisional Section, must comply with the Constitution of that Division or non-Divisional Section, and must pay dues to that Division or non-Divisional Section, if applicable.

2. MEMBERSHIP CATEGORIES. Article VI, Section I(A), of the Constitution shall be interpreted as follows:

(A) MEMBER: A person who is conducting, has conducted, or who is interested in the furtherance of research in any branch of science or in fields related to craniofacial, oral and dental science. Members shall have the full rights and privileges of membership and are eligible to vote and to hold office in the Association.

(B) AFFILIATE MEMBER: A person who is not primarily involved in craniofacial, oral or dental related research but has an interest in keeping up with the latest research, e.g., a practicing healthcare professional, a dental professional involved in PBRNs or evidence-based dentistry, patient advocates, or healthcare educators with primary teaching responsibility. Affiliate members receive limited benefits and are not eligible to vote or hold office in the Association.

(C) STUDENT MEMBER: A person who is a student currently enrolled in a recognized academic institution who does not hold an academic appointment and who is interested in craniofacial, oral or dental research. Student members must become Members when

eligible or be dropped from membership. Individuals may be classified at the Student level for no more than 8 years. The Student Member shall have all the rights and privileges of membership but shall have no vote or be eligible to hold office in the Association.

(D) RETIRED: A person who has been a member of the Association in good standing for at least 25 years, and no longer works on a full-time basis for remuneration. The Retired Member shall have all the rights and privileges of membership but shall receive the Journal of Dental Research only upon payment of the Journal subscription fee.

(E) HONORARY MEMBERSHIP: The Association and Divisions may elect as Honorary Members persons who are not members of the Association. Honorary Members shall normally be selected on the basis of the candidate's significant contribution to, or support of, dental research.

(1) One Honorary Membership may be bestowed each year by unanimous recommendation of the five most recent living Past Presidents of the Association no longer serving on the Board of Directors. Such Honorary Members shall have all the rights and privileges of membership and may, on request, receive complimentary copies of the Journal of Dental Research.

(2) Honorary Membership shall not be conferred posthumously.

(3) Divisional Honorary Members shall have all the rights and privileges within the Division as determined by that Division. An Honorary Member of a Division, if not already a member of the Association, may become a member of the Association only if eligible and in the manner provided in the Constitution and Bylaws of the Association.

(F) INSTITUTIONAL MEMBERSHIP: (Article VI[B]): On payment of Institutional dues, each institution will be entitled to one membership within the Association, subject to the limitations of Article IV(C).

(G) CORPORATE MEMBERSHIP: Article VI[B]): On payment of Corporate dues, each corporation will be entitled to one membership within the Association, subject to the limitations of Article IV(C).

3. REGIONS, DIVISIONS, SECTIONS, GROUPS AND NETWORKS.

(a) Divisions of the IADR can be initiated by a minimum of 50 Members of the Association. Once formed, Divisions should strive to increase their membership. Council will review Divisions biennially Divisions not demonstrating successful leadership risk having Division status revoked per Article IV. Section 3.

(b) Groups of the IADR can be initiated by a minimum of 50 Members of the Association. Once formed, Groups should strive to increase their membership. Council will review Groups annually. Groups not

- demonstrating successful leadership risk having Group status revoked per Article V. Section 5.
- (c) Networks of the IADR may be initiated by a minimum of 50 Members of the Association. Once formed, Networks should strive to increase their membership. Council will review Networks annually. Networks not demonstrating successful leadership risk having Network status revoked per Article V. Section 5.
 - (d) Sections, Groups, and Group Chapters will include Members, Affiliate Members, Student Members, and IADR Retired Members.
 - (e) Only Members and IADR Retired Members of the Association shall have voting privileges on matters concerning the Association and be eligible to hold office in a Region, Division or Section.
 - (f) The IADR Scientific Groups and Networks shall be managed in accordance with the IADR Scientific Group/Network Handbook, as approved by Council
 - (g) All Divisions and Sections should adapt the Principles of the IADR Code of Ethics to their own Code of Ethics.
 - (h) Each Division and Non-Divisional Section of an IADR defined Region shall be represented on a Regional Board of Directors. The composition of each Regional Board of Directors shall be defined in their on Constitution and Bylaws as approved by the IADR Board.
 - (i) Each Regional Board of Directors shall appoint a Regional Board Member to serve a three year term on the IADR Board of Directors.

4. TERMINATION OF MEMBERSHIP.

- (a) Membership may be terminated automatically by a member upon delivery of a formal notice of resignation to the Chief Executive Officer.
- (b) Members are terminated from membership after 90 days of non-payment of dues.

SECTION B. EXCEPTIONS TO THE PAYMENT OF DUES

- 1. **SUSPENSION OF DUES.** The Board may in any year suspend the dues of a member upon request from the member including a motivation for the request.
- 2. **RIGHTS.** Rights of membership shall not be affected if a member is excused from paying dues.

SECTION C. OFFICIALS

- 1. **INSTALLATION.** At the annual General Session of the Association, an appropriate ceremony of installation shall inaugurate the term of service of each Officer of the Association.
- 2. **DUTIES.**
 - (a) The duties of the Officers shall be those ordinarily associated with the official titles, and such other duties as the Association or the Council may assign.

- (b) In the event that an officer vacates his/her office prior to completion of his/her term of office, ad interim assumes responsibility as follows: President – Immediate Past President; President-elect – Vice-president; Vice-president – Vice-president-elect; Immediate Past President – President; Treasurer – to be decided by the Board, until a new appointment can be made.
- (c) The Treasurer shall maintain surveillance over the Association's finances and assist the Board in the development of budgets.

Upon completion of his/her term, the incumbent will become the Immediate Past Treasurer and will assist the incoming Treasurer as necessary for one year.
- (d) In addition to his/her other duties, the Chief Executive Officer shall provide the Board of Directors with written quarterly financial statements in a timely manner.
- (e) Each Officer shall report annually in writing to the Council on the conduct of his/her office.
- (f) The Council shall report annually to the Association on the nature and scope of its proceedings.

3. BOARD OF DIRECTORS

- (a) The annual recipient of the IADR Young Investigator Award will be asked to serve a two-year term on the IADR Board of Directors commencing at the conclusion of the General Session where their award was received.

4. **BONDING.** Officers and employees collecting, disbursing, or holding in trust assets of the Association shall be bonded by a reliable surety company in such an amount as shall be determined by the Council.

5. **ELECTION OF VICE-PRESIDENT.** Candidates may compete for the office of Vice-president only twice.

SECTION D. COMMITTEES

- 1. Appointments to standing committees shall be made usually by the Board of Directors to ad hoc committees shall be made usually by the President. The Council or Board of Directors may designate membership for committees created by them for special functions.
- 2. **STANDING COMMITTEES.** The following standing committees shall be appointed:
 - (a) **Annual Session Committee** of five members who have served as IADR General Session Group Program Chairs or a similar experience to manage the overall planning for the General Session program, including the timing and sequence of activities, assist in the identification of potential meeting sites, establishing the theme, symposia, workshops, etc., for the annual General Session. Additional members may include (a) representative(s) from the Local Organizing Committee and the host/sponsoring Division(s).
 - (b) **Constitution Committee** of nine members to review the Constitution and Bylaws, advise the Council regarding essential revisions, and monitor

compliance of the activities of the Association with the Constitution.

- (c) **Ethics in Dental Research Committee** of five members who have expertise in ethics to disseminate the IADR Code of Ethics to Divisional Committees on Ethics and to sponsor education programs through symposia and workshops on ethical conduct in research. The Ethics Committee shall also serve in an advisory capacity to the IADR Board on ethical issues.
- (d) **Fellowships Committee** of six members to advertise, receive, and judge applications for fellowships; recommend policy or policy changes on newly proposed or currently sponsored fellowships; and assist in raising funds for new fellowships.
- (e) **Awards Review Committee** of ten members to arrange the program of the Hatton Competition at the annual General Session and to select winners to receive the awards. The Awards Review Committee will also review the Research in Prevention Travel Award abstracts and select recipients before the annual General Session.
- (f) **IADR/AADR Gies Award Committee** of nine members to select annually the best paper(s) published in the IADR/AADR jointly owned Journal of Dental Research, one in each of the three categories, Biological, Biomaterials & Bioengineering and Clinical.
- (g) **Membership and Recruitment Committee** of eleven members to develop plans and strategies for the recruitment of new members and retention of existing members of the Association. This committee will also consider the development of programs to attract new members and Sections in countries where IADR has not been very active.
- (h) **Nominating Committee** of seven members to advise the Council on the selection of nominees for the various offices of the Association. One of the members shall be the most recent Past President no longer serving on the Board without privilege of serving as chair.
- (i) **Regional Development Committee** of ten members to advise the Board of Directors on the management and direction of the Regional Development Program through evaluation and selection of proposals from Divisions/Sections to undertake programs on oral health research and clinical applications thereof in and for the benefit of developing regions of the world.
- (j) **Science Awards Committee** consisting of a chair and members in such number as to equal the number of science awards. The function of the Committee is to make recommendations to the Board on (a) administration of the science awards program and (b) the selection of the Distinguished Scientist Awards recipients. The chair shall serve for three years, and the other members of the Committee will serve for two years. Each, excluding the chair, will chair a subcommittee for one of the science awards.
- (k) **Tellers Committee** of three members to tally the votes of the membership of both IADR and AADR

for elected positions, Constitutional amendments, and any other such business as shall be determined by Council.

- (l) **Young Investigator Award Committee** of nine members, each serving a three-year term, to ensure proper representation of the various disciplines for this award.
- (m) **Science Information Committee** of nine members to develop programs for promoting to the public and the dental profession knowledge resulting from dental, oral and craniofacial research, including policy statements, position papers, and white papers.

3. JOINT PUBLICATIONS

- (a) **MEMBERS OF THE IADR/AADR PUBLICATIONS COMMITTEE.** The IADR/AADR Publications Committee's role is to review the quality and financial status of the *Journal of Dental Research* and other journals owned jointly by IADR/AADR. Membership consists of: three representatives from IADR; three representatives from AADR; most recent Past Presidents of IADR and AADR no longer serving on the Boards, who alternately serve as Chairs of the Committee; the IADR and AADR Treasurers; the Editors of the jointly owned journals. The Editor-in-Chief and Associate Editors(s) of all jointly owned journals and Chief Executive Officer shall serve as members without vote.
- (b) **THE IADR/AADR PUBLICATIONS COMMITTEE** will analyze and make recommendations regarding publication of all journals to the Editors-in-Chief and Associate Editors and the Chief Executive Officer and will report annually to the IADR and AADR Councils through the Joint Boards of Directors.
- (c) **TERM OF OFFICE OF APPOINTED/ELECTED MEMBERS.** Each member shall be appointed or elected for a three-year period, the terms staggered so that one each from IADR and AADR is selected each year, except in case of vacancy. The most recent Past President of IADR and AADR no longer serving on the Board will serve for one year.
- (d) **REPORTS.** Annually and at such other times that the Council, the Chief Executive Officer, or the Editors-in-Chief may direct, the Publications Committee shall report to the Council concerning the conduct of the joint publications.

4. TERMS OF APPOINTMENT TO COMMITTEES

shall be three years unless otherwise stated in the Constitution or Bylaws. The terms shall be so staggered that new members are appointed each year, except in case of a vacancy.

SECTION E. MEETINGS

I. GENERAL SESSIONS. The time and place of each annual General Session shall be determined by the Council.

- (a) The Council shall meet in conjunction with each annual General Session.

- (b) (b) In years where the General Session is unable to be held for any reason, the Council shall meet by electronic means and this meeting shall serve as the conclusion of the Association year.

2. SCIENTIFIC SESSIONS.

- (a) The arrangements for the scientific program of each annual General Session of the Association shall be made in accordance with the instructions from the Association or the Council by an Annual Session Committee. Additional members may include
 - (a) representative(s) from the Local Organizing Committee and the host/sponsoring Division(s).

- 3. **REGISTRATION FEES.** The Council shall determine the amount of the registration fees for the annual General Session. Members whose dues have not been paid through the current year will be required to pay the non-member fee.

SECTION F. QUORUM/RULES

- 1. **COUNCIL.** At any meeting of the Council, a quorum shall be comprised of at least one-half of the Council members, representing at least one-half of the Divisions existing at the time of the meeting, and provided notice of the meeting shall have been given in fact or mailed to all members at least 60 days prior to the date on which the meeting is called.
- 2. **RULES.** The Association shall operate under the rules of Parliamentary procedure as outlined in “Roberts’ Rules of Order”. In the event of a tied vote for an Officer position, the Council will determine the outcome by ballot at its annual meeting.

SECTION G. AUTHORIZED BANKS AND EXPENDITURES

Funds of the Association shall be deposited in a bank or banks, or invested in securities approved for the purpose by the Board of Directors. Authorized expenditures from the general funds of the Association shall be made by check, each of which must be signed by the President, the President-elect, the Vice-president, the Treasurer, or the Chief Executive Officer, provided each expenditure is within the limit of each budgeted item.

SECTION H. DEFINITIONS

- 1. Members of this Association, for purposes of notice or other communications or actions, are those persons who are members according to the latest information possessed by the Chief Executive Officer at the time of mailing of the notice or communication, or at the time of the action.
- 2. Notice shall be considered to have been given to a member when written statement of the notice has been mailed to the member at the last address for the member known to the Chief Executive Officer at the time of the mailing.
- 3. In this Constitution and Bylaws, “mail” is understood to mean any form of communication from the Association to the members, including traditional mail and electronic mail.
- 4. The term “Joint Boards” is understood to mean the Board of Directors of IADR functioning jointly with the Board of Directors of AADR to carry out duties pertaining to the joint activities mentioned in this Constitution and Bylaws or otherwise agreed to.

The 50th Annual Meeting of the AADOCR

In April 2021, the IADR, AADR, and CADR announced that 99th General Session of the IADR, held in conjunction with the 50th Meeting of the AADR and the 45th Meeting of the CADR, would be a virtual meeting taking place on July 21-24, 2021.

The 100% virtual format provided scientists and researchers, regardless of location, with the opportunity to present, discuss, and critique their investigations, to view high-quality presentations, and to interact with colleagues online.

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

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

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

Jacques Eduardo Nör was installed as AADOCR’s 50th President in July 2021. His inaugural address, titled “A Member-centric Association,” is published in the *Journal of Dental Research*.

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

- 3M for being a Silver Level General Session Donor
- American Academy of Periodontology in support of the AADOCR Student Research Fellowships
- The Borrow Foundation in support of the IADR E.W. Borrow Memorial Award
- CareQuest Institute for Oral Health in support of an IADR Distinguished Scientist Award
- Church & Dwight in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Gold Level General Session Donor and in support of the IADR Colgate Research in Prevention Travel Awards, IADR Distinguished Scientist Awards, IADR OHRG Oral Health Research Group Award, and the AADOCR Student Research Fellowships, and as an IADR *Journal of Dental Research* Centennial Advances Supporter
- Dentsply Sirona for being a Silver Level General Session Donor sponsor and in support of IADR Distinguished Scientist Awards, a Distinguished Lecture Series speaker, SCADA, and AADOCR Student Research Fellowships
- GC Corporation for being a Silver Level General Session Donor sponsor and in support of the IADR Toshio Nakao Fellowship, and IADR GC Centennial Travel Grant
- GlaxoSmithKline in support of IADR Innovation in Oral Care Awards, IADR Distinguished Scientist Award, and AADOCR Student Research Fellowships
- The Henry Schein Cares Foundation in support of the IADR Global Oral Cancer Symposia Series
- IADR Dental Materials Group in support of an IADR Distinguished Scientist Award and AADOCR Student Research Fellowships
- IADR Oral Medicine & Pathology Research Group in support of an IADR Distinguished Scientist Award
- IADR Pharmacology/Therapeutics/Toxicology Research Group in support of an IADR Distinguished Scientist Award
- J. Morita in support of the IADR/AADOCR William J. Gies Awards and the IADR Distinguished Service Award
- Johnson & Johnson Consumer Inc. in support of the IADR Joseph Lister Award and an IADR Distinguished Scientist Award
- KULZER in support of the IADR KULZER Travel Awards
- LION Corporation in support of the IADR Lion Dental Research Award for Junior Investigators
- The National Institute of Dental and Craniofacial Research in support of the AADOCR Bloc Travel Grant
- The Osteology Foundation in support of the IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Level General Session Donor and in support of the AADOCR Procter & Gamble Underrepresented Faculty Research Fellowship, AADOCR Student Research Fellowships, AADOCR William Clark Fellowship, and IADR Young Investigator Award, and an IADR *Journal of Dental Research* Centennial Advances Supporter
- Sarnat Family Foundation in support of an IADR Distinguished Scientist Award
- SHOFU Inc. in support of the IADR Hatton Competition and Awards
- Unilever Oral Care in support of IADR Distinguished Scientist Awards and IADR Hatton Competition and Awards

Proceedings of the AADOCR 2021 Council Meeting

IADR/AADR/CADR General Session Virtual Meeting • Tuesday, July 20, 2021 • 1 p.m. – 3 p.m. EDT

AADR BOARD OF DIRECTORS: President, Mark Herzberg; President-elect, Jacques Nör; Vice-president, Jane Weintraub; Immediate Past President, J. Timothy Wright; Treasurer, Olga Baker; Members-at-large: Brenda Heaton, Carmem Pfeifer and Luciana Shaddox; Board Member, Joe Oxman; Student Representatives: Natalie Atyeo and Alexandra Herzog; JDR Editor-in-Chief, Nick Jakubovics; JDR CTR Editor-in-Chief, Jocelyne Feine; Chief Executive Officer, Christopher Fox.

Patient Advocate Representative Mary Fete and Board Member Millie Embree were unable to attend.

AADR SECTIONS: Alabama, Hope Amm; Arizona, John Mitchell; Baltimore, *No representative present*; Boston, Yu Yau-Hua; Buffalo, Michelle Visser; Chicago, Linda Kaste; Cincinnati, Malgorzata Klukowska; Colorado, Jeffrey W. Stansbury; Columbus, John Bartlett; Connecticut, *No Representative Present*; Dallas, Paul Dechow; Florida, Natalie Atyeo; Georgia, *No representative present*; Houston, Mary Farach-Carson; Indiana, Simone Duarte; Iowa, Kyungsup Shin; Kansas City, Mary P. Walker; Kentucky, Dolphus Dawson; Lincoln-Omaha, William Johnson; Long Island, *No representative present*; Louisville, Gill Diamond; Memphis, *No representative present*; Michigan, Cristiane Squarize; Minnesota, Sheila Riggs; Nashville, Jacinta Leavell; New Jersey, Modupe Coker; New Orleans, Jorge Palavicini; New York, Jeanne Nervina; North Carolina, Shannon Waller; Oklahoma, Fernando Luis Esteban Florez; Philadelphia, *No representative present*; Pittsburgh, *No representative present*; Portland, Jens Kreth; Puerto Rico, Carmen Buxó-Martínez; Richmond, Zhao Lin; Rochester, Jin Xiao; San Antonio, Brij Singh; San Francisco, *No representative present*; Seattle, Lisa Heaton; Southern California, Michael Paine; Utah, William Carroll; Washington, DC, Kevin Byrd; West Virginia, Elizabeth Kao; Wisconsin, David Berzins; Corporate Section, Yun-Po Zhang; Institutional Section, Jeffrey Ebersole.

AADR COUNCILORS FROM IADR SCIENTIFIC GROUPS/NETWORKS: Behavioral, Epidemiological & Health Services Research, Benjamin Chaffee; Cariology Research, *No representative present*; Clinical and Translational Science Network, Paul Dechow; Craniofacial Biology, L-Bruno Ruest; Dental Anesthesiology and Special Care Research, *No representative present*; Dental Materials, Carmem Pfeifer; Diagnostic Sciences, *No representative present*; Education Research, *No representative present*; e-Oral Health Network, *No representative present*; Evidence-based Dentistry Network, *No representative present*; Geriatric Oral Research, Athena S. Papas; Global Oral Health Inequalities Network, Azeez Butali; Implantology, Georgios Kotsakis; International Network for Orofacial Pain and Related Disorders Methodology (INFORM), Flavia Kapos; Microbiology/Immunology, *No representative present*; Mineralized Tissue, Xianghong Luan; National Student Research Group, Natalie Atyeo; Network for Practice-based Research, *No representative present*; Neuroscience, *No representative present*; Nutrition Research, Elizabeth Kaye; Oral & Maxillofacial Surgery, Kyle Vining; Oral Health Research, Deborah Lyle; Oral Medicine & Pathology, *No representative present*; Orthodontics Research, *No representative present*; Pediatric Oral Health Research, Yasmi Crystal; Periodontal Research, Evanthia Lalla; Pharmacology/ Therapeutics/

Toxicology, Sonia Regina Bordin-Aykroyd; Prosthodontics, Stephen Rosenstiel; Pulp Biology and Regeneration, Ashraf Fouad; Salivary Research, Debora Heller; STAR Network, Hope Amm; Stem Cell Biology, Francesca Gori; Women in Science Network, Tamanna Tiwari.

NON-VOTING OBSERVERS AND GUESTS: Incoming AADR Vice-president and Annual Session Committee, Alexandre Vieira; Incoming Student Representative, Kazune Pax; American Dental Association, Marcelo Araujo; Committee on Diversity and Inclusion, Hansel Fletcher; Craniofacial Biology, Lorri Morford; CRD Associates, Meghan Riley (for Government Affairs report only); Dental Materials, Stephen Bayne; Development Committee, Mina Mina; Edward H. Hatton Awards Committee, Erin Bumann; Ethics in Dental Research Committee, Julie Frantsve-Hawley; Government Affairs Committee, Sharukh Khajotia; Honorary Membership Committee, Jack Ferracane; Institutional Member, Cecile Feldman-Zohn; Nominating Committee, Diana Messadi; Oral & Maxillofacial Surgery, Simon Young;

GLOBAL HEADQUARTERS (GHQ) STAFF: Chief Operating Officer, Denise Streszoff; Chief Financial Officer, Pete Quinlivan; Director of Meetings, Leslie Zeck; Director of Membership and Publications, Kourtney Skinner; Director, Science Policy, Makyba Charles-Ayinde; Digital Strategy and IT Manager, Christopher Flow; Component Relations Coordinator, Riana Hays; Executive Assistant to the CEO / Office Manager and Recording Secretary, Susan Douglas.

I. Administrative Remarks

I.1. Council Attendees

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

I.2. Approval of Agenda

Motion 1: That the July 20, 2021 AADR Council meeting agenda be approved.

Moved: Dr. Wright

Seconded: Dr. Mitchell

The motion passed unanimously.

I.3. Approval of Council Meeting Minutes – March 18, 2020

There was no discussion of the minutes.

Motion 2: That the March 18, 2020 AADR Council minutes be approved.

Moved: Dr. Amm

Seconded: Dr. Wright

The motion passed with two abstained.

I.4. Election Results – Tellers Report

The Tellers Report was provided for information only and there was no discussion.

I.5. Presidents' Report

Dr. Herzberg encouraged Councilors to review his report if they have not already done so.

I.6. CEO's Report

Dr. Fox noted that the CEO's report is provided for information. He asked for questions, and there were none.

1.7 AADR Section Donation Recognition

Dr. Herzberg noted that the Southern California Section made a substantial donation and he hoped this would be a model for activity by other Sections.

2. Board Operations Committee (BOC)

2.1 Nominations for AADR Vice-president

None of the candidates was present for the vote. Councilors spoke briefly in favor of the candidates.

Motion 3: That Effie Ioannidou, Frank Scannapieco and Russell Taichman be considered as candidates for the election of AADR Vice-president 2022-2023.

Moved: Dr. Nör

Seconded: Dr. Dawson

The motion passed with one abstained.

2.2 Nominations for AADR Treasurer

The candidates who were present were placed in a waiting room for this discussion and vote. Dr. Herzberg felt that the slate of candidates was very strong.

Motion 4: That Ana Bedran-Russo, Julie Franstve-Hawley and John Mitchell be considered as candidates for the election of AADR Treasurer.

Moved: Dr. Ruest

Seconded: Dr. Weintraub

The motion passed with two abstained.

2.3 AADR Member-at-large (2021 – 2024))

Dr. Herzberg reminded Council that they will elect one of the Board recommended candidates or another nominee from the floor to become the next Member-at-large. After the candidates who were present were placed in a waiting room, Councilors were invited to speak in favor of the candidates and took turns doing so. Following discussion, a poll was conducted, and Councilors were asked to vote for their first choice of the three recommended candidates. Benjamin Chaffee received the greatest number of votes. Following the vote, the candidates were readmitted from the waiting room.

Motion 5: That Council approve the selection of Benjamin Chaffee as AADR Member-at-Large for 2021 – 2024.

Moved: Dr. Ruest

Seconded: Dr. Mitchell

The motion passed with one abstained.

2.4 AADR Board Member Update

Dr. Herzberg noted that the Board filled the upcoming Board Member vacancy and selected Brian Foster from the list of 2020 North American Emerging Leaders to join the Board as a Board Member 2021 – 2024.

2.5 AADR Representative to the IADR/AADR Publications Committee

Motion 6: That Marcelo Freire, Jorge Perdigão and Vivek Thumbigere Math be considered as candidates for election of AADR Representative to the IADR/AADR Publications Committee.

Moved: Dr. Nör

Seconded: Dr. Amm

The motion passed with one abstained.

2.6 Approval of Committee Appointments

There was no discussion of the committee appointments.

Motion 7: That the 2021 - 2022 AADR Committee Appointments be approved as presented (see Attachment III).

Moved: Dr. Singh

Seconded: Dr. Amm

The motion passed with two abstained.

2.7 Portland Section Name Change

Dr. Herzberg introduced this item and indicated that the name change is appropriate in order to more accurately reflect the wider geographic sphere of activity for the Section.

Motion 8: To approve the AADR Portland Section name change to the AADR Oregon Section.

Moved: Dr. Dechow

Seconded: Dr. Johnson

The motion passed with one opposed and one abstained.

2.8 IADR/AADR Code of Ethics Update

Dr. Herzberg invited Dr. Frantsve-Hawley to make comments on the process followed by the Ethics in Dental Research Committee for this initiative. Dr. Frantsve-Hawley noted that the Committee and others were very involved in the process and following the discussion she added that the Committee will be very pleased that the motion passed unanimously.

Motion 9: That the updated IADR/AADR Code of Ethics be approved.

Moved: Dr. Ruest

Seconded: Dr. Crystal

The motion passed unanimously.

3. Performance Monitoring/Audit Committee (PMAC)

3.1 AADR 2019 Independent Auditors' Report

Dr. Nör noted that the Independent Auditors provided an unqualified opinion which is the best possible outcome, and he added that the audit went smoothly. Dr. Nör then reviewed the assets and liabilities for the Association as well as revenue and expenses. Dr. Nör noted that the assets are overwhelmingly made up of the investment portfolio and that the liabilities are very small in comparison. Net assets were \$9.6 million at the end of 2019, which is a \$1.1 million increase from 2018.

Meetings, dues and publications continue to be the main sources of revenue for the Association, while the main expenses are for Government Affairs, publications and management costs (2019 meeting expenses were all under IADR General Session).

Because investments make up such a large portion of the Association's assets, changes in net assets are most dramatically affected by investment returns. For example, 2017 and 2019 saw sharp increases in assets due to strong investment returns, whereas 2018 saw a decrease due to investment losses. Net assets have increased by nearly \$1.8 million over the last four years primarily due to positive investment returns.

Motion 10: That the AADR 2019 Independent Auditors' Report be approved.

Moved: Dr. Amm

Seconded: Dr. Squarize

The motion passed with two abstained.

3.2 Investment Portfolio Report

Dr. Nör reported that the investment portfolio was up more than 12 percent in 2020, and that at the end of 2020 the portfolio balance was just under \$9.1 million, which reflects a decrease of \$156,000 from 2019 due to portfolio withdraws. Through the end of May 2021, returns have continued to be strong, and the portfolio is up nearly 8% YTD. The portfolio continues to screen for tobacco and sugar-sweetened beverage companies. While withdrawals from the portfolio are infrequent, 2020 was one of the years when a withdrawal was necessary to fund ongoing operations after the cancellation of the 2020 IADR/AADR/CADR General Session in March.

3.3 Unaudited 2020 Year-End Estimate

Dr. Nör provided the following highlights of the unaudited 2020 year-end budgets. The year-end estimates include a \$345,000 investment allocation, which is equal to the 4% investment spending policy allocation approved by the Board. This falls short of the \$904,000 needed to balance the budget and results in a (\$559,000) deficit for 2020. A \$104,000 investment allocation was budgeted to balance the budget. The large projected deficit is due to AADR's share of the joint meeting loss from the cancelled March meeting. AADR's share of this loss is \$627,000 as compared to a budgeted surplus of \$399,000.

General Operations

- The number of members declined by 5% with full Members down by 11% from 2019 to 2020. This decrease translates to dues revenue that is \$60,000 lower than budget.
- The decrease in revenues is more than offset by lower-than-expected board & staff travel and government affairs costs, partially offset by higher than budgeted member retention costs.
- Overall expenses are \$224,000 lower than budgeted. The March 2020 joint meeting with IADR was cancelled due to COVID-19. AADR's 50% share of the meeting loss is (\$627,000).

The overall loss calculation includes \$52,000 in meeting registrations & contributions, \$190,000 in meeting sponsorships and \$15,000 in exhibit fees that were redirected by members and vendors to be treated as contributions to help offset the cost of the meeting.

Fall Focused Symposium

- Registration fees were revised for the virtual-only event, resulting in lower revenues than in 2019 (\$13,000 versus \$28,000), but costs for the event were also significantly lower (\$27,000 versus \$55,000).
- The combination of lower-than-expected revenues and expenses results in a deficit of (\$21,000), close to the budgeted deficit of (\$22,000).
- Symposium expenses include \$20,000 of allocated salaries, benefits and OH costs.

GHQ

Total expenses are \$37,000 lower than the original budget. Cost savings are mainly due to an open staff position for part of the year and lower depreciation expenses, partially offset by higher than budgeted recruitment costs due to replacing the CFO and Accounting Manager roles and accounting fees which include temporary help costs for Finance earlier in the year.

JDR

Royalty income is \$862,000, or \$18,000 less than the budgeted amount. The editorial stipend is \$5,000 less than budget due to the lack of an annual in-person meeting of the editorial staff due to COVID. Expenses for the year are \$6,000 less than budget. This results in a budget surplus of \$408,000 for the year which is \$12,000 less than the budgeted surplus of \$420,000.

JDR CTR

Royalty income is \$56,000 which is \$3,000 better than the budget. The editorial stipend is slightly less than budget due to the lack of an annual in person meeting. Expenses are expected to be \$15,000 less than budget primarily due to lower than budgeted marketing costs and lower editorial expenses, due to the lack of an in-person meeting. These projections result in a net deficit of (\$7,000) which is \$15,000 better than the budgeted deficit of (\$22,000).

Investment Spending Policy

The year-end estimates reflect a loss of (\$559,000) after the 4% investment spending policy allocation. This is primarily due to the (\$627,000) loss from the cancelled meeting in March as compared to a budgeted surplus of \$399,000 for the meeting. Management suggests that the budgets be allowed to reflect this deficit for 2020 rather than approving an investment allocation greater than allowed under the approved spending policy to show a balanced budget. We believe that showing a deficit more accurately reflects the results of 2020.

4. Strategic/Operational Planning Committee (SOPC)

4.1 2021 AADR Budgets and Joint IADR/AADR Budgets

Dr. Weintraub led a discussion for the approval of the 2021 Budgets and provided the following highlights:

A balanced budget is achieved through an allocation of \$518,000 from the association's investment spending policy.

Gen Ops

- AADR is optimistic that the Membership levels will return to 2019 levels following the drop in 2020 due to COVID-19 which caused the cancellation of the March meeting in Washington DC.
- Most expenses are maintaining the same budget level or increasing only slightly from 2019. The exception is member retention which includes the cost of the system on which the IADR Community runs. IADR Community allows members to communicate and network virtually.

Annual Meeting

Two budgets were initially developed for the 2021 meeting (joint meeting with IADR); one budget with both in-person and virtual components and a second budget if the meeting is held virtually. With the decision in March to move to a fully virtual meeting, the remaining virtual only meeting budget shows a meeting surplus in part due to the venue cost savings.

Fall Focused Symposium

- The 2021 budget contemplates and in person meeting in fall of 2021.
- Costs continue to be somewhat high creating expected deficits in future years (due to high A/V, catering, and speaker travel).
- The budgeted deficits are slightly higher than the staff and GHQ costs allocated to the symposium.

GHQ

Costs are budgeted to increase by 6.7% as compared to 2020 estimated year-end expenses. The year-end estimated costs the increase is calculated on are expected to be -1.0% less than budget. An intentional several month delay in replacing a staff vacancy helped keep staff costs lower than expected in 2020. However, a full staff is budgeted in 2021, which also makes the increase in staff costs appear a bit higher than normal. Depreciation costs will also be elevated over the next few years as AADR depreciates the costs of the second floor GHQ renovations. In addition, a new AMS system (implemented in 2001 and last upgraded in 2011) and a website overhaul (last upgraded in 2016) are planned for 2021. The website overhaul will be depreciated over the next 3 years and the new AMS system will be depreciated over 5 years. An increase in information technology costs is budgeted for 2021 for one-time implementation costs associated with the new AMS system.

JDR

The surplus is budgeted to continue but is declining. As has been typically done, to be conservative, a 5% reduction in Royalty income is budgeted. The Editorial Stipend remains unchanged from 2020 and will remain the same for the duration of the contract term. Editorial expenses increased with the hiring of a new Editor in Chief (EiC) in 2020. The previous EiC's compensation had been unchanged for several years.

JDR CTR

Royalty income, similar to JDR, has been conservatively budgeted to decrease by 5% from 2020. Expenses are budgeted similarly to 2020 and reflect a small increase in the EiC's compensation put in place in September 2020. A small deficit is expected, though it should be noted that the expenses include an allocation of staff salaries and benefits as well as an overhead allocation.

The following highlights were provided for the preliminary 2022 & 2023 budgets:

Additional investment allocations are also budgeted in 2022 and 2023. Investment allocations are typical in years when AADR holds separate meetings. Surpluses have typically been expected during years when joint meetings are held in North America and portfolio allocations have been expected to balance the budget in years when AADR holds stand-alone meetings. However, recent declines in membership along with increasing GHQ, and Board costs, surpluses appear to be more challenging to achieve going forward.

GHQ

Costs stay at typical increases in 2022 and 2023 with the exception of information technology costs which are projected to be lower in 2022 & 2023 due to one-time implementation costs associated with the implementation of the new AMS system that are budgeted in 2021. Depreciation costs are expected to fall in 2023 as some capital improvement projects reach the end of their depreciation cycle. Most other costs assume a 3% inflationary increase each year.

JDR

The budgeted surplus remains high, though declining due to conservative royalty income estimates.

JDR CTR

The Journal continues to be budgeted conservatively with a small deficit each year.

Dr. Ebersole asked whether, looking forward to future meetings, there are any thoughts based on lessons learned from this virtual meeting. Dr. Weintraub indicated that this should be discussed, and she welcomed Council's input on this matter.

Dr. Wallet noted that while a virtual meeting can reach a wider audience and that those who cannot travel are able to engage, a virtual meeting may not generate much revenue. She thought that hybrid meetings should be considered. Dr. Weintraub noted that hybrid meetings are more expensive because

the Associations have to pay for both the technology platform as well as the meeting space. Dr. Fox encouraged the Councilors to complete the post-meeting survey to offer their thoughts on this.

Dr. Chaffee offered that it would be interesting to see if there were any attendees at this meeting who have not attended in the past. Dr. Weintraub noted that the IADR Council meeting was attended by members from around the world in many different time zones.

Other Councilors noted that having the sessions recorded enables attendees to participate after-the-fact in sessions that are run in parallel, which would not be possible at an in-person meeting.

Dr. Singh asked for a breakdown of costs so that Councilors could see the difference between an in-person and a virtual meeting. Mr. Quinlivan reported that there were two budgets prepared for the Board at its March meeting when the Board decided to have the meeting be fully virtual. He added that an in-person meeting requires additional personnel as well as the cost of the space. He further explained that the had a hybrid meeting been held in Boston, it would have cost about \$500k more. The reason a virtual meeting is expensive is the cost of the platform and video editing.

Dr. Oxman noted that AADR is not the only Association grappling with this issue and he suggested that AADR look at what other groups are doing regarding virtual and hybrid meetings. Ms. Streszoff responded that AADR is already looking into this and that staff are involved in working groups with other science-based societies to learn what others are doing. While there is a wide array of cost options for a virtual meeting, not all options will work for any one organization.

Councilors noted that the virtual meeting is particularly difficult for students. Dr. Klukowska pointed out that uploading posters and presentations is helpful for the attendees.

Dr. Ruest asked about the individual budgets for Scientific Groups and Networks (SGNs), noting that until a few years ago, SGNs were allowed to invest this money. Now that this is no longer possible, endowed award funds are not getting any return. He asked if SGNs could resume those investments. Mr. Quinlivan explained that in many cases, the amount available to invest is quite small and therefore the fees are often prohibitive. He added that AADR's investment portfolio is successful because it is invested over a lengthy period. In comparison, short term investments are seeing very little return right now. Dr. Fox added that AADR looked at this in the past for the Craniofacial Biology Group and determined that the amount available to invest was simply not large enough. Mr. Quinlivan agreed to review the minutes from the discussion that was held several years ago and report back to the Craniofacial Biology Group and any others who are interested in this to see what the minimum balances would be in order to enable the SGNs to invest.

ACTION I: Mr. Quinlivan will review the discussion held with the Craniofacial Biology Group several years ago regarding investing SGN funds and will report back to the Group with his findings.

Motion II: That the AADR Council approves the 2021 AADR and Joint IADR/AADR Budgets.

Moved: Dr. Wright

Seconded: Dr. Ebersole

The motion passed with one abstained.

4.2 AADR Bylaws Update

Dr. Weintraub noted that the Bylaws will reflect changes to American Association for Dental, Oral, and Craniofacial Research. These changes will be active at the end of the General Session.

Motion I2: To approve the Bylaws changes as presented to ensure consistency between the Constitution and Bylaws of the Association.

Moved: Dr. Amm

Seconded: Dr. Dechow

The motion passed with one abstained.

4.3 2025 AADR Annual Meeting Site Selection

Dr. Weintraub reported that the Board considered four North American locations for the 2025 AADR Annual Meeting and approved New York, New York based on several factors, including the expansion of the Javits Convention Center, the assignment of the new wing of the Center for AADR's meeting, the redevelopment of the Hudson Yerd area of New York, the offer of guaranteed hotel room rates across various brands at an average of \$240/night and the Association's selection criteria. Dr. Weintraub also noted that AADR last met in New York in 1975. Several Council members spoke in support of the choice of New York as the site for the 2025 meeting location.

Motion I3: That New York, New York be selected for the 2025 AADR Annual Meeting in March 2025.

Moved: Dr. Wallet

Seconded: Dr. Wright

The motion passed with one opposed and two abstained.

4.4 AADR Section Governance Handbook

Dr. Weintraub explained that the SOPC drafted the AADR Section Handbook and that the Board is recommending it for Council approval to go into effect in 2022 membership year. The Handbook will be similar to the IADR Scientific Group/ Network Governance Handbook and will result in streamlined processes for the Sections as well as the implementation of Section dues. Ms. Streszoff explained the new dues structure on page 351 of the Council manual, and Dr. Weintraub added that this process will help to make the dues across Sections more consistent, whereas formerly Sections may have charged more or less for dues. Dr. Herzberg added

that Sections should be active, and it is hoped that this process will help to motivate some of the less-active Sections. In response to a question, Ms. Streszoff indicated that there has been no administrative fee claimed from the Sections by AADR since at least 2017.

Dr. Amm noted that the Alabama Section has an elected faculty advisor and she asked if that position would be allowed with the new policies. Ms. Streszoff noted that there will be some officers that all Sections will be required to have, but that additional positions certainly could be added. The core officers will be elected at the same time as the AADR election in the fall. Having these positions will make sure that the Sections are more robust. Dr. Wright added that this is not intended to diminish the Sections in any way, rather is intended to support them. Dr. Weintraub added that perhaps Sections should consider adding a Membership chair to work on increasing membership.

Dr. Ruest asked about the figure on page 351 showing 2022 dues as \$165, when the previously approved 2021 budget proposed membership dues for 2022 at \$170. Ms. Streszoff indicated that the correct membership dues amount for 2022 is \$170.

Motion I4: To approve the AADR Section Governance Handbook as the governing documents for AADR Sections.

Moved: Dr. Amm

Seconded: Dr. Wright

The motion passed with two opposed and two abstained.

4.5 *JDR* Editor-in-Chief Report

Dr. Jakubovics provided the Editor-in-Chief report and noted several updates to his report in the Council manual, notably that 2020 impact factors were recently released and *JDR* has an impact factor of 6.116 for 2020, the most recent year for which data are available. He added that this is the highest impact factor the *Journal* has had. Dr. Jakubovics indicated that the *Journal* also leads the way in terms of citations and Eigenfactor score.

Over the past year there were many manuscripts on COVID-19 which has led to a doubling of downloads in 2020 at *JDR* with nearly 1 million full text downloads during that time. *JDR* continues to keep its manuscript processing time shorter than other journals in the field and the current time from submission to first decision is just under 14 days. Dr. Jakubovics updated information that was provided on page 385 of the Council manual, noting that the correct turnaround times for the *JDR* are 94 days from submission to acceptance, 30 days from acceptance to online publication and 143 days from acceptance to print publication.

The *Journal* has put in place a new process to accommodate the increased stream of papers related to COVID-19, given their importance, and SAGE has created a microsite where the COVID-19 papers are stored. Dr. Jakubovics also advised that the *Journal* established a Twitter feed in 2020 and he encouraged

Councilors to follow that. The *Journal* has also been active on the Community site. Finally, a special issue is planned for 2021 on the "Interface Between Materials and Oral Biology." As this was his first Council meeting as Editor-in-Chief, Dr. Jakubovics noted that the *Journal* was in great shape when he took over, thanks to the hard work of his predecessors.

4.6 *JDR CTR* Editor-in-Chief Report

Dr. Feine noted that the *JDR CTR* is now six years old and she thanked the IADR staff for all their support. She also thanked Effie Ioannidou for her assistance and thanked Dr. Jakubovics and the *JDR* for their continued support, particularly in sending papers that are not a good fit for *JDR*. Dr. Feine noted that GHQ is also assisting *JDR CTR* with getting started on Twitter.

The average submission to acceptance time has been reduced to 95 days and should be further reduced in the future. Over the past 12 months, the average time from submission to first decision is 29.4 days.

A third annual peer review workshop is being held to help improve reviewers' skills and train new reviewers.

In the last 18 months, the *Journal* has rejected half of all submissions, and of those sent on for review, 80% were accepted.

The most frequently downloaded articles this year were on COVID-19, similar to what *JDR* has seen though on a smaller scale. Dr. Feine highlighted the most-read and most-cited articles.

Finally, Dr. Feine mentioned that *JDR CTR* is planning its first special issue, the proceedings of the 2021 Arcora Foundation Distinguished Professor in Dentistry Symposium: The Changing Face of Dentistry, which will be published as a series of articles.

Ms. Streszoff answered a question about an impact factor for *JDR CTR*, explaining that Clarivate has changed its metric this year and all journals now get a different ranking, including those journals on the emerging journals list, for which *JDR CTR* was selected two years ago. Given this change, it remains unclear how the journals will be re-evaluated, and SAGE is working to clarify this.

4.7 Philanthropic Update

Dr. Weintraub briefly reviewed the philanthropy update and noted in particular the estate gift from Dr. Sheila Riggs and Mr. Scott Riggs.

5. Member/Stakeholder Relations Committee (MSRC)

5.1 Government Affairs and Science Policy Update

Dr. Wright encouraged Councilors to review the many reports provided in the MSRC section of the manual. He then welcomed Ms. Meghan Riley from CRD Associates who provided a brief Government Affairs update on federal research funding.

Ms. Riley reviewed the President's May budget proposal which included a 21% increase in funding for NIH over the past fiscal year. The budget called for the additional \$9 billion to be split unevenly over existing research centers, with the majority of the increased funding going to the President's newly proposed Advanced Research Projects Agency for Health (ARPA-H). NIDCR would receive \$516 million. Another highlight is a proposed historic increase for CDC, but this increase is focused on priority areas and Oral Health Division funding would remain flat.

The President's budget is non-binding, however, and the Congressional appropriations process determines funding. Ms. Riley detailed AADR's advocacy with legislators in support of funding for dental, oral, and craniofacial research, including Dr. Herzberg's testimony to the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies.

Ms. Riley noted that the House HHS Appropriations bill was approved with a \$49 billion increase for NIH, of which \$3 billion would go to establish ARPA-H and other NIH agencies would get \$3.5 billion which represents a minimum 5% increase over last year, which is more than the President proposed for NIH infrastructure. The House bill also includes more funding for NIDCR and more for CDC, including some funding for its Oral Health Division. The full House is expected to vote on this bill next week, and the Senate has yet to release details of its appropriations plans.

Congress has until September 30 to agree on all the appropriations bills for the Government's Fiscal Year 2022 (Oct 1 – Sept 30) and if that date is not met, there will be a continuing resolution to fund the government and avoid a shutdown. Given the delay in the release of the President's budget and the heavy agenda in Congress, it appears increasingly likely that a continuing resolution will be needed before there is full agreement on 2022 federal funding.

5.2 AADR Friends of NIDCR Update

Dr. Wright noted that an NIDCR report is included in the manual for Council to review.

5.3 NSRG Update

Dr. Wright encouraged Councilors to take part in the meetings that the NSRG is organizing at this General Session because engaging students is so important.

6. *In Memoriam*

Dr. Herzberg led Council members in observing a moment of silence in honor of AADR members who have passed during the preceding year.

7. Interactive Council Session

Dr. Herzberg invited Dr. Julie Frantsve-Hawley to speak to Council about the work of the Science First Task Force (TF), of which she was a member.

Dr. Frantsve-Hawley gave a brief presentation on the work related to the AADR name expansion and the need to expand the scientific community beyond dental schools. She noted that in 2020, only 47% of NIDCR extramural funding went to dental schools. Furthermore, only 1/3 of NIDCR grantees are members of AADR. The Association recognized the need for AADR to represent vibrant, robust science by building a more vibrant and inclusive community and better leveraging the AADR Sections and IADR Scientific Groups and Networks (SGNs) to increase AADR's scientific contributions. Dr. Frantsve-Hawley reviewed the process taken by AADR that led to the finding that expanding the name to AADOCR to be more closely aligned with NIDCR would be a key tactic in attracting new researchers. Following membership approval of the expanded name, the AADR Board developed the TF in 2020 to evaluate AADR's current programs and develop new offerings that would put science first.

Dr. Frantsve-Hawley explained that the TF met almost weekly and after extensive consideration it proposed four new programs for AADR to consider in order to elevate the science, avoid losing members, and expand the community of the Association among other goals related to the name expansion:

- Meeting-within-a-Meeting, which would identify research gaps in the current AADR meeting footprint, particularly those that are multi-disciplinary, and develop a topic around this for a separate meeting to be held within the Annual Meeting.
- Online Conferences, which would be held throughout the year to expand member engagement beyond the Annual Meeting, these webinars would be like a Gordon Conference but would allow for abstract submissions and would encourage panel discussions and a competitive submission process from the SGNs.
- Webinars could be enhanced to include engagement by non-AAADR investigators to interact with the AADR community. Similarly, webinar series could become year-long discussions that could culminate in the aforementioned meeting-within-a-meeting at the Annual Meeting. Joint NIDCR/AAADR webinars should also be considered.
- Ambassador Program to identify links between members and NIDCR funded non-members.

Dr. Herzberg stated that Dr. Frantsve-Hawley and the TF did excellent work and that the expanded name will be revealed next week.

In conclusion, Dr. Herzberg noted the resources provided in the manual and thanked all those who attended. He encouraged Councilors to provide feedback on the meeting once it is concluded.

As there were no additional items for discussion, the AADR Council meeting was adjourned at 3:10 p.m. EDT.

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

J.E. Nör^{1, 2, 3, 4}

University of Michigan,
Ann Arbor



A Member-Centric Association

Greenleaf (1970) coined the term servant leadership to characterize leaders who “focus primarily on the growth and wellbeing of people and the communities to which they belong.” He then expanded this definition to propose that institutions could exert a stronger and more sustained impact on society if they incorporate concepts of servant leadership. Greenleaf (2009) stated, and I quote, “If a better society is to be built, one that is more just and more loving, one that provides greater creative opportunity for its people, then the most open course is to raise both the capacity to serve and the performance as servant of existing major institutions.” Within the servant leadership paradigm, membership organizations should constantly ask themselves: How can we best serve our members? Is the mission of our organization aligned with the needs and expectations of our members? Simply put—members matter!

To answer these questions, the AADR promoted a dialogue with its members, performed membership surveys, and concluded that it was time to act. It became clear that to fulfill our expanding mission, we should rethink how we could better serve a dynamic, diverse, and interdisciplinary mix of researchers in the 2020 decade and beyond. As a result, the AADR developed a strategic vision that was named Science First that proposes to expand the spectrum of our membership by developing initiatives that enhance the breadth and depth of the science presented in our meetings and published in our journals.

Within the context of Science First, it became apparent that our original name (American Association for Dental Research) is no longer ideal to represent the full spectrum of our research. In response to a membership-wide vote, a decision was made to expand our name by incorporating 2 new terms (oral and craniofacial) with the goal of better representing the breath of the science performed by our members. As such, starting at the conclusion of this meeting, our new name will be the American Association for Dental, Oral, and Craniofacial Research (AADOCR). While recognizing that our new name may not be a consensus across all our members, AADOCR is the name that received the most votes. As such, it is time to embrace the expansion of our name and move forward!

While the name change is an important initiative, Science First demands a reflection about strategies to increase the value of the organization. The consulting firm McKinley Advisors (2019) recently published the results of a survey of successful organizations entitled “The DNA of Top-Performing Member

Organizations.” They concluded that successful organizations share 3 common characteristics: “grounded in member service,” “leadership in action,” and “strategy drives success.” Informed by the McKinley report and inspired by Greenleaf’s (2009) paradigm, one could envision our association functioning as a servant institution: an association whose gestalt enables an inclusive and diverse membership to promote oral health through discovery and dissemination of research at a very high level.

A successful organization understands that the leadership is at the service of its members, not the other way around. Focus on service starts with an open dialogue between members and leadership. This includes opening channels for dialogue through member engagement at all levels, where scientific groups and local/regional sections play major roles. Supporting nimble governance structures enables more timely responses to membership needs and expectations.

Within the culture of servant leadership (Greenleaf 1970), leaders commit to serving through actions that benefit others. I believe an excellent example of leadership in action is the program entitled Mentoring an Inclusive Network for a Diverse Workforce of the Future, the MIND the Future program that was recently funded by the NIDCR. The AADR leaders Effie Ioannidou, David Drake, and Christopher Fox developed this 5-year project “to establish a mentoring network that will support a diverse pool of early-career investigators.” This program is an example of leaders who backed their words with action. Continued emphasis on this type of initiative will further enhance the value of our membership.

A successful organization is strategic and constantly looks at ways to improve the services provided to its members. As research is data driven, decisions made by the association should also be informed by robust data and unbiased interpretation of results. Intentional collection of data reflecting membership trends and needs should provide the rationale for initiatives that enhance the service and the value of the association. Data should inform day-to-day work at the organization to maximize efficiencies and eliminate redundancies. The collection and analysis of data should be frequent, disciplined, and intentional. Strategic planning and transformation of plans into action should be so prevalent and natural that it becomes embedded into the fabric of our association.

And finally, one cannot finish a presentation in 2021 without talking about COVID. The suffering and tragic loss of life due to COVID has touched millions of people in the United States and around the world. And it has touched us in unequal ways, as underserved communities have taken the hardest hit. It makes us reflect on the fragility of life and on the need for personal and societal humility. However, in the middle of such tragedy, one can clearly see many silver linings. The unprecedented pace of development of COVID vaccines showed to us the tangible impact that research on foundational technologies has on our daily lives (Kiszewski et al. 2021). NIDCR-funded research enhanced our understanding of the pathobiology of COVID

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and accelerated the development of preventive and treatment strategies. NIDCR and AADR members have also contributed to developing approaches to provide safe care to patients in dental clinics. Through online seminars, symposia, and publications in our journals and websites, the AADR is serving its members by providing the most updated information on COVID. When science finally eliminates the COVID threat and life becomes more “normal” again, we will have certainly learned a lot from these challenging times.

In closing, I am truly honored and humbled for being entrusted to serve as the 50th president of our association. I want to thank my wife Silvia and my son Lucas for inspiring me every day to be a better person. Without their unconditional support and love, I would not be here today. I want to thank my parents, Claudino and Ilse Nör. Even though they only had elementary school and minimal financial resources, they understood that education was the path to enable us to contribute to society. They gave to my siblings and to me what they did not have for themselves. And for that, I will always be very thankful. I also want to thank Christopher Fox and the superb staff at the IADR/AADR headquarters, who did an outstanding job organizing our first virtual annual meeting and shepherding our association through very challenging times. And finally, I would like thank every one of you, members of the AADR. You enrich our association with your science, your wisdom, and your volunteer work every day. The AADR would not exist without you! The AADR is here to serve you!

Author Contributions

J.E. Nör, contributed to conception, drafted the manuscript. The author gave final approval and agrees to be accountable for all aspects of the work.

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Editor’s Report for the *Journal of Dental Research*, 2021

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JDR CTR 2021 Annual Report December 2021 IADR/AADOCR Board Meeting

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Christopher H. Fox
Chief Executive Officer

OVERVIEW

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



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

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

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



**Expanded Name:
American Association
for Dental, Oral, and
Craniofacial Research
(AADOCR)**



On July 26, 2021, AADR introduced an expanded name to the American Association for Dental, Oral, and Craniofacial Research (AADOCR).

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

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

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

This is a pivotal and exciting time in our organization’s history that offers significant opportunities for growth and engagement with current and future members. Watch the [announcement video](#) and view the [AADOCR Q&A with the CEO](#) for more information.

AADOCR WEBINARS

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



[AADR Focused Symposium: COVID-19 Update - Session I](#)

March 17, 2021: 4 p.m. - 5:30 p.m. EDT

- Moderator: Janice Lee, National Institute of Dental and Craniofacial Research, Bethesda, MD

- Topic: SARS CoV2 in the Oral Cavity: Presence and Transmissibility Potential
- Speaker: Blake Warner, National Institute of Dental and Craniofacial Research, Bethesda, MD
- Topic: Diagnostic Tests and Taste/Smell Alterations in SARS CoV2 Infection - Salivary Diagnostic Test
- Speaker: Josephine Esquivel-Upshaw, University of Florida, Gainesville

AADR Focused Symposium: COVID-19 Update - Session 2

COVID Transmission Control in the Dental Setting: An Interdisciplinary Approach

April 7, 2021: 4 p.m. - 5:30 p.m. EDT

- *Topic: Evidence to Support Safe Delivery of Care in Dental Settings*
Speaker: Paul S. Olin, University of Minnesota, Minneapolis
- *Topic: Viral Structure and Aerosol Generating Procedures*
Speaker: Paul Jardine, University of Minnesota, Minneapolis
- *Topic: Engineering Approach for Studying Aerosol Generation and Transmission During Dental Procedures*
Speaker: Jiarong Hong, University of Minnesota, Minneapolis

NTP NASEM Review: What It Means and What's Next for Fluoride Science

September 2, 2021: 9:30 a.m.- 11 a.m. EDT

In response to the increased activity relative to fluoride science over the past year, added to the potential that the NTP report may be released as a scientific document for general population consumption, the AADOCR Science Information Committee (SIC) hosted a webinar that discussed fluoride science. The webinar titled "NTP NASEM Review: What It Means and What's Next for Fluoride Science" discussed the outcome of the NASEM review, its implications for fluoride research, and identified potential opportunities for future research or a research agenda.

Speakers:

- David Savitz, Brown University, Providence, RI
- Loc Do, The University of Queensland, Queensland, Australia
- Scott Tomar, University of Illinois, Chicago
- Jayanth Kumar, Center for Healthy Communities, California Department of Public Health, Sacramento

Other webinars held this year that featured IADR/AADOCR members, including "Periodontology and the COVID-19 Pandemic," "Journal of Dental Research, JDR Clinical & Translational Research, and Brazilian Oral Research: A View of the Editorial Processes," and "COVID-19 Infection Rates Among Dental Professionals: A Comparison of Rates in North America and Europe," are available for viewing in the IADR Webinar Connect platform.

AADOCR Mentoring an Inclusive Network for a Diverse Workforce of the Future (AADOCR MIND the Future)

In February 2021, AADOCR was awarded Year 2 funding for the **AADOCR Mentoring an Inclusive Network for a Diverse Workforce of the Future (AADOCR MIND the Future)** under Grant Award 5UE5DE029439. The educational program began in September 2021 and will continue through September 2022

for the current class of mentees.

The primary goal of this National Institute of Dental and Craniofacial Research (NIDCR)-funded program is to establish a mentoring network that will support a diverse pool of early-career investigators, including individuals from diverse backgrounds (e.g., see [Notice of NIH's Interest in Diversity](#)), in developing independent research careers dedicated to improving dental, oral and craniofacial health. (NIH Grant No. IUE5DE029439).



AADOCR MIND the Future 2021-22 Class of Mentees

11 Mentees were selected after a rigorous review process:

- Hope Amm, University of Alabama at Birmingham
- Erin Bumann, University of Missouri at Kansas City
- Jacqueline Burgette, University of Pittsburgh, PA
- Leticia Chaves de Souza, University of Texas Health Science Center at Houston
- Bianca Dearing, Howard University, Washington, DC
- Ana Paula Piovezan Fugolin, Oregon Health & Science University, Portland
- Rubelisa Oliveira, University of Kentucky, Lexington
- Nosayaba Osazuwa-Peters, Duke University, Durham, NC
- Aline Petrin, University of Iowa, Iowa City
- Guiqin Xie, Howard University, Washington, DC
- Camila Zamperini, University of Illinois at Chicago

AADOCR continues to partner with The Oklahoma Center for Mentoring Excellence (OCME), Protecting Human Research Participants Online Training (PHRP), and the Alan Alda Center for Communication Science at Stony Brook University for educational programming, in addition to the robust schedule of educational sessions conducted for the mentees and mentors in the program.

The Oklahoma Center for Mentoring Excellence (OCME) provides a virtual mentor and mentee Workshop. OCME uses evidence-based, interactive mentor development curriculum from the National Research Mentoring Network to provide an opportunity to understand and develop the six competency skills of effective mentors. The junior faculty mentee workshop is an active learning approach designed for junior faculty to support development of the skills needed to successfully navigate the research training environment and proactively manage their mentoring relationships.

Protecting Human Research Participants Online Training (PHRP) is offered to the mentees and mentors via AADOCR. The program gives certification in human subject protection training and continuing education credits (ADA CERP). PHRP is a web-based course that covers the federal regulations and policies as well as ethical standards for conducting research with humans. This popular course is designed for investigators, research team members, and those responsible for research oversight such as IRB members.

The Alan Alda Center for Communicating Science at Stony Brook University offers one full day Workshop in Science Communication during the AADOCR Annual Meeting to

address the communication of deficiency. The nationally recognized workshop aims to transform the way researchers communicate science utilizing improvisation technique known as the Alda Method™ which has been a successful approach in science communication and grant writing.

SCIENCE POLICY UPDATE

National Institute of Dental and Craniofacial Research Health Request for Information on the Draft Goals of their Strategic Priorities

The National Institute of Dental and Craniofacial Research (NIDCR) is currently drafting its Strategic Plan for 2021-26 to help guide the research it supports over the next five years. As a result, they invited interested stakeholders to provide feedback on the goals of their priority areas for its next strategic plan.

In addition to outlining possible mechanisms for measurement of the achievement of the identified goals, AADOCR provided support for:

- The creation of new funding mechanisms that support innovative cross-disciplinary research and encourage exploratory/developmental research.
- The stimulation of research networks that foster a transdisciplinary approach to move the needle on significant challenges within DOC health and disease through collaborative mechanisms.
- The development of research programs that are specifically geared to the strengthening of a DOC diseases database that is more detailed than what is currently collected through the National Health and Nutrition Examination Survey (NHANES).
- Funding mechanisms for precision medicine-type approaches such as omics research, single cell sequencing studies, and anti-cancer therapies in patient-derived xenograft models for prevention of oral conditions or treatment of oral diseases.
- Funding mechanisms that encourage proposals that reach across the laboratory into the community.
- Funding mechanisms to support trainees in several stages of their training careers, to include D.D.S.-Ph.D., specialty training-Ph.D., and postdoctoral research-specialty training.
- The consideration of underrepresented groups in a broader context to include socio-economic and cultural diversity in addition to race and ethnic diversity.

White House Office of Science and Technology Policy Request for Information to Improve the Effectiveness of Federal Scientific Integrity Policies

The White House [Office of Science and Technology Policy](#) (OSTP) sought [information](#) to help improve the effectiveness of Federal scientific integrity policies to enhance public trust in science. OSTP convened an interagency task force under the National Science and Technology Council to review the effectiveness of policies developed since the issuance of the Presidential Memorandum on scientific integrity in preventing improper political interference in the conduct of scientific research and the collection of data.

To support their assessment, AADOCR provided information regarding:

- The need for improved communication of the science of the effectiveness of scientific integrity to scientists or the public.
- The need for collaborative training between scientists and media personnel.
- A data driven approach to fine-tune and maximize integrity outcomes that is shared with the public.
- An academic education curriculum within schools that includes best practices for consuming media.

U.S. Preventative Services Task Force Draft Recommendation Statement on Screening and Interventions to Prevent Dental Caries in Children

The U.S. Preventative Services Task Force issued a draft recommendation statement on screening and interventions to prevent dental caries in children younger than five years old. The Task Force [recommended](#) that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children and prescribe oral fluoride supplementation to children six months and older whose water supply doesn't contain enough fluoride (B recommendations). They also determined that there is not enough evidence to recommend for or against primary care clinicians screening for cavities in children younger than five years old (I statement).

AADOCR provided comments that:

- Supported the recommendations provided by the USPSTF.
- Recommended that USPSTF advocate for more research to provide the data needed to determine the benefit or harm of routine screening in children younger than five years of age.
- Recommended additional research of the therapeutic implementation of silver diamine fluoride for the prevention and arrest of decay in young children.

GOVERNMENT AFFAIRS UPDATE

Federal Budget and Appropriations

The federal budget and appropriations process continues to be a top priority for AADOCR. In late September, Congress passed a continuing resolution (CR) just before government funding ran out, which avoided a federal shutdown, but setting up another potential showdown over government funding ahead of December 3, 2021 when the current CR expires.

The last omnibus spending bill—the *Consolidated Appropriations Act, 2021*, passed in December 2020 for FY 2021—provided increases in funding for health research and public health. The bill allocated **\$42.9 billion** for the National Institutes of Health (NIH), an increase of \$1.25 billion over the FY20 level, including **\$484.87 million** for the National Institute of Dental and Craniofacial Research (NIDCR), a 1.5% increase over the FY20 level. The CDC Division of Oral Health and HRSA Oral Health Training Programs received level funding at **\$19.5 million** and **\$40.7 million** respectively.

For FY 2022, both the House and Senate have released appropriations bills that would provide considerable boosts in funding for medical research. Under the Senate legislation,

NIDCR would receive an appropriation of **\$515.72 million** in 2022 (+6.4%), while the House bill goes even further proposing **\$519.01 million** (+7.0%) for the agency..

Earlier this year, then-AADOCR President Mark Herzberg submitted outside witness testimony to the House and Senate Labor-HHS-Ed Appropriations Subcommittees advocating for at least \$46.11 billion for the NIH and \$520 million for the NIDCR in FY 2022. Dr. Herzberg argued for the essential role dental research plays in our understanding of the transmission of COVID-19 and demonstrated the importance of dental, oral, and craniofacial research in contributing to the nation's overall health.

As a new deadline approaches for funding the federal government, AADOCR is urging Congress to complete the FY 2022 appropriations process and not pass another CR that continues level spending into calendar year 2022.

On November 15, 2021, President Biden signed the bipartisan [Infrastructure Investment and Jobs Act](#) into law. While primarily providing funding for “hard” infrastructure projects, it also includes some science agency funding, specifically for the Department of Energy and the National Oceanic and Atmospheric Administration. The more significant bill for NIH and NSF is Build Back Better (BBB) which passed the House on November 19, 2021. It now progresses to the Senate. The House version proposed \$100 million in new funding for the National Institutes of Health (NIH), including \$75 million to expand research capacity at Minority Serving Institutions and diversify the scientific workforce. Unfortunately, the revised bill does not include investments to establish the President's proposed [Advanced Research Projects Agency for Health](#) (ARPA-H), though separate legislation has been introduced to create the initiative. Importantly, the legislation would provide a total of \$3.5 billion for the National Science Foundation (NSF), including \$700 million to fund research and training awards and efforts to increase workforce diversity, well as \$700 million for infrastructure and equipment improvements, including at academic research facilities. The bill would also include \$1.5 billion for the NSF to establish a new Directorate for Technology, Innovation, and Partnerships.

Advanced Research Projects Agency for Health (ARPA-H)

The Biden Administration's FY 2022 budget included a proposed \$6.5 billion to establish the Advanced Research Projects Agency for Health (ARPA-H). Modeled after the Defense Advanced Research and Development Agency (DARPA), ARPA-H would make pivotal investments to drive transformational innovation in health research and speed application and implementation of health breakthroughs. The bold new approach would complement NIH's existing research portfolio and focus on the development of evidence-based, real-world-driven cures for and transformative advances in a range of biomedical and health research areas and diseases.

On July 26, I was invited to deliver remarks at a White House Office of Science and Technology Policy “listening session” on the ARPA-H program. The virtual event brought together NIH Director Francis Collins and three IC Directors with stakeholders from the eye disease and visual impairment, deafness and communication disorders, and dental and craniofacial disorders communities.

I discussed that the new entity would foster bold ideas, utilizing ‘use-driven’ research, to create platforms, capabilities, and

resources that could be applicable across many diseases and conditions. He also provided specific ways in which patients with dental and craniofacial disorders could potentially benefit from the creation of ARPH-H.

In their FY22 appropriations bills, the House designated \$3 billion for ARPA-H while the Senate proposed \$2.4 billion for the new agency. While it appears unlikely that the Senate will include ARPA-H in the final version of the budget reconciliation package, there are alternative paths for Congress to establish the program. Reps. Diana DeGette (D-CO) and Fred Upton (R-MI) are working on including ARPA-H under their envisioned biomedical research bill known as the 21st Century Cures Act 2.0.

Meanwhile, Rep. Anna Eshoo (D-CA) introduced legislation in October to establish ARPA-H outside of NIH and instead under the broader HHS umbrella. The *Advanced Research Project Agency-Health Act* (H.R. 5585) would authorize the creation of a new fund to support ARPA-H, with an initial authorization of \$3 billion for FY22, establish the ARPA-H director as a presidential appointee with a five-year term, and establish an advisory committee with appropriate subject matter expertise. AADOCR sent a letter to Rep. Eshoo endorsing the legislation and thanking the congresswoman for her leadership on this issue.

Dental Coverage in Medicare Part B dropped from BBB

In September, AADOCR joined nearly 200 organizations in sending a letter to Speaker Pelosi and the House Ways and Means and Energy and Commerce Committee chairs thanking them for introducing legislation that adds oral health coverage to Medicare Part B. The letter also encouraged congressional leaders to strengthen the legislation before final passage by ensuring that major dental services (which are the hardest to afford) are covered at 80%, in line with other Part B services, and that dental coverage reaches Medicare enrollees sooner than 2028—the legislation's proposed implementation date. Unfortunately, dental and vision were dropped from the trimmed back House version of the Build Back Better Act passed on November 19, 2021.

AADOCR DIVERSITY INITIATIVES

AADOCR Responses to Federal Agency Requests for Information

Federal agencies' Requests for Information (RFIs) and for public comment are unique opportunities for AADOCR and its members to provide input on issues that have the potential to affect dental, oral, and craniofacial research or the research enterprise more broadly. Whether these requests are on niche issues or more far-reaching, AADOCR relies on its members to inform its responses to ensure that multiple perspectives are represented in the process.

In 2021 AADOCR Committee on Diversity and Inclusion (CDI) provided information and comments relevant to the following:

- National Institutes of Health (NIH) Request for Information to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research

The Office of the Director within the National Institutes of Health sought input on practical and effective approaches to improve and strengthen racial equity, diversity, and inclusion across all

facets of the biomedical research enterprise, both within NIH and the external community, and expand research to eliminate or lessen health disparities and inequities. Specifically, they requested information on 1). all aspects of the biomedical workforce, 2). policies and partnerships, 3). research areas, and 4). further ideas for bold, innovative initiatives, processes or data-driven approaches that could advance the diversity, inclusion, and equity of the biomedical research workforce and/or promote research on health disparities. The CDI provided comments that were incorporated in the final response submitted to the NIH.

AADOOCR Statement Condemning Anti-Asian Violence

In response to the increase in anti-American Asian and Pacific Islander (AAPI) events within the country, AADOOCR made a statement condemning the violence and reiterating AADOOCR's commitment to diversity. This statement voiced our strong condemnation of increasing acts of racism and reaffirmed our commitment to upholding the principles of diversity and inclusion within our organization and for the research community we serve. The [statement](#) was released as a news release and was posted on our website.

AADOOCR Diversity and Inclusion Statement

The Board recommended that the CDI publish a diversity and inclusion statement. This statement should reflect upon the Association's commitment to fostering a welcoming workplace that celebrates differences and state how diversity fits into our Association's mission and values. The statement emphasizes the following values:

1. Diversity and inclusion are core values for the AADOOCR.
2. We are strengthened by and celebrate diversity.
3. We honor pluralism and encourage each other to explore, engage in, and embrace our own and others' distinctiveness.
4. Action, a core component of our commitment, is incorporated in our leadership, professional development, advocacy, and strategic framework.

The statement will be submitted to the Board for their approval during their upcoming meeting. Once approved, this statement will be added to the CDI page on the website.

Annual Meeting Satellite Symposium Session

The CDI hosted a satellite symposium titled "Microintervention Strategies for Researchers: Disarming Microaggressions" at the 2021 IADR/AADR/CADR General Session. Microinterventions are the everyday words or deeds, whether intentional or unintentional, that communicates to targets of microaggressions (a) validation of their experiential reality, (b) value as a person, (c) affirmation of their racial or group identity, (d) support and encouragement, and (e) reassurance that they are not alone. More importantly, they serve to enhance psychological well-being, and provide targets, allies, and bystanders with a sense of control and self-efficacy. This workshop explored the reality of equity gaps and discussed mechanisms that can be utilized to address these equity challenges with specific strategies to close these gaps.

AADOOCR/Procter & Gamble Underrepresented Faculty Research Fellowship

Bruno Lima, University of Minnesota, Minneapolis, received the second AADOOCR/Procter & Gamble Underrepresented Faculty

Research Fellowship. The \$10,000 award is aimed at supporting researchers from underrepresented racial and ethnic groups at the early stages of their scientific careers and to increase representation of these underrepresented groups at the faculty level in science and academia. The CDI was again pleased with the number and quality of applicants and looks forward to reviewing applications for 2021.

MEMBERSHIP

As of October 31, 2021, AADOOCR had 2,965 members, which is 35% of the IADR membership of 8,493 members. This represents no change from 2020. AADOOCR continues to work with other association partners, such as ADA, ADEA, HDA, and NDA to promote IADR/ AADOOCR membership. The GHQ also continues to work with AADOOCR Section leadership as well as IADR Scientific Groups and Networks to assist with retaining and attracting new members. New member benefits such as the IADR Community and the AADOOCR microsite discussion boards are enhancing the value of membership. As of October 2021, AADOOCR had 6 Corporate Section members and 111 Institutional Section members.

Continuing from 2015, complimentary membership in one of the 32 IADR Scientific Groups and Networks is included as an IADR membership benefit. Participation in IADR Scientific Groups and Networks will enhance the overall membership experience. Members can join Scientific Groups or Networks beyond the included one for an additional fee. Students continue to receive up to three IADR Scientific Group or Network memberships as part of their dues.

AADOOCR FELLOWS PROGRAM

This year AADOOCR installed its sixth class of AADOOCR Fellows. This program is designed to recognize leaders of AADOOCR and individuals who have served AADOOCR in various ways throughout their careers. The AADOOCR Fellows Program is open to active AADOOCR members. Applicants who are accepted into the AADOOCR Fellows Program receive the following benefits upon induction: recognition at AADOOCR Annual Meeting Opening Ceremonies, recognition in AADOOCR *Science Advocate*, an AADOOCR Fellows Program lapel pin, and opportunities to network with other Fellows at the Fellows Lounge at the AADOOCR Annual Meeting. Twenty-four AADOOCR Fellows were accepted in the inaugural class of 2016, 19 for 2017, three for 2018, 11 in 2019, five in 2020, and 20 for 2021.

PUBLICATIONS

Journal of Dental Research (JDR) Impact Factor

The IADR/AADOOCR were pleased to announce that the *Journal of Dental Research (JDR)* [2-year Journal Impact Factor™ is over 6 for the first time](#) at 6.116, ranking #5 of 91 journals in the "Dentistry, Oral Surgery & Medicine" category, and the *JDR* 5-year Journal Impact Factor™ is over 7 for the first time at 7.199 score, ranking #3 of 91 journals. The *JDR* also ranks #1 of 91 journals in total citations and Eigenfactor, #2 in the new Journal Citation Index and #3 in Article Influence Score. This news comes from the *2021 Journal Citation Reports™* (Clarivate™, 2020).

Full *2021 Journal Citation Reports™* results for the *JDR*:

- 2-year Journal Impact Factor™: 6.116, ranking #5 of 91 journals

Appendix I (continued)

- 5-year Journal Impact Factor™: 7.199, ranking #3 of 91 journals
- Eigenfactor: 0.01683, ranking #1 of 91 journals
- Total citations: 26,197, ranking #1 of 91 journals
- Journal Citation Indicator: 2.39, ranking #2 of 91 journals
- Article Influence Score: 1.726, ranking #3 of 91 journals

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

Call for Papers: *JDR* Special Issue on Data-Driven Analytics for Dental, Oral, and Craniofacial Health Care

In October, the *JDR* [announced the publication of a special issue](#) in the winter of 2022 highlighting the latest scientific advances in research leveraging data-driven dental and oral health analytics with applications to care. The issue will be of interest to data scientists and bioinformaticians, public health and health services researchers and health economists, and oral health investigators and practitioners. The special issue editors are Falk Schwendicke, Charité Universitätsmedizin Berlin, Germany, and Mary L. Marazita, University of Pittsburgh, PA, USA. The deadline to submit an article is January 31, 2022.

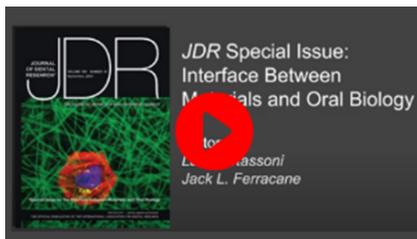
JDR Special Issue: Interface Between Materials and Oral Biology

Understanding the way materials interact with tissues and organisms at the cellular and molecular levels, and at a variety of different size scales, is critical for advancing the development of this new generation of materials, as well as for enhancing existing biomaterials. In September 2021, the *JDR* published the special issue “[Interface Between Materials and Oral Biology](#)” which featured research reports and critical reviews that highlight the complex interactions occurring between biomaterials and fluids, living cells, and tissues. The Editors of this special issue were Jack L. Ferracane and Luiz E. Bertassoni of the Oregon Health & Science University, Portland, OR, USA. [View the press release.](#)

Watch the *JDR* Special Issue Video Conversation

[View the conversation](#) between special issue Editors Luiz Bertassoni and Jack L. Ferracane

and special issue authors David Kohn, University of Michigan, Ann Arbor, USA, who wrote “Translating Dental, Oral, and Craniofacial Regenerative Medicine Innovations to the Clinic Through Interdisciplinary Commercial Translation Architecture,” and Vinicius Rosa, National University of Singapore, who wrote “Graphene Nanocoating: High Quality and Stability Upon Several Stressors.”



JDR Article “Factors Affecting Wound Healing” Wins SAGE Publishing 10-Year Impact Award

The *JDR* article “[Factors Affecting Wound Healing](#),” by Shujuan Guo and Luisa A. DiPietro of the University of Illinois at Chicago, received a [10-Year Impact Award](#). This article had the second most citations in all SAGE journals from 2010-20. Launched in 2020 by SAGE Publishing, the 10-Year Impact Awards recognize research that is influential for the longer-term. Each year SAGE presents awards to the three articles published in SAGE journals that are most highly cited over a 10-year period.

JDR Clinical & Translational Research

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

Featured 2021 *JDR* and *JDR CTR* COVID-19 Publications

JDR

[Dental Mitigation Strategies to Reduce Aerosolization of SARS-CoV-2](#)

Limiting infection transmission is central to the safety of all in dentistry, particularly during the current SARS-CoV-2 pandemic, yet many dental procedures unavoidably generate aerosols. This study used a ‘phantom head’ model to mimic dental procedures in a multifaceted approach to measure aerosol dispersal in a dental surgery setting and determine the potential of different mitigation strategies to reduce the infection risk to the dental team from bioaerosol exposure during routine dental procedures.

[Better Reporting of Studies on Artificial Intelligence: CONSORT-AI and Beyond](#)

An increasing number of studies on artificial intelligence (AI) are published in the dental and oral sciences but aspects of these studies suffer from a range of limitations. Standards towards reporting, like the recently published CONSORT-AI extension, can help to improve studies in this emerging field. Watch authors Falk Schwendicke and Joachim Krois of the Charité – Universitätsmedizin Berlin, Germany, [discuss this article in this video](#), moderated by *JDR* Editor-in-Chief Nicholas Jakubovics, Newcastle University, England.

[Presence and Prevalence of Salivary Gland Ectasia and Oral Disease in COVID-19 Survivors](#)

The clinical picture of COVID-19 in various target organs has been extensively studied and described, but relatively little is known about the characteristics of oral cavity involvement. This study investigated the presence and prevalence of oral manifestations in COVID-19 survivors.

[SARS-CoV-2 Positivity in Asymptomatic-screened Dental Patients](#)

Asymptomatic carriage of SARS-CoV-2 is a potentially significant source of transmission, yet remains relatively poorly understood. This study investigated SARS-CoV-2 infection in asymptomatic

Appendix I (continued)

dental patients to inform community surveillance and improve understanding of risks in the dental setting.

[Ventilation Assessment by Carbon Dioxide Levels in Dental Treatment Rooms](#)

Carbon dioxide (CO₂) is a byproduct of human metabolism and exists in high levels in exhaled air, and is therefore often used as a proxy for indoor air quality. This study evaluated CO₂ levels in dental operatories and determined the accuracy of using CO₂ levels to assess ventilation rate in dental clinics.

[COVID-19: Seroprevalence and Vaccine Responses in UK Dental Care Professionals](#)

Dental care professionals are thought to be at enhanced risk of occupational exposure to SARS-CoV-2, but robust data to support this is lacking. This study provides a longitudinal analysis of antibodies to SARS-CoV-2 spike glycoprotein, including early analysis of the impact of vaccination on the immune response.

JDR CTR

[Advocacy for a Digital Oral Health That Leaves No One Behind](#)

The health, social, and economic consequences of the COVID-19 pandemic have already had a dramatic impact on the prevailing oral health care model and will continue to do so. This paper promotes the use of digital tools to offer opportunities to improve healthy behavior, lower risk factors common to oral diseases and other noncommunicable diseases, and contribute to reducing oral health inequalities.

[COVID-19 and Dental and Dental Hygiene Students' Career Plans](#)

This study examined the short-term impact of the COVID-19 pandemic on dental hygiene and dental students' career intentions.

[Role of Aspirating System Type in SARS-CoV-2 Seropositivity Among Dental Staff](#)

High-volume aspirators are recommended in dental clinics during the COVID-19 pandemic, but this study shows that the type of aspirating system significantly affects the incidence of SARS-CoV-2 infection among dental specialists.

IADR COMMUNITY

The [IADR Community](#) allows IADR members to engage with other members throughout the year. Members can discuss hot topics, share insights, and post resources while building their worldwide professional network. Within the overall IADR Community, there is the AADOCR Community and each IADR Scientific Group and Network has its own separate community which allows members to further connect within their specialty area of dental, oral, and craniofacial research.

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

2021 AMA events included:

- IADR Regional Board Member, Pan European Region, Gottfried Schmalz, University of Regensburg, Germany, on the topic of Safety of Dental Amalgam on February 23, 2021.
- IADR/AADOCR member Mark Ryder, University of California, San Francisco, USA, on the topic

of *Porphyromonas gingivalis* in Alzheimer's Disease brains and the potential for gingipain inhibitors as a treatment on April 13, 2021.

- IADR/AADOCR member and IADR Behavioral, Epidemiologic and Health Services Research Scientific Group President, Daniel McNeil, West Virginia University, Morgantown, USA, on the topic of "Integrating Behavioral and Social Determinants into Oral Health Research" on June 22, 2021.
- IADR/AADOCR member Jennifer Webster-Cyriaque, University of North Carolina at Chapel Hill, USA, on the topic of "How to Support and Develop a Diverse and Inclusive Climate That Empowers Students, Faculty, and Staff" on October 27, 2021.

MARKETING

New AADOCR Website, Membership Portal, and Membership Database!



In October, the AADOCR

announced the launch of our redesigned website and new member portal—the My IADR Portal! The My IADR Portal includes access to the IADR Community, AADOCR Community, publications, events, submission sites, and more. The new look and membership database will easily connect IADR/AADOCR members to their many benefits. The new system requires all members to activate their account and create a new account password. If you have not already, please activate your account and update your online profile.

Social Media

Social media has become an increasingly important tool for communicating Association news. IADR continues to grow its social media presence with an increased number of posts, active tagging, and the use of media, such as branded images and videos, within posts. In May 2021, IADR/AADOCR launched a *JDR CTR* Twitter account to further expand the IADR/AADOCR presence online. Follow the AADOCR on Twitter [@AADOCR](#), the IADR [@IADR](#), the *JDR CTR* [@JDRClinTransRes](#), and the *JDR* [@JDentRes](#) on Twitter!



#IADR2021 Social Media Toolkit

New for the 2021 IADR/AADR/CADR General Session & Exhibition was the creation of the #IADR2021 Social Media Toolkit. The toolkit resources and the hashtag [#IADR2021](#) allowed attendees to share their experience, join the conversation, and get 2021 IADR/AADR/CADR General Session & Exhibition updates.

Twitter Metrics

From January to October 2021, AADOCR had 248,046 Twitter impressions. This is already 45,000 more impressions than all of 2020, with two more months of activity to go. AADOCR tweeted 232 times from Jan – Aug 2021. AADOCR also gained 271 new followers in 2021 bringing the total number of followers to 3,872.

AADOCR SUPPORT OF NIH MEDICAL RESEARCH SCHOLARS PROGRAM DENTAL STUDENTS

The NIH Medical Research Scholars Program (MRSP) is a comprehensive, year-long research enrichment program designed to attract the most creative, research-oriented medical, dental, and veterinary students to the NIH intramural campus in Bethesda, MD. During the academic year, student scholars engage in a mentored basic, clinical, or translational research project that matches their professional interests and research and career goals. Their research experiences are supplemented by academic activities featuring lectures by world-renowned scientists, clinical rounds featuring research patients from the NIH Clinical Center, and an interactive Journal Club addressing major issues in clinical research. Since 2012, AADOCR has supported the MRSP providing a yearly contribution to NIH of \$75,000 provided that at least one of the selected Fellows is a dental student. AADOCR member Drashty Mody, Indiana University, Indianapolis, was named to the MRSP class of 2021-22! The AADOCR Board continues to support the MRSP as this collaborative, multidisciplinary training experience will help launch the next generation of biomedical dental scientists.

AADOCR SUPPORT FOR STUDENT RESEARCH

AADOCR encourages academic institutions involved in dental, oral, and craniofacial research to apply for the AADOCR Student Research Day Award. This award is designed to recognize the best presentation at an academic institution's research day competition and it will be determined by the institution's judging committee. Fifteen students were selected for the 2021 AADOCR Student Research Day Award and each recipient received a prepaid meeting registration to attend.

SCADA: STUDENT COMPETITION FOR ADVANCING DENTAL RESEARCH AND ITS APPLICATION

For the fourth year, AADOCR joined forces with Dentsply Sirona to co-sponsor the Student Competition for Advancing Dental Research and its Application (SCADA), formerly known as the Student Clinicians of the American Dental Association. The SCADA program advances the collective commitment to empower the next generation of dental leaders. Every U.S. Dental School was invited to select a student to participate in the 2021 SCADA event in one of two categories: Clinical Science and Public Health Research and Basic and Translational

Science. Each student submitted an abstract for review to the 2021 IADR/AADR/CADR General Session & Exhibition. Upon acceptance of the abstract, participants submitted a complete portfolio for review to an international panel of judges, including an electronic copy of their research poster, a slide presentation, and a video of the oral presentation. Research projects were submitted by 46 outstanding student clinicians and six award winners were selected.

COVID-19 UPDATES AND RESOURCES WEBPAGE

The impacts of COVID-19 are rapidly evolving and as such IADR and AADOCR have created a [COVID-19 Updates and Resources page](#) to keep our members up-to-date with funding opportunities, association news, webinars, COVID-19 articles published in the *Journal of Dental Research (JDR)*, *JDR Clinical and Translational Research (JDR CTR)* as well as other publishers and other useful resources. The *JDR* and *JDR CTR* continue to actively seek manuscript submissions on COVID-19. Manuscripts on this topic are prioritized for peer review.

FINANCE

The 2020 Audit was completed and the Association received an "unqualified opinion", meaning that the auditors found our financial statements to present fairly, in all material respects, the financial position of the American Association for Dental Research (AADR), now American Association for Dental, Oral, and Craniofacial Research (AADOCR), as of December 31, 2020, and the changes in its net assets and its cash flows for the year then ended to be in conformity with accounting principles generally accepted in the United States of America. As of December 31, 2020, AADOCR's total assets were \$10.5 million (an increase of \$0.2 million from 12/31/19). The increase is primarily due to an increase in cash and fixed assets, partially offset by decreases in investments and intercompany receivables. Total revenues were \$1.7 million down from \$2.0 million in 2019 primarily due to the cancellation of the 2020 joint meeting with IADR, partially offset by higher investment returns designated for current operations. Total operating expenses for 2020 were \$2.4 million, up from \$2.1 million in 2019, primarily due to AADOCR's share of the loss from the cancelled joint meeting with IADR. Net assets at the end of year were \$9.5 million, a decrease of \$0.1 million from the end of 2019. \$9.1 million of the net assets are without donor restrictions.

The AADOCR investment portfolio as of Dec 31, 2020, was \$9.1 million, a net decrease of 1.1% from 2019. The decrease is due to funds withdrawn from the portfolio to fund operations following the cancellation of the joint meeting, partially offset by strong investment returns for the year. Cambridge Associates continues to provide investment advice to AADOCR and the portfolio has met our benchmarks for the last several years despite the market volatility. Although unaudited, the AADOCR portfolio as of 2Q 2021 was \$9.9 million, an increase of 8.8% year-to-date. Preliminary year-end estimates for 2021 based on YTD Q2 results project AADOCR ending the year needing a \$372,000 investment allocation to get to a balanced budget as compared to a \$518,000 budgeted investment allocation, or \$146,000 better than budget. The lower than budgeted allocation is due to a larger meeting surplus that AADOCR shares in from the joint meeting with IADR.

AADOOCR FUNDRAISING ACTIVITIES UPDATE

As of June 2021, AADOOCR has received more than \$1.242 million in donations, pledges, and estate gifts since the inception of its philanthropic efforts in 2014. AADOOCR has five levels of giving:

- Innovation Society (\$1-\$999)
- Discovery Society (\$1,000-\$9,999)
- William J. Gies Society (\$10,000+)
- Legacy Society (estate gifts) and William Bowen Sustaining Society (Frequent, consistent donors over a five-year period of a minimum donation of \$100 for each year.)

In June 2021, longtime member Dr. Sheila M. Riggs and Mr. Scott A. Riggs generously committed a \$50,000 unrestricted estate gift to AADOOCR and become the second members of the AADOOCR Legacy Society. The total funds in the Legacy Society are now \$450,000.

A crucial goal in 2021 is to fully endow the AADOOCR William F. Butler Fellowship. Per the AADOOCR Gift Acceptance Policies and Procedures, an endowment has seven years to become fully funded at \$250,000. This includes the AADOOCR match of \$125,000. This fund currently lacks \$38,000 to realize its goal, and the activation of an AADOOCR \$125,000 match. The goal of the fellowship is to support researchers in the early stages of their scientific careers. The long-term the objective of the fellowship is to increase the representation of mineralized tissue researchers at the higher ranks in science and academia who will serve as mentors in the field. Additional targeted communications are being sent this Fall, 2021.

Other updates include:

- A solicitation email and end of year email/social media solicitation and thank you emails will be sent coinciding with 'Giving Tuesday' and end of year efforts in November/December 2021.
- There are four endowments created by the AADOOCR Board: Anne D. Haffajee Fellowship, William Butler Fellowship, New Investigator Grant Program, and General Operating Endowment. The Anne Haffajee Fellowship was fully endowed in 2016 and the fifth Fellowship was awarded in 2021.
- The AADOOCR Development Committee is a committee of seven members who consult on planning for philanthropic efforts and assist in executing fundraising initiatives. The committee continues to hold quarterly conference calls with AADOOCR staff.

AADOOCR BLOC TRAVEL GRANT

The AADOOCR received funding from the National Institutes of Health—National Institute of Dental and Craniofacial Research (NIH-NIDCR) to support travel for dental students and NIDCR-supported trainees to present and attend AADOOCR Annual Meetings through 2023.

The AADOOCR Bloc Travel Grant is available to dental students enrolled in accredited U.S. dental schools who are

citizens or non-citizen nationals of the U.S. and NIDCR-supported Trainees. AADOOCR Bloc Travel Grant recipients are selected to receive funds based on the quality of an abstract accepted for presentation at the meeting. Due to the 2021 IADR/AADR/CADR General Session & Exhibition being 100% virtual, AADOOCR was able to award meeting registration funds to 83 Bloc Travel Grant recipients.

FUTURE MEETINGS

The hybrid 51st Annual Meeting & Exhibition of the AADOOCR and the 46th Annual Meeting of the CADR will take place online and in Atlanta, GA on March 23-26, 2022. The 52nd Annual Meeting & Exhibition of the AADOOCR and the 47th Annual Meeting of the CADR will take place March 15-18, 2023, in Portland, OR. The 2024 IADR/AADOOCR/CADR General Session & Exhibition will take place March 13-16, 2024, in New Orleans, LA.

IN MEMORIAM

Sadly, the IADR/AADOOCR lost the following past officers of IADR and AADOOCR:

- Marjorie K. Jeffcoat, 24th President of the AADOOCR (1995-96) and the 77th President of IADR (2000-01). View her tribute in the *Journal of Dental Research*.
- John Stamm, IADR Treasurer (1997-2001). View his tribute in the *Global Research Update*.
- Ken Anusavice, 32nd President of the AADOOCR (2003-04). View his Inaugural address delivered in San Antonio, TX on March 12, 2003 titled "[Seven Secrets to Discovery](#)."

In addition, the following notable IADR/AADOOCR members have passed since last Council:

- Charles A. "Scotty" McCallum, Jr. [View his tribute in the Global Research Update](#).
- Jay A. Gershen [View his tribute in the Science Advocate](#).
- Bernard Tandler [View his tribute in the Science Advocate](#).
- Ralph Katz [View his tribute in the Global Research Update](#).
- Buddhi Shrestha [View his tribute in the Science Advocate](#).
- Ray Williams [View his tribute in the Science Advocate](#)

CLOSING

In closing, I would like to thank the leadership of Mark Herzberg, Jacques Nör, the AADOOCR Board of Directors, the AADOOCR GHQ staff, and all the AADOOCR volunteer leaders.

Respectfully submitted,



Christopher H. Fox, DMD, DMSc
Chief Executive Officer
November 22, 2021



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Independent Auditors' Report

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

We have audited the accompanying financial statements of the American Association for Dental Research (the Association), which comprise the statement of financial position as of December 31, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Association as of December 31, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.



Appendix 2 — Independent Auditor’s Report for 2019 *(continued)*

To the Council and Members
American Association for Dental Research

Report on Summarized Comparative Information

We have previously audited the Association’s statement of financial position as of December 31, 2018, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 11, 2019. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Councilor, Buchanan + Mitchell, P.C.

Washington, D.C.
November 12, 2020

Certified Public Accountants

AMERICAN ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2019

(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2018)

Assets	2019	2018
Current Assets		
Cash and Cash Equivalents	\$ 29,201	\$ 8,756
Accounts Receivable	47,795	82,468
Contributions Receivable	27,825	58,334
Due from IADR	86,915	-
Prepaid Expenses and Other Current Assets	116,423	90,896
Total Current Assets	308,159	240,454
Investments	9,232,000	8,088,314
Fixed Assets, Net	462,082	439,740
Deferred Compensation Investment	273,518	207,665
Total Assets	\$ 10,275,759	\$ 8,976,173
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable and Accrued Expenses	\$ 111,954	\$ 66,152
Due to IADR	-	207,710
Deferred Dues	342,407	99,947
Total Current Liabilities	454,361	373,809
Deferred Compensation Payable	273,518	207,665
Total Liabilities	727,879	581,474
Net Assets		
Without Donor Restrictions		
Undesignated	8,955,786	7,873,030
Board Designated	200,955	169,822
Total Without Donor Restrictions	9,156,741	8,042,852
With Donor Restrictions		
Purpose Restricted	103,370	86,337
Endowment Funds	287,769	265,510
Total With Donor Restrictions	391,139	351,847
Total Net Assets	9,547,880	8,394,699
Total Liabilities and Net Assets	\$ 10,275,759	\$ 8,976,173

AMERICAN ASSOCIATION FOR DENTAL RESEARCH

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2019
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2018)**

	Without Donor Restrictions	With Donor Restrictions	2019 Total	2018 Total
Revenues				
Membership Dues	\$ 714,802	\$ -	\$ 714,802	\$ 741,847
Conference Registration	7,404	-	7,404	1,031,665
Exhibitors’ Fees	-	-	-	114,165
Symposia	-	-	-	10,405
Division Share, Meeting Share, and Meeting Dividend	394,261	-	394,261	30,750
Royalties and Publishing	503,752	-	503,752	484,297
Advertising	9,567	-	9,567	16,015
Contributions and Sponsorships	84	203,103	203,187	286,708
Investment Return Designated for Current Operations	172,405	-	172,405	162,976
Miscellaneous	14,418	-	14,418	4,190
Net Assets Released from Restrictions	188,744	(188,744)	-	-
Total Revenues	2,005,437	14,359	2,019,796	2,883,018
Expenses				
Program Services				
Journal of Dental Research and Publishing	302,664	-	302,664	256,070
Annual Meeting and Symposia	69,761	-	69,761	1,334,977
Government Affairs	501,567	-	501,567	494,065
Awards, Grants, and Fellowships	265,556	-	265,556	255,712
Member Services and Other Programs	133,321	-	133,321	109,332
Total Program Services	1,272,869	-	1,272,869	2,450,156
Supporting Services				
Management and General Expenses	625,922	-	625,922	457,244
Membership Development	211,672	-	211,672	181,341
Total Supporting Services	837,594	-	837,594	638,585
Total Expenses	2,110,463	-	2,110,463	3,088,741
Change in Net Assets before Investment Gain (Loss)	(105,026)	14,359	(90,667)	(205,723)
Investment Gain (Loss) in Excess of Amounts Designated for Current Operations	1,218,915	24,933	1,243,848	(906,937)
Change in Net Assets	1,113,889	39,292	1,153,181	(1,112,660)
Net Assets, Beginning of Year	8,042,852	351,847	8,394,699	9,507,359
Net Assets, End of Year	\$ 9,156,741	\$ 391,139	\$ 9,547,880	\$ 8,394,699

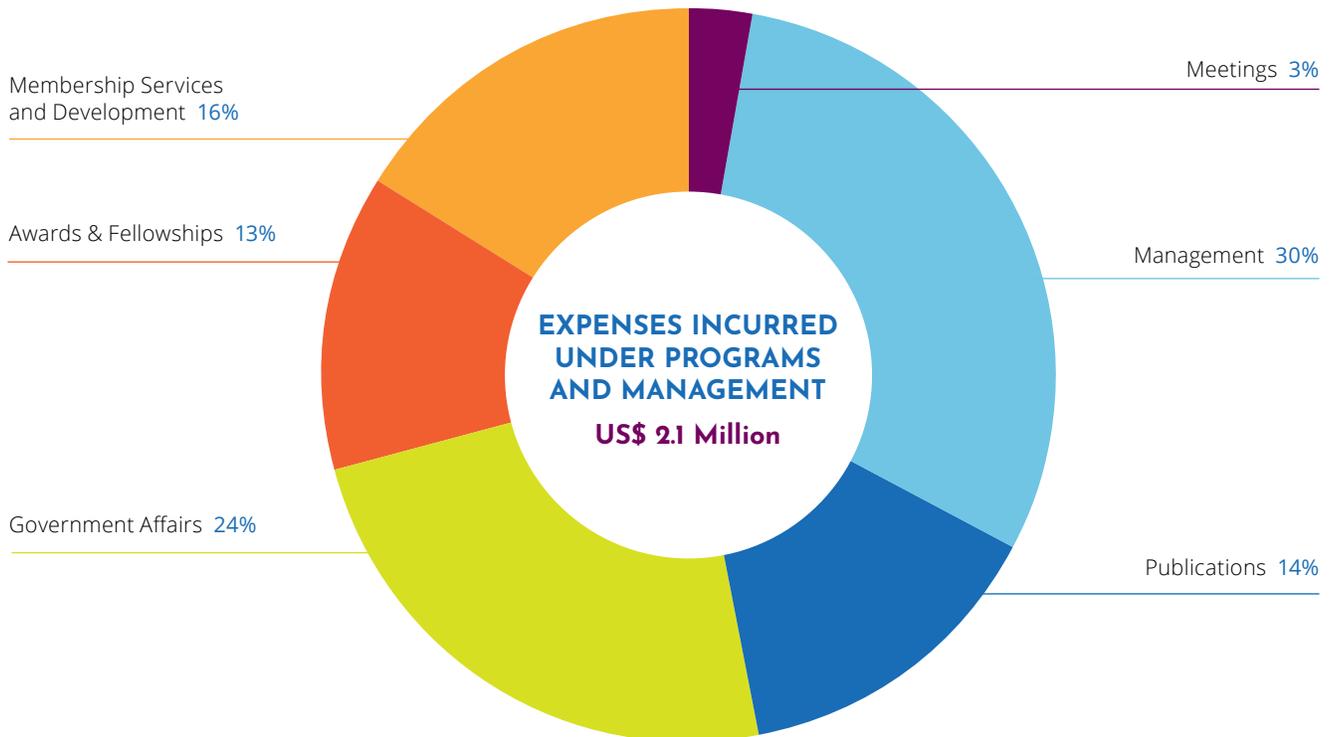
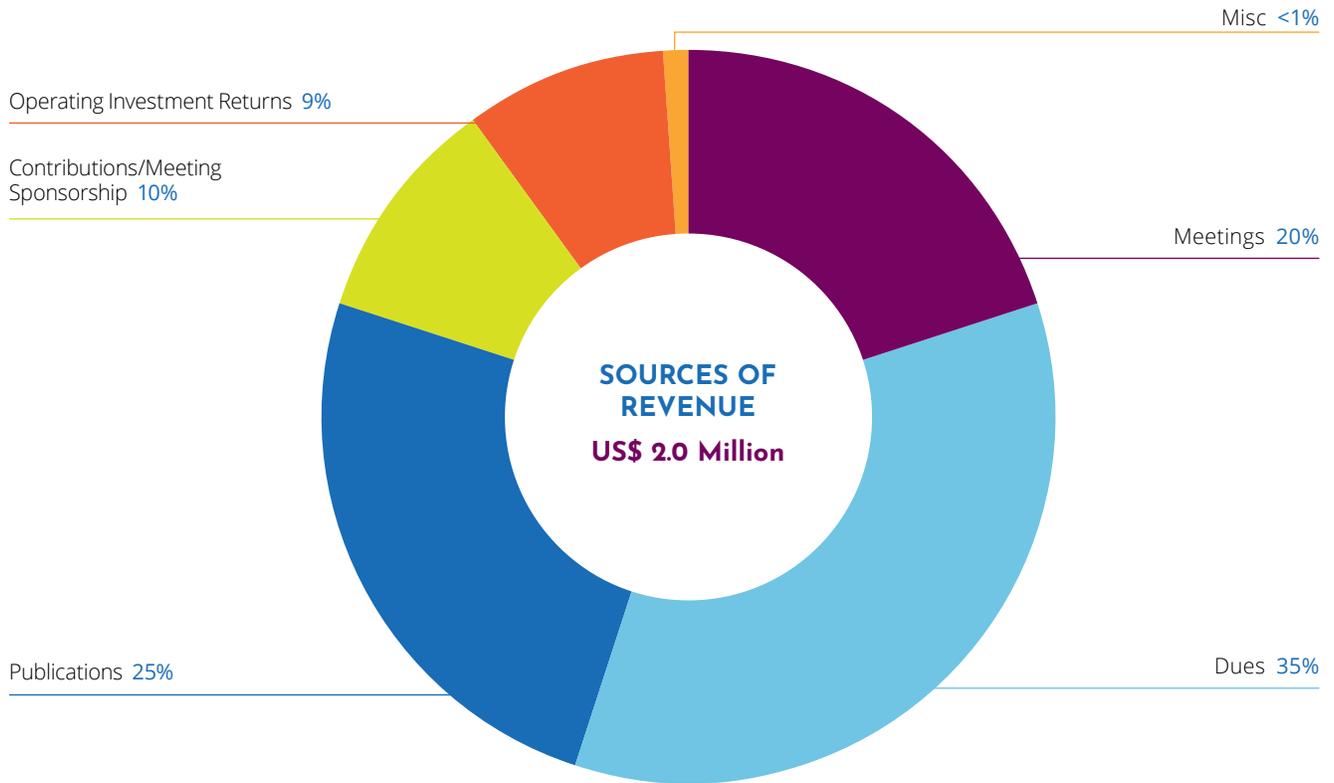
Appendix 2 — Independent Auditor’s Report for 2019 *(continued)*

AMERICAN ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2019
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2018)

	<u>2019</u>	<u>2018</u>
Cash Flows from Operating Activities		
Change in Net Assets	\$ 1,153,181	\$ (1,112,660)
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities		
Depreciation and Amortization	63,364	68,330
Net Realized and Unrealized (Gain) Loss on Investments	(1,246,438)	890,191
<u>(Increase) Decrease in Assets</u>		
Accounts Receivable	34,673	17,232
Contributions Receivable	30,509	(8,059)
Due from IADR	(86,915)	33,670
Prepaid Expenses and Other Current Assets	(25,527)	32,637
Investment in Deferred Compensation	(65,853)	2,124
<u>Increase (Decrease) in Liabilities</u>		
Accounts Payable and Accrued Expenses	45,802	(50,104)
Due to IADR	(207,710)	207,710
Deferred Revenue	242,460	(654,734)
Deferred Compensation Payable	65,853	(2,124)
Net Cash Provided by (Used in) Operating Activities	<u>3,399</u>	<u>(575,787)</u>
Cash Flows from Investing Activities		
Purchases of Investments	(6,711,040)	(565,898)
Proceeds from Sales and Maturities of Investments	6,813,792	390,002
Purchases of Fixed Assets	(85,706)	(19,913)
Net Cash Provided by (Used in) Investing Activities	<u>17,046</u>	<u>(195,809)</u>
Net Increase (Decrease) in Cash and Cash Equivalents	20,445	(771,596)
Cash and Cash Equivalents, Beginning of Year	8,756	780,352
Cash and Cash Equivalents, End of Year	<u>\$ 29,201</u>	<u>\$ 8,756</u>

2019 OPERATIONAL HIGHLIGHTS



Chief Executive Officer's Report on the Budgets, 2020-22

Executive Summary

Year-End Estimate – 2021

The preliminary year-end estimates that follow show a \$399,000 investment allocation needed to balance the budget versus the \$518,000 investment allocation that was budgeted, or \$119,000 better than budget.

- This is achieved by a better-than-expected meeting surplus (joint virtual meeting with IADR), lower than expected general operating expenses and a lower than budgeted FFS deficit, partially offset by lower membership dues.
- *General Operations:*
 - The number of dues paying Members is expected to be in-line with 2020 actuals and approximately 150 less than the 2021 budget. This decrease will translate to dues revenue that is \$31,000 lower than budget and is a factor in reducing the overall budget surplus.
 - Expenses are expected to be \$24,000 less than budget due to lower than expected Board meeting & travel costs and staff travel costs, partially offset by higher than budgeted government affairs costs due to a new initiative that wasn't contemplated in the original the budget and organization dues due to higher than budgeted comped dues costs. Costs for an in-person December 2021 Board meeting have been budgeted.
 - The overall General Operations deficit is expected to be \$9,000 greater than budget.
- AADOCR Annual Meeting (Joint with IADR):
 - Meeting revenues are expected to exceed budget by approximately \$140,000 thanks to higher than budgeted registrations and sponsorships.
 - Expenses are still being finalized. However, preliminary estimates indicate that most expenses should be at or below budgeted amounts. Lower than budgeted costs are seen in the meeting venue category due a possible hotel liability that is unlikely to be charged and meeting promotion costs, partially offset by higher than budgeted scientific program, merchant fees and networking opportunity costs.
 - AADOCR's share of the Joint IADR/AADOCR net income is expected to be \$148,000, which exceeds budget by about \$106,000.
- Fall Focused Symposium: Planning is ongoing for the next symposium which is scheduled for January 2022, no FFS

will be held in 2021. All costs with the exception of the allocated salaries, benefits and overhead costs have been removed from the 2021 year-end projections. The budget contemplated a virtual only symposium similar to last year. The expected deficit composed only of allocated costs is projected to be (\$23,000) as compared to a budgeted deficit of (\$35,000).

- GHQ: Salary & benefits costs are expected to be about \$51,000 lower than budget primarily due to an open staff position for part of the year. GHQ overhead costs are expected to be \$74,000 greater than budget primarily due to higher than budgeted upfront implementation costs for the Nimble (new association management system) & Website redesign projects, as well as the expected recruitments costs to hire a new executive assistant. These increased costs are partially offset by lower than budgeted office supply, telephone and depreciation costs. Staff was able to reduce telephone/internet costs while increasing our internet connection speed by 5x, by locking in a new 3-year agreement. Insurance costs while slightly more expensive than 2020 include \$100K in cyber security coverage and \$2M in flood coverage. Total GHQ 2021 costs are projected to be about \$23,000 greater than the original budget.
- JDR: The budgeted surplus is currently expected to be about \$18,000 greater than budget. Royalty income is currently being estimated to be \$13,000 greater than the budgeted amount. Mid-year reports from Sage show revenues trending slightly above 2020 results. Year-end revenue estimates could be adjusted upward if the trend continues. Costs are in line with or slightly below budget.
- JDR CTR: The budgeted deficit is currently expected to be about \$2,000 less than budget. Royalty income is currently being estimated to be slightly greater than the budgeted amount, mid-year reports from Sage show revenues slightly better than budget. Costs are in line with or slightly below budget.
- Investment Spending Policy: The AADOCR investment spending policy allows for up to 4% of the average investment portfolio balance measured over the prior 12 quarters to be used to fund AADOCR operations. Total estimated expenses to be funded from investment portfolio earnings in 2021 are expected to total \$607,000. This amount includes the general operations allocation to balance the budget, AADOCR only programs such as continue support of FNIH and support for unfunded AADOCR awards. The amount is expected to be approximately \$208,000 greater than the amount available under the investment spending policy.

Table A2. General Operations

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021	Proposed BUDGET 2022	Preliminary BUDGET 2023	Preliminary BUDGET 2024
REVENUE							
Institutional & Corporate dues	418,483	391,515	400,000	400,000	400,000	400,000	400,000
Membership Dues	288,568	295,973	295,973	325,681	299,305	328,621	360,131
Miscellaneous	41,951	17,306	25,000	28,365	29,624	31,499	29,414
TOTAL REVENUE	749,002	704,794	720,973	754,046	728,930	760,121	789,546
EXPENSES							
Employee salaries	563,373	441,269	630,237	647,984	665,546	695,158	738,064
Employee benefits	159,841	132,457	178,042	179,881	186,353	196,382	208,503
Overhead Allocation	245,077	137,697	273,922	254,169	231,873	223,091	254,450
Merchant Fees	11,766	9,484	18,968	15,910	15,380	16,039	16,659
Shipping & courier	75	1,768	2,000	1,500	1,545	1,591	1,639
Board Costs - Travel & Mtg	8,591	0	48,000	103,000	106,090	109,273	112,551
Travel - Staff	2,005	0	0	10,500	11,500	11,845	12,200
Government Affairs	96,273	101,232	160,232	121,000	121,000	121,000	121,000
Media & Public Relations	12,504	12,124	12,750	12,750	12,498	12,873	13,259
Member Retention	33,905	22,989	22,989	22,500	15,564	16,031	16,512
Member Recruitment	12,248	8,260	8,260	15,000	21,425	22,068	22,730
Organizational Dues	32,873	39,942	39,942	32,500	32,750	33,000	33,250
Programatic Sponsorships	7,233	0	7,500	10,000	10,000	10,000	10,000
Student Research Group	10,427	2,500	7,625	7,625	15,250	15,250	15,250
Miscellaneous	8,161	6,016	10,000	10,000	10,300	10,609	10,927
TOTAL EXPENSES	1,204,352	915,738	1,420,467	1,444,321	1,457,077	1,494,211	1,586,995
Net Income (before investment alloc)	(455,350)	(210,944)	(699,494)	(690,274)	(728,147)	(734,091)	(797,449)
Investment Allocation	345,074	n/a	398,847	518,104	835,007	403,873	670,720
Adjusted Net Income	(110,276)	(210,944)	(300,647)	(172,170)	106,860	(330,218)	(126,729)

Budget Assumptions	ACTUAL 2020	YTD 9/30/2021	YE Estimate 12/31/2021	BUDGET 2021	BUDGET 2022	BUDGET 2023	BUDGET 2024
Member dues	1,654 \$ 160.00	1,553 \$ 165.00	1,553 \$ 165.00	1,850 \$ 165.00	1,631 \$ 170.00	1,712 \$ 175.00	1,798 \$ 180.00
Affiliate Member dues	21 \$ 128.00	14 \$ 132.00	14 \$ 132.00	23 \$ 132.00	15 \$ 136.00	15 \$ 140.00	16 \$ 144.00
Retired Member dues	111 \$ 40.00	70 \$ 40.00	70 \$ 40.00	102 \$ 40.00	74 \$ 45.00	77 \$ 50.00	81 \$ 55.00
Student dues	977 \$ 40.00	877 \$ 40.00	877 \$ 40.00	931 \$ 40.00	921 \$ 45.00	967 \$ 50.00	1,015 \$ 55.00

General Operations (Table A2)

Revenue

The largest portion of revenue comes from member and institutional dues. In the lower part of the table the supporting figures for the membership dues are displayed.

Historically, an investment allocation has been necessary to balance the overall operating budget. Portfolio allocations were usually necessary in years when AADOCR holds stand-alone meetings when revenues are typically lower. Due to unusually strong finances in past years, no investment allocation was needed from 2011 -2017. However, with investment allocations needed from 2018 – 2020 and expected to be needed each year from 2021 – 2024, the spending policy of the Association will be exceeded, requiring Board approval.

In an effort to help offset increasing expenses, small increases are recommended to Member dues rates in future years.

Expenses

The largest expenses are typically salaries, benefits, global HQ costs (overhead allocation), government affairs, and Board

costs. The global HQ cost allocation percentages applied to AA general operations for 2020, 2021 and 2022 are 27.7%, 27.5% and 27.0% respectively. Total 2021 general operations expenses are estimated to be \$13,000 lower than budgeted amount, due to lower Board costs partially offset by higher government affairs and organizational dues costs. Future year budget figures are based on maintaining similar spending patterns to 2021, with the exception of Board and staff travel costs, which assume travel resumes in 2022.

Comments

- The net result of the AADOCR general operations budget is a deficit, which is consistent with results since the early 1980s. This deficit underscores the importance that the Meetings and Publications operate at significant surpluses to balance the overall AADOCR operating budget.
- 2021 membership figures show that the number of Members remaining relatively unchanged from 2020 totals.
- We are budgeting for a 5% increase in memberships in 2022 as compared to 2021. The number of members and students is budgeted to increase by 5% per year in 2023 & 2024.

Table A3. Meetings

				Virtual	Atlanta	Portland	New Orleans
	ACTUAL	YTD	Year-End	BUDGET	Proposed	Preliminary	Preliminary
	2020	06/30/2021	Estimate	2021	BUDGET	BUDGET	BUDGET
			12/31/2021		2022	2023	2024
REVENUE							
Registration	0	0	0	0	648,172	1,537,659	
Member reg							
Non-member reg							
Student reg							
Accomp persons							
Exhibition Fees	0	0	0	0	127,242	174,020	
Advertising							
Contributions							
Symposium							
Sponsorship & Advertising		0	0	0	176,000	188,000	
Division Share *	0	0	0	0	0	0	
IADR Meeting Share **	(627,406)	0	148,414	41,800	0	0	51,427
Meeting Dividend	0	0	0	0	0	0	
Interest							
Miscellaneous		0	0	0	1,750	1,750	
TOTAL REVENUE	(627,406)	0	148,414	41,800	953,164	1,901,429	51,427
EXPENSES							
Employee Salaries	0			0	262,025	274,094	
Employee Benefits	0			0	73,367	77,432	
Overhead Allocation	0			0	91,288	87,963	
Personnel	0			0	134,410	166,685	
Merchant Fees/Bank Charges	0			0	25,040	49,951	
Organization							
Meeting Venue	0			0	57,176	150,250	
Scientific Program	0			0	397,760	630,579	
Exhibition	0			0	30,800	68,600	
Business Meeting							
Travel							
Networking Opportunities	0			0	78,875	130,675	
Meeting Promotion	0			0	40,648	46,648	
Miscellaneous	0			0	5,750	5,000	
TOTAL EXPENSES	0			0	1,197,138	1,687,875	
Net Income (Before Adjustments)	(627,406)	0	148,414	41,800	(243,974)	213,554	51,427

Meeting (Table A3)

Revenue

The income is mainly determined by the number of attendees and the registration fees. In years when AADOCR does not hold a meeting separately from IADR, the main source of meeting revenue comes from the Division Share, IADR Meeting Share, and the Meeting Dividend. The Division Share is calculated based on 20% of IADR/AADOCR meeting surplus when the AADOCR is designated as a "Host Division". The IADR Meeting Share is calculated as 36% of the meeting surplus from a joint IADR/AADOCR meeting held in North America. And the Meeting Dividend is calculated based on AADOCR member attendance to IADR or joint IADR/AADOCR meetings.

Expenses

There are two main sets of expenses, 1) staff salaries, benefits and overhead costs and 2) direct costs related to the meeting. Staff costs go up or down according to whether AADOCR can distribute the costs to one combined IADR/AADOCR meeting or to two separate meetings. The meeting department budgets meetings according to a very detailed list, but the simplified budget presentation in this table groups the direct meeting costs under the following functional headings:

MAIN HEADING	TYPICAL EXPENSE ITEMS
Personnel	Staff travel and meals; temp staff; security; photographer; registration management
Meeting venue	Convention Center; equipment; signs; decorator; busing; insurance
Scientific Program	A/V; abstract management; poster boards; program book; lunch & learning; registration bags; symposium speaker
Exhibition	Booth equipment; carpeting; electricity; cleaning; hospitality center
Networking	Scheduled events, (e.g. welcome, presidents etc. receptions, governance meetings)
Promotion	Registration material printing & postage; promotion posters; advertising

Comments

- It is in the best interest of the Association to attempt to maximize net income from the meeting. Meeting surpluses help to offset the deficit in general operations.
- AADOCR's share of the net loss from the virtual July 2021 meeting is expected to be \$148,000 as compared to a budgeted surplus of \$42,000.
- The March 2022 Annual Meeting scheduled for Atlanta is currently budgeted at a \$244,000 deficit.
- The low number of abstract submissions received for the meeting resulted in lowered revenue projections.
- The high costs of providing both in-person and virtual meeting components puts further pressure on the profitability of the meeting.

Table A4. Fall Focused Symposium

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021	Proposed BUDGET 2022	Preliminary BUDGET 2023	Preliminary BUDGET 2024
REVENUE							
Member reg	3,775	0	0	9,082	4,000	4,000	4,000
Non-member reg	1,700	0	0	5,382	2,000	2,000	2,000
Student reg	600	0	0	2,501	600	600	600
Contributions	0	0	0	20,000	0	0	0
Miscellaneous	108	0	0	100	100	100	100
TOTAL REVENUE	6,183	0	0	37,065	6,700	6,700	6,700
EXPENSES							
Employee Salaries	12,028	10,136	13,515	12,398	13,122	13,659	15,869
Employee Benefits	2,962	2,841	3,818	3,857	3,674	3,859	4,483
Overhead Allocation	4,696	3,843	5,874	5,451	4,572	4,383	5,471
Merchant Fees	0	0	0	489	500	500	500
Organization	0	0	0	0	0	0	0
Meeting Venue	2,500	0	0	12,618	2,500	2,500	2,500
Scientific Program	5,200	0	0	15,000	7,500	7,500	7,500
Travel	0	0	0	12,060	0	0	0
Social Program	0	0	0	8,010	0	0	0
Printing & Promotion	0	0	0	2,000	0	0	0
Publication	0	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0	0
TOTAL EXPENSES	27,386	16,820	23,207	71,883	31,868	32,401	36,323
Net Income	(21,203)	(16,820)	(23,207)	(34,818)	(25,168)	(25,701)	(29,623)

Fall Focused Symposium (Table A4)

AADOCR created the Fall Focused Symposium (FFS) with the objective to provide networking opportunities and exchange of ideas, and to offer small regional symposia focused on cutting-edge technology and techniques. The first Fall Focused Symposium was held in 2008. The 2020 symposium was held virtually. The next Fall Focused Symposium will be held in January 2022.

Revenue

The two main sources of revenue are registration income and sponsorships.

No revenues or expenses other than the allocated salaries, benefits and overhead costs are shown for 2021 as the next event will be held in January 2022.

Expenses

For 2022 through 2024 virtual meetings are contemplated. These virtual meetings are expected to result in lower revenues, but also lower expenses to a greater extent which are expected to result in lower net deficits as compared to in-person events.

Comments

- Due to the changing subject matter and location, attendance is difficult to predict.
- The goal is to breakeven each year. However, due to the high cost and low attendance of this meeting it has been more difficult to achieve.
- A deficit of about \$21,000 from this symposium has the same overall financial impact to the Association as not holding the symposium at all. This is the amount of staff costs and overhead allocated to the FFS budget that would need to be absorbed in other budget departments if AADOCR no longer held the symposium. It is financially better for AADOCR to have a small deficit on this meeting than to not hold it at all.
- Although the symposium has resulted in deficits and may continue to result in deficits, the Board has previously agreed that these costs are offset by the investment in AADOCR's membership and the benefits accomplished through communication of AADOCR's scientific impact.

Table A5. Fellowships, Awards, and Quasi-Endowments Summary

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021	Proposed BUDGET 2022	Preliminary BUDGET 2023	Preliminary BUDGET 2024
REVENUE							
Contributions	95,336	71,765	127,930	182,630	180,790	161,790	133,630
AADOCR Portfolio Allocation	2,275	3,055	3,500	0	0	125,000	1,000
Total Return On Investment	41,790	33,071	33,071	20,701	22,226	34,265	34,046
TOTAL REVENUE	139,401	107,891	164,501	203,331	203,016	321,055	168,676
EXPENSES							
Awards/Fellowships/Mission Support	87,420	90,855	111,200	128,200	133,000	143,000	119,500
Plaques	160	652	80	80	305	305	80
Miscellaneous	1	14	0	100	2,450	2,450	100
Admin Fees	9,940	1,405	8,260	11,665	12,924	14,799	12,714
Investment Fees	1,834	846	1,674	1,661	1,799	3,093	3,209
TOTAL EXPENSES	99,355	93,772	121,214	141,706	150,478	163,647	135,603
Net Income	40,045	14,119	43,287	61,625	52,538	157,408	33,073
Balance from Previous Year	613,981	654,026	654,026	684,579	746,204	798,742	956,149
Prior Year Balance Adjustment							
Balance at Year End	654,026	668,145	697,313	746,204	798,742	956,149	989,222

Fellowships and Awards (Table A5)

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

The Board of Directors has designated funds from the Association's reserves to be "quasi-endowed" to support the William J. Gies Award in perpetuity. Since this fund is not a true "endowment", the Board has the power to change the purpose of this "designated" fund at its discretion.

A planned giving campaign was initiated in 2014 to encourage creation of permanent endowments that will support the mission of the AADOCR. In 2014, AADOCR received contributions to create a permanent endowment, The Anne Haffajee Endowment. That endowment became fully funded in 2016, making it officially the first permanent endowment of the

AADOCR. \$10,000 has been issued annually since 2017 for the Anne Haffajee Fellowship. Contributions are also being received for additional endowments, however, they have not yet been fully funded.

Administrative costs charged to many of AADOCR's awards are reflected on these budget sheets as expenses and included in Miscellaneous Income on the General Operations Budget (Table A2).

You may notice deficits in some funds' net income from time to time. This is typically due to timing issues. Generally Accepted Accounting Procedures (GAAP) basically requires that AADOCR record contributions during the year that they are received and record the expense of the award/fellowship in the year that it is paid. Contributions are frequently received in the year prior to awarding the grant. So, the first year would show a surplus and the second year would show a deficit. These surpluses and deficits should offset each other over time.

Table A5a. Permanent and Quasi-Endowments

	ACTUAL	YTD	Year-End Estimate	BUDGET
Anne Haffajee Endowment	2020	9/30/2021	12/31/2021	2021
Revenue				
Contributions	2,275	3,055	3,500	0
AADR Portfolio Allocation	2,275	3,055	3,500	0
Total Return On Investment	41,070	32,277	24,041	20,260
Total Revenue	45,620	38,387	31,041	20,260
Expenses				
Awards/Fellowships	10,000	10,000	10,000	10,000
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Admin Fee	2,370	1,405	2,810	2,515
Investment Fees	1,793	806	1,634	1,624
Total Expenses	14,163	12,211	14,444	14,140
Net Income	31,457	26,176	16,597	6,120
Balance from Previous Year	342,292	373,749	373,749	373,749
Balance at Year End	373,749	399,925	390,346	379,869
Perm-Restricted Bal Temp-	153,555		157,055	
Restricted Bal Unrestricted	18,986		16,900	
Bal-Board Desig Unrestricted	201,208		216,391	
Bal	0		0	
Total Bal Per Audit	373,749		390,346	
Fund Balance (Subject to ROI)	373,749		390,346	
Total Value of AADR Portfolio	\$9,076,063		\$9,053,254	
% of Portfolio Value	4.1180%		4.3117%	
	ACTUAL	YTD	Year-End Estimate	BUDGET
William Butler Endowment	2020	9/30/2021	12/31/2021	2021
Revenue				
Contributions	10,800	9,400	7,500	20,000
AADO CR Portfolio Allocation	0	0	0	0
Total Return On Investment	0	0	0	0
Total Revenue	10,800	9,400	7,500	20,000
Expenses				
Awards/Fellowships	0	0	0	0
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Admin Fee	0	0	0	0
Investment Fees	0	0	0	0
Total Expenses	0	0	0	0
Net Income	10,800	9,400	7,500	20,000
Balance from Previous Year	91,704	102,504	102,504	102,504
Balance at Year End	102,504	111,904	110,004	122,504
Perm-Restricted Bal Temp-	88,524		96,024	
Restricted Bal Unrestricted	13,980		13,980	
Bal-Board Desig Unrestricted	0		0	
Bal	0		0	
Total Bal Per Audit	102,504		110,004	
Fund Balance (Subject to ROI)	0		0	
Total Value of AADR Portfolio	\$9,076,063		\$9,053,254	
% of Portfolio Value	0.0000%		0.0000%	

Table A5a. Permanent and Quasi-Endowments *(continued)*

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021
William J. Gies Award				
Revenue				
Contributions	1,080	0	1,080	1,080
Total Return On Investment	720	794	591	442
Total Revenue	1,800	794	1,671	1,522
Expenses				
Awards/Fellowships	1,000	1,000	1,000	1,000
Plaques	80	652	80	80
Investment Fees	41	40	40	37
Total Expenses	1,121	1,692	1,120	1,117
Net Income	678	(898)	551	405
Balance from Previous Year	8,520	9,198	9,198	9,198
Balance at Year End	9,198	8,300	9,749	9,603
Unrestricted Bal - Board Desig.	9,198		9,749	
Temp-Restricted Bal - Non Brd Desig.	0		0	
Total Bal Per Audit	9,198		9,749	
Fund Balance Year-End (Subject to ROI)	9,198		9,749	
Total Value of AADR Portfolio	\$9,076,063		\$9,053,254	
% of Portfolio Value	0.1013%		0.1077%	

Table A5b. Fellowships and Awards

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021
Bloc Travel				
Revenue				
Contributions	8,033	0	24,300	50,000
AADO CR Portfolio Allocation	0	0	0	0
Total Revenue	8,033	0	24,300	50,000
Expenses				
Awards/Fellowships	6,033	24,300	24,300	46,300
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Admin Fee	2,000	0	0	3,700
Total Expenses	8,033	24,300	24,300	50,000
Net Income	0	(24,300)	0	0
Balance from Previous Year	0	0	0	0
Balance at Year End	0	(24,300)	0	0
	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021
Student Fellowships				
Revenue				
Contributions	30,773	29,700	55,250	55,250
Total Revenue	30,773	29,700	55,250	55,250
Expenses				
Awards/Fellowships	34,525	29,400	45,900	45,900
Plaques	0	0	0	0
Miscellaneous	1	14	0	100
Admin Fee	3,750	0	4,150	4,150
Total Expenses	38,276	29,414	50,050	50,150
Net Income	(7,503)	286	5,200	5,100
Balance from Previous Year	78,791	71,288	71,288	71,288
Balance at Year End	71,288	71,574	76,488	76,388
Includes Dentsply/Caulk and Hatton competitions during AA meeting years				
	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021
William Clark Fellowship				
Revenue				
Contributions	5,400	5,400	5,400	5,400
Total Revenue	5,400	5,400	5,400	5,400
Expenses				
Awards/Fellowships	5,000	5,000	5,000	5,000
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Admin Fee	400	0	400	400
Total Expenses	5,400	5,000	5,400	5,400
Net Income	0	400	0	0
Balance from Previous Year	5,400	5,400	5,400	5,400
Balance at Year End	5,400	5,800	5,400	5,400

Table A5b. Fellowships and Awards *(continued)*

	ACTUAL 2020	YTD 9/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021
Distinguished Scientist				
Revenue				
Contributions	0	3,750	0	0
Total Revenue	0	3,750	0	0
Expenses				
Awards/Fellowships	5,000	0	0	0
Plaques	80	0	0	0
Miscellaneous	0	0	0	0
Admin Fee	520	0	0	0
Total Expenses	5,600	0	0	0
Net Income	(5,600)	3,750	0	0
Balance from Previous Year	13,219	7,619	7,619	7,619
Balance at Year End	7,619	11,369	7,619	7,619
AADR Joseph Lister Award				
Revenue				
Contributions	0	0	0	0
Total Revenue	0	0	0	0
Expenses				
Awards/Fellowships	0	0	0	0
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Admin Fee	0	0	0	0
Total Expenses	0	0	0	0
Net Income	0	0	0	0
Balance from Previous Year	0	0	0	0
Balance at Year End	0	0	0	0
Mission Support				
Revenue				
Contributions	16,025	6,155	10,000	10,000
Total Revenue	16,025	6,155	10,000	10,000
Expenses				
Awards/Fellowships/Mission Support	16,025	6,155	10,000	10,000
Plaques	0	0	0	0
Miscellaneous	0	0	0	0
Total Expenses	16,025	6,155	10,000	10,000
Net Income	0	0	0	0
Balance from Previous Year	0	0	0	0
Balance at Year End	0	0	0	0

Table JI. All Global Headquarters Costs

	ACTUAL	YTD	Year-End Estimate	BUDGET
	2020	9/30/2021	12/31/2021	2021
Staff costs				
Staff Salaries	2,198,261	1,707,951	2,295,646	2,340,063
Staff Benefits	575,288	482,476	648,520	655,218
Subtotal	2,773,549	2,190,427	2,944,166	2,995,280
% Change from Prior Year	1.8%		6.2%	5.4%
% Diff. From Current Year Budget	-2.4%		-1.7%	
Overhead costs				
Accounting fees	32,065	4,942	6,292	7,210
Audit	54,018	46,549	54,000	54,075
Bank charges	22,355	14,104	26,854	29,175
Building maintenance	64,848	46,461	65,000	65,808
Data Processing	12,982	3,477	3,477	2,500
Depreciation (50/50 Joint Assets)	163,203	125,283	193,753	196,116
Information Technology	139,976	194,746	291,941	215,920
Insurance	42,138	48,359	48,359	45,320
Leases & equipment	13,969	10,346	14,154	17,632
Legal fees	5,025	2,205	5,000	10,300
Miscellaneous	21,243	3,894	5,094	5,150
Office supplies	8,244	2,586	5,000	19,313
Postage & Shipping	6,882	661	2,000	3,605
Recruitment costs	89,094	4,993	33,493	2,575
Staff Development	13,599	4,684	20,000	23,000
Staff Events/Appreciation	3,806	1,113	5,500	5,768
Taxes - Property	32,958	20,679	34,220	34,505
Taxes - Other	0	0	0	0
Telephone	34,147	23,504	30,974	34,560
Temporary Help	0	0	5,578	4,500
Subtotal	760,552	558,586	850,689	777,031
% Change from Prior Year	19.8%		11.9%	2.2%
% Diff. From Current Year Budget	4.4%		9.5%	
GRAND TOTAL	3,534,101	2,749,013	3,794,855	3,772,311
% Change from Prior Year	5.2%		7.4%	6.7%
% Diff. From Current Year Budget	-1.0%		0.6%	
	2020	9/30/2021	12/31/2021	2021
	\$			%
IA General Operations	1,443,938		1,542,000	40.04%
IA General Session	791,759		862,804	24.19%
WCPD	n/a		n/a	n/a
AA General Operations	1,022,356		1,093,223	27.45%
AA Annual Meeting	n/a		n/a	n/a
AA FDA Conference	n/a		n/a	n/a
AA Fall Focused Symposium	17,691		20,999	0.59%
JDR	195,269		208,374	5.84%
JDR-CTR	63,087		67,453	1.89%
	3,534,101		3,794,855	100.00%

Table JPI. Journal of Dental Research

	ACTUAL 2020	YTD 09/30/2021	Year-End Estimate 12/31/2021	BUDGET 2021
REVENUE				
Member subs	16,200	12,850	17,000	17,658
Student subs	1,650	1,825	1,800	1,863
<i>Advances in Dental Research</i>	2,475	0	0	0
Miscellaneous	706	0	0	800
Less: Subscription Rev to SAGE	(17,850)	(14,675)	(18,800)	(19,521)
Advertising Share	4,772	0	10,000	10,569
Editorial Stipend	265,000	132,500	265,000	270,000
Royalty Income	588,906	440,462	572,282	559,461
TOTAL REVENUE	861,859	572,962	847,282	840,830
EXPENSES				
Employee salaries	132,990	103,547	134,110	136,800
Employee benefits	31,511	28,186	37,886	38,277
Overhead Allocation	44,489	32,632	49,697	45,393
Merchant Fees	399	289	578	605
Printing	1,142	0	0	0
Editorial expenses/Ed Board	196,321	210,443	212,550	221,550
Taxes	0	0	1,000	2,800
<i>Advances in Dental Research</i>	0	0	0	0
Legal	42,328	24,431	37,575	36,071
Media/PR/Communication/Ann Rpt	0	0	0	698
Miscellaneous	3,587	116	200	3,000
Editor Search	1,488	0	0	0
TOTAL EXPENSES	454,255	399,644	473,595	485,194
Net Income	407,604	173,318	373,687	355,636
	Year-End Estimate 44196	YTD 09/30/2021	Estimated 12/31/2021	Budget 2021
Budget Assumptions				
JDR				
Member Print				
Rate	\$50	\$50	\$50	\$50
Number of	324	245	340	353
	16,200	12,225	17,000	17,658
Student Subs Print				
Rate	\$25	\$25	\$25	\$25
Number of	66	65	72	75
	1,650	1,625	1,800	1,863

Joint Publications Budgets

Journal of Dental Research (Table JPI)

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

Revenue

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

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

Royalty revenue is expected to remain flat from 2020 to 2021, which is better than the budgeted 5% decrease that was expected. Editorial stipend revenue is less than budget due to no in-person editors' meeting being held again in 2021 due to COVID.

Expenses

IADR/AADOCR is responsible for paying editorial costs and various management and overhead costs. Expected 2021 expenses are projected to be slightly lower than budget.

Editorial expenses are budgeted to remain unchanged in 2022 as the same agreements will be in place for the editorial staff as in 2021.

Appendix 3 — 2021-22 AADOCR Board of Directors and Committees

Board of Directors

Jacques Eduardo Nör, President
Jane A Weintraub, President-elect
Alexandre Vieira, Vice-president (elected)
Mark Herzberg, Immediate Past President
Olga Baker, Treasurer (elected)
Benjamin Chaffee, Member-at-large (elected by Council)
Brenda Heaton, Member-at-large (2022)
Luciana Machion Shaddox, Member-at-large (2023)
Mary Fete, Patient Advocate Representative (2022) (appointed)
Joe D Oxman, Member (2023)
Brian Foster Member (2024)
Alexandra Eileen Herzog, Student Representative (2022)
Kazune Pax, Student Representative (2023)
Nicholas Stephen Jakubovics, *JDR* Editor-in-chief (2025)
Jocelyne Feine, *JDR CTR* Editor-in-chief (2024)
Christopher H. Fox, Chief Executive Officer (2025)

Annual Session Committee

Julie Frantsve-Hawley (2023), Chair
Lorri Ann Morford (2022)
Fernando Luis Esteban Florez (2022)
Kamran Habib Awan (2023)
Justin Merritt (2024)

Committee on Diversity and Inclusion

Kamran Habib Awan (2022), Chair
Seunghee Cha (2022)
Yong-Hee Patricia Chun (2022)
Sylvia A. Frazier-Bowers (2023)
Keith A. Mays (2023)
Gisele F. Neiva (2023)
Carolina Cucco (2024)
Bruno Lima (2024)
Diana Messadi (2024)

Constitution Committee

Tamanna Tiwari (2022), Chair
Linda Kaste (2022)
Srinivas Venkatasatya (2022)
Vivek Thumbigere Math (2022)
Dolphus R. Dawson (2023)
Alexandra Pierre-Bez (2023)
Kamran Awan (2024)
E. Dianne Rekow (2024)
Ilser Turkyilmaz (2024)

Development Committee

David Johnsen (2023), Chair
Erin Ealba Bumann (2023)
Sheila Riggs (2023)
Linda Kaste (2023)
Athena S. Papas (2023)
Matthew Doyle (2024)
Paul Krebsbach (2024)

Edward H. Hatton Awards Committee

Anna Dongari-Bagtzoglou (2022), Chair
Alireza Moshaverinia (2022)
Geelsu Hwang (2022)
Deepak Saxena (2023)
Mina Mina (2023)
Sharukh S. Khajotia (2024)
Livia Tenuta (2023)
Flavia Pirih (2024)
Patricia Miguez (2024)

Ethics in Dental Research Committee

Robert Burne (2022), Chair
Hope Amm (2022)
Francisco Ramos-Gomez (2022)
Seyed Hossein Bassir (2023)
Lawrence Gettleman (2023)
Marcelo Araujo (2024)
Sue Herring (2024)
Andrea Pobocik (2024)
Sarah Raskin (2024)

Fellowships Committee

Purnima Kumar (2022), Chair
Qiming Jin (2022)
Ejvis Lamani (2022)
Kyounga Cheon (2022)
JoAnna Scott (2022)
Ana Paula Dias Ribeiro (2023)
Christine D. Wu (2023)
Noriaki Ono (2023)
Yu Lei (2024)
James Lipton (2024)
Mary Ann Melo (2024)
Michelle Visser (2024)

Nominating Committee

Sally Marshall (2022), Chair
Tim Wright (2022)
Raul Garcia (2022)
Sharukh S. Khajotia (2023)
Mina Mina (2023)
Stephen Bayne (2024)
Martha Somerman (2024)
Maria Ryan (2024)

Science Information Committee

Cristiane Squarize (2022)
Ariadne Machado Gonçalves Letra (2022)
Chung How Kau (2022)
Wanida Ono (2022)
Anna Gripp (2022)
Jirun Sun (2022)
Steve Levy (2023)
Kevin M. Byrd (2023)
Nathanael Salako (2023)

National Student Research Group Faculty Advisors

Mary Walker (2022)
Hope Amm (2024)

IADR/AADOCR Tellers

Isabela Pordeus (2022)
Sheri Adamson Brownstein (2023)
Liran Levin (2024)

IADR/AADOCR William J. Gies Award Committee

George Taylor (2022), Chair
Daniel Harrington (2022)
Petros Papagerakis (2022)
Arvind Babu Rajendra Santosh (2022)
Gianrico Spagnuolo (2022)
Deepak Saxena (2022)
Alastair J Sloan (2023)
Quan Yuan (2023)
Hongli Sun (2024)

Distinguished Scientist Award

Tim Wright (2022), Chair
Paul Krebsbach (2022)
Jack Ferracane (2023)
Raul Garcia (2024)
Maria Emanuel Ryan (2025)

Honorary Membership Committee

Raul Garcia (2022), Chair
Maria Emanuel Ryan (2023)
Tim Wright (2024)

Government Affairs Committee

Sharukh S. Khajotia (2022), Chair
Alexandra Rogers-DeCotes (Gert Quigley Fellow) (2021)
Kaitrin Kramer (2021)
Abraham Schneider (2021)
Christy McKinney (2024)
Anne George (2022)
Gregg Gilbert (2022)
Effie Ioannidou (2023)
Christopher Fox, Chief Executive Officer, *ex officio*

AAAS Representatives

(Through March 2022)
Christopher Fox

ADA Standards Committee on Dental Products

Carmem Pfeifer (2024)
Yu Zhang (2024)
Marco Bottino (2024)
Robert Kelly (2024)

ADA Standards Committee on Dental Informatics

Marcelo Freire (2024)

Dental Quality Alliance Committee

Kathryn Atchison

IADR/AADOCR Publications Committee

Paula Moynihan (2022), (ANZ Division), Chair
Timothy Wright (2022), (AADOCR)
Flavia Teles, AADOCR Rep (2022), (AADOCR)
Jens Kreth, AADOCR Rep (2023), (AADOCR)
Carmem Pfeifer, AADOCR Rep (2024), (AADOCR) (elected)
Min-Quan Du, IADR Rep (2022), (Chinese Division)
Georgios Belibasakis, IADR Rep (2023), (Scandinavian Division)
Vijay Mathur, IADR Rep (2024) (Indian Division)
Effie Ioannidou, Associate Editor, *JDR Clinical & Translational Research* (AADOCR), *ex officio*
Falk Schwendicke, Associate Editor, *Journal of Dental Research*, (CED), *ex officio*
Gustavo Garlet, Associate Editor, *Journal of Dental Research* (Brazilian Division), *ex officio*
Jacques Nör, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*
Joy Richman, Associate Editor, *Journal of Dental Research* (Canadian Division), *ex officio*
Dana Graves, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*
Ana Paula Colombo, Associate Editor, *Journal of Dental Research* (Brazilian Division), *ex officio*
Jocelyne Feine, Editor-in-Chief, *JDR Clinical & Translational Research* (Canadian Division), *ex officio*
Christopher H. Fox, IADR/AADOCR Chief Executive Officer (AADOCR), *ex officio*
Nick Jakubovics (2025), (British Division) Editor-in-Chief, *Journal of Dental Research*, *ex officio*

Updated 12/4/2021

Appendix 4 — AADOCR Fellows

The AADOCR Fellows Program is designed to recognize leaders of AADOCR and individuals who have served AADOCR in various ways throughout their careers. Through this Program, AADOCR will strengthen its mission to drive dental, oral, and craniofacial research to advance health and well-being.

- 2016 Kathryn Atchison, University of California – Los Angeles
Stephen Bayne, University of Michigan
O. Ross Beirne, University of Washington
William Bowen, University of Rochester
John P. Brown, University of Texas at San Antonio
Rena D'Souza, National Institute of Dental & Craniofacial Research
Ananda Dasanayake, New York University
Matthew Doyle, Procter & Gamble Company
Christopher Fox, IADR/AADOCR
Lawrence Gettleman, University of Louisville
Kaumudi Josphipura, University of Puerto Rico
Mel Kantor, University of Wisconsin-Eau Claire
Linda Kaste, University of Illinois Chicago College of Dentistry
Keith Kirkwood, University at Buffalo
Mary MacDougall, University of British Columbia
Grayson Marshall, University of California – San Francisco
Sally Marshall, University of California – San Francisco
John Mitchell, Midwestern University
John Powers, Dental Consultants, Inc.
Alexandre Vieira, University of Pittsburgh, SDM
Mary Walker, University of Missouri - Kansas City
Jane Weintraub, University of North Carolina
J. Timothy Wright, University of North Carolina
Pamela Yelick, Tufts University
- 2017 John Bartlett, The Ohio State University
Nisha D'Silva, University of Michigan
Jeffrey Ebersole, University of Nevada, Las Vegas
Jack Ferracane, Oregon Health & Science University
Margherita Fontana, University of Michigan
Carlos Gonzalez-Cabezas, University of Michigan
Sharon Grayden, University of Michigan
Effie Ioannidou, University of Connecticut
David Kohn, University of Michigan
Daniel McNeil, West Virginia University
Jacques Nör, University of Michigan School of Dentistry
Rade Paravina, University of Texas at Houston
Peter Polverini, University of Michigan
Georgios Romanos, Stony Brook University
Frank Scannapieco, State University of New York at Buffalo
James Simmer, University of Michigan
Russell Taichman, University of Alabama at Birmingham
Yu Zhang, University of Pennsylvania
- 2018 Timothy DeRouen, University of Washington
Sue Herring, University of Washington
Jeffrey Stansbury, University of Colorado
- 2019 David Drake, University of Iowa
Renny Franceschi, University of Michigan
William Giannobile, Harvard School of Dental Medicine
Paul Krebsbach, University of California – Los Angeles
Mina Mina, University of Connecticut
E. Dianne Rekow, King's College London
Harvey Schenkein, Virginia Commonwealth University – VCU/MCV
Thomas Van Dyke, The Forsyth Institute
Cun-Yu Wang, University of California – Los Angeles
David Wong, University of California – Los Angeles
Yun-Po Zhang, Colgate-Palmolive
- 2020 Paul Dechow, Texas A&M University College of Dentistry
Hatice Hasturk, The Forsyth Institute
Alpdogan Kantarci, Forsyth Institute
Purnima Kumar, The Ohio State University
Bjorn Steffensen, Tufts University School of Dental Medicine
- 2021 Ana Bedran-Russo, Marquette University School of Dentistry
Clifton Carey, Univ Colorado, Denver
Lois Cohen, NIH/NIDCR
Pamela Den Besten, University of California – San Francisco
Kimon Divaris, University of North Carolina
Carla Evans, Boston University
Eric Everett, University of North Carolina
Jian Feng, Texas A&M College of Dentistry
Hansel Fletcher, Loma Linda University
Sylvia Frazier-Bowers, University of North Carolina
Anne George, University of Illinois at Chicago
Sudarat Kiat-Amnuay, University of Texas at Houston
Jessica Lee, University of North Carolina
Ariadne Letra, University of Texas Health Science Center at Houston
Carmem Pfeifer, Oregon Health & Science University
Luciana Shaddox, University of Kentucky – College of Dentistry
Dimitris Tatakis, Ohio State University
Flavia Teles, University of Pennsylvania
Jennifer Webster-Cyriaque, University of North Carolina
Charles Widmer, University of Florida

Appendix 5 — AADOCR Student Research Fellowship Recipients

(supported in 2021 by IADR/AADOCR members and several institutional and corporate members)

- 2021 Natalie Atyeo, University of Florida, Gainesville
Jessica Cook, University of California, San Francisco
Ramin Farhad, University of California, San Francisco
Taylor Glovsky, Oregon Health & Science University, Portland
Charles Holjencin, Medical University of South Carolina, Charleston
Gwen Hryciw, Oregon Health & Science University, Portland
Marsha-Kay Hutchinson, University of Michigan, Ann Arbor
Yejin Ki, University of Pittsburgh, PA
Alisa Lee, University of Pennsylvania, Philadelphia
Mary Li, University of Iowa, Iowa City
Eric Madsen, University of Michigan, Ann Arbor
Charlotte Martin, Columbia University, NY
Lea Sedghi, University of California, San Francisco
Ben Swanson, University of Michigan, Ann Arbor
Jihee Yoon, University of California, San Francisco
Yuanchun Zhou, Nova Southeastern University, Fort Lauderdale, FL
- 2020 Erin Britt, Virginia Commonwealth University
Zachary Burk, University of North Carolina
Nicholas Fischer, University of Minnesota
Jacob Graca, University at Buffalo
Tyler Laurel, University at Buffalo
Andrew Magee, Midwestern University – Arizona
An Nguyen, University of California, San Francisco
Alexandra Oklejas, University of Michigan
Nathan Riexinger, University at Buffalo
Conor Scanlon, Oregon Health & Science University
Michelle Scott, The Ohio State University
Ida Shaffer, University of California, San Francisco
Dam Soh, University at Buffalo
Claire Stickler, University of Michigan
W. Benton Swanson, University of Michigan
Gabriel Valencia, University at Buffalo
- 2019 Robert Brock, University of Texas Health Science Center at San Antonio
Ana Chang, University of Washington
Jie Deng, Stony Brook University
Anthony Falone, Tufts University
Josh Ferraro, The Ohio State University
Gilberto Garcia, University of Texas Health Science Center at Houston
Julia Giardina, Virginia Commonwealth University
Gavin Golas, University of Florida
Brian Greco, University of Connecticut
Arezoo Holdaway, Midwestern University – Arizona
Adam Hoxie, University of North Carolina
Ariana Kelly, University of Pittsburgh
Allyn LaCombe, Louisiana State University
Reed McKinney, Indiana University
Sumeet Minhas, Columbia University
Margaret Newton, Texas A&M University
Erika Ramos, Boston University
Cameron Swift, East Carolina University
Shernel Thomas, University of Michigan
Nikita Tongas, Marquette University
Taylor Velasquez, A.T. Still University – Arizona
Trystan Wiedow, The University of Iowa
Scarlett Woods, University of Mississippi Medical Center
- 2018 Brandon Breard, Louisiana State University
Elizabeth Clanaman, Columbia University
Adrian Danescu, University of British Columbia
Michael Eskander, University of Texas Health Science Center at San Antonio
- Keagan Foss, University of Texas Health Science Center at Houston
Michael Halcomb, University of Michigan
Courtney Johnson, University of Colorado
Jeremy Kiripolsky, State University of New York at Buffalo
Grethel Millington, University of Connecticut
Erica Muller, Midwestern University
Zachary Nicholson, Marquette University
Seth Nye, The Ohio State University
Vidhi Pandya, Southern Illinois University
James Parker, East Carolina University
Veena Raja, Stony Brook University
Robert Rudnicki, Texas A&M University
Karen Schey, University of North Carolina at Chapel Hill
Austin Shackelford, Arizona School of Dentistry and Oral Health, A.T. Still University
Adam Staffen, Virginia Commonwealth University
Wylie Tang, University of Nevada, Las Vegas
Hailey Taylor, University of California, San Francisco
Victor Tran, Oregon Health & Science University
Delaney Turner, Tufts University
Danielle Vermilyea, University of Florida
Jennifer Wu, Indiana University
Livia Favaro Zeola, University of Washington
Yuqiao Jennifer Zhou, University of Pittsburgh
- 2017 Danielle Burgess, University of North Carolina, Chapel Hill
Carissa Choong, Oregon Health & Science University
Elizabeth Clanahan, Columbia University
Kendra Clark, University of Mississippi
Eric Feuer, University of Pittsburgh
Jeffrey Garcia, Marquette University
Heran Getachew, University of Florida
Tanner Godfrey, University of Alabama at Birmingham
Bronwyn Hagan, University of California San Francisco
Melissa Jarvis, Midwestern University – CDMA
Leonardo Koerich, Virginia Commonwealth University
Mingyu Kwak, Stony Brook University
Ke’Ale Louie, University of Michigan
Andrew Lum, Tufts University School of Dental Medicine
Andrew McCall, State University of New York at Buffalo
Annette Merkel, University of Illinois at Chicago
Tyler Mesa, Louisiana State University
Seth Nye, Texas A&M College of Dentistry
Jayesh Patel, Boston University
Leigha Rock, University of British Columbia
Delton Tatum, The Ohio State University
Charles Taylor, Arizona School of Dentistry and Oral Health, A.T. Still University
Thuy LeAnn Truong, University of Texas Health Science at Houston School of Dentistry
Joshua Welborn, Southern Illinois University School of Dental Medicine
Matthew Yarmosky, University of Maryland
- 2016 Amir Aryaan, University of Michigan
Andrew Bertagna, University of Illinois at Chicago
Danielle Bitton, Midwestern University – CDMA
Derrick Crawford, Texas A&M College of Dentistry
Kunal Dani, Tufts University School of Dental Medicine
Yifen (Wendy) Fu, University of California San Francisco
Toni Jilka, University of Nevada, Las Vegas
Kyung Min, Ohio State University
Francisco Nieves, University of Texas Health Science at Houston School of Dentistry
Aneesa Sood, University of Alabama at Birmingham
Basma Ibrahim Tamasas, University of Washington
Sing Wai Wong, University of North Carolina, Chapel Hill

Appendix 6 — 2021 AADOCR Bloc Travel Grant Recipients

(supported in 2021 by the National Institutes of Health – National Institute of Dental and Craniofacial Research (NIH-NIDCR))

The American Association for Dental, Oral & Craniofacial Research (AADOCR) received funding from the National Institutes of Health – National Institute of Dental and Craniofacial Research (NIH-NIDCR) under Grant No. R13DE030343.

Chinyere Adeleke, University of Iowa, Iowa City
Christian Ahearn, University at Buffalo, NY
Natalie Anselmi, University at Buffalo, NY
Kristina Astleford-Hopper, University of Minnesota, MN
Natalie Atyeo, University of Florida, Gainesville
Elhaine Beato, University of Washington, Seattle
Jonathan Brennan, University of Iowa, Iowa City
Teagan Byrnes, University of Iowa, Iowa City
Andy Cheung, Tufts University, Boston, MA
Ye Won Cho, Harvard University, Boston, MA
Jessica Cook, University of California, San Francisco
Erika Danella, University of Michigan, Ann Arbor
Bethany Doolittle, University of Iowa, Iowa City
Carolina Duarte, Nova Southeastern University, FL
Emily Duong, University of California, Los Angeles
Tanner Godfrey, University of Alabama at Birmingham
Amanda Gramacy, University of California, San Francisco
Jennifer Greif, University of Iowa, Iowa City
Shawn Hallett, University of Michigan, Ann Arbor
Sang Han, University of Iowa, Iowa City
Chie-Hung Hu, Northwestern University, IL
Marsha-Kay Hutchinson, University of Michigan, Ann Arbor
Delaney Islip, University of California, Los Angeles
Seung Jin Jang, University of Florida, Gainesville
Jacob Johnson, Louisiana State University, New Orleans
Olivia Kalloo, Roseman, University of Health Sciences, UT
Wesley Kao, University of California, San Francisco
Madison Kasperek, University of Iowa, Iowa City
Steven Kaufman, Northwestern University, IL
Macie Kerr, Northwestern University, AZ
Youkyung Kim, New York University, NY
Joy Kirkpatrick, Medical University of South Carolina, Charleston
Morgan Lane, Northwestern University, AZ
Alexander Le, University of California, San Francisco
Jung-Mi Lee, University at Buffalo, NY
Alisa Lee, University of Pennsylvania, PA
Jaden Lee, Medical University of South Carolina, Charleston
Mary Li, University of Iowa, Iowa City
Alexander Litrel, Columbia University, NY

Jamie Liu, University of Iowa, Iowa City
Kate Lovell, University of California, San Francisco
Sheng Hao Lu, University of Iowa, Iowa City
Maura Lynch, Columbia University, NY
Andrew Magee, Northwestern University, AZ
Cyrus Mansouri, University of Iowa, Iowa City
Charlotte Martin, Columbia University, NY
Simone Menezes, University of Texas Health Science Center at Houston
Katherine Moore, University of Iowa, Iowa City
Kevin Muñoz Forti, University of Missouri, Columbia
Guiselle Murillo, University of California, Los Angeles
Tiffany Nanthavongdouangsy, Northwestern University, AZ
Tu Nguyen, University of California, Los Angeles
Frank Nichols, University of Connecticut, Mansfield
Anna Olson, Northwestern University, AZ
Shannon Osland, University of Iowa, Iowa City
Matthew Oxford, Northwestern University, AZ
Kazune Pax, The Ohio State University, Columbus
Matthew Pendleton, East Carolina University, NC
Julia Pham, University of Alabama at Birmingham
Benjamin Phan, University of Iowa, Iowa City
Roodelyne Pierrelus, Nova Southeastern University, FL
Patrick Punch, University at Buffalo, NY
Tyler Reason, East Carolina University, NC
Lucas Reed, Virginia Commonwealth University, VA
Nathan Riexinger, University at Buffalo, NY
Catherine Roberts, University of Pittsburgh, PA
Alexandra Rogers, Medical University of South Carolina, Charleston
Andrew Sawyer, Northwestern University, AZ
Michelle Scott, The Ohio State University, Columbus
C. Shaffer, University of California, San Francisco
Neha Sharma, Roseman University of Health Sciences, UT
Dam Soh, University at Buffalo, NY
Michelle Stegmann, Northwestern University, AZ
Christina Sun, Augusta University, GA
Helena Viets, University of California, San Francisco
Thimanthi Withana, Case Western Reserve University, OH
Sydney Woods, University of Iowa, Iowa City
Hyemin Yoo, Northwestern University, IL
Jihee Yoon, University of California, San Francisco
Christine Yoon, University of California, San Francisco
Mylan Youn, University of North Carolina at Chapel Hill
Emily Zhou, University of California, San Francisco

Appendix 7 — AADOCR MIND the Future Program

AADOCR Mentoring an Inclusive Network for a Diverse Research Workforce of the Future (AADOCR MIND the Future)



AADOCR was awarded a five-year grant of more than \$1.3 million by the National Institute of Dental and Craniofacial Research (NIDCR) in response to FOA RFA-DE-19-007: NIDCR Mentoring Network to Support a Diverse Dental, Oral and Craniofacial Research Workforce [Grant No. 1UE5DE029439-01]. The primary goal of this NIDCR program is to establish a mentoring network that will enable a diverse pool of early career investigators, including those from groups identified as underrepresented in the biomedical, behavioral, clinical and social sciences, (see [NOT-OD-20-031](#)), to develop professional career skills; to enhance professional career advancement and transition from one career stage to the next, such as postdoctoral scientists transitioning to junior faculty positions, or junior faculty achieving tenure; and to develop a high quality independently funded research program.

Principal Investigators for the grant are:

David Drake, Professor of Microbiology, University of Iowa and the Iowa Institute for Oral Health Research; Christopher H. Fox, CEO, American Association for Dental Oral, and Craniofacial Research, and Effie Ioannidou, Director, University of Connecticut Dental Clinical Research Center.

MIND the Future is expected to build a vibrant and inclusive community of investigators whose participation is vital to advancing dental, oral, and craniofacial research and improving the oral health of our nation. The primary goal of this NIDCR-funded program is to establish a mentoring network that will support a diverse pool of early career investigators, including individuals from diverse backgrounds, in developing independent research careers dedicated to improving dental, oral, and craniofacial health.

It is planned that ten new mentees will be funded per year for the five funding years. The program offers educational activities and interactive opportunities across the network, between mentors and mentees to support the development of a diverse cadre of dental, oral and craniofacial researchers.

2020-2021 Class of Mentees and their matched Mentors

Mentee	Institution	Mentor	Institution
Susana Calderon	Illinois State University	Margherita Fontana	University of Michigan
Modupe Coker	Rutgers University	Luciana Shaddox	University of Kentucky
Dina Garcia	Virginia Commonwealth University	Raul Garcia	Boston University
Cherice Hughes-Oliver	Medical University of South Carolina	Mildred Embree	Columbia University
Bruno Lima	University of Minnesota	David Drake	University of Iowa
Stephanie Momeni	Oregon Health & Science University	Jorge Frias-Lopez	University of Florida
Indra Mustapha	Howard University College of Dentistry	Purnima Kumar	The Ohio State University
Susana Maria Salazar Marocho	University of Mississippi Medical Center	Jack Ferracane	Oregon Health & Science University
Tamanna Tiwari	University of Colorado Denver School of Dental Medicine	Donald Chi	University of Washington
Cristina Vidal	University of Iowa	Carmem Pfeifer	Oregon Health & Science University

2021-2022 Class of Mentees and their matched Mentors

Mentee	Institution	Mentor	Institution
Hope Amm	University of Alabama at Birmingham	Nisha D'Silva	University of Michigan
Erin Bumann	University of Missouri at Kansas City	Azeez Butali	University of Iowa
Jacqueline Burgette	University of Pittsburgh	Raul Garcia	Boston University
Leticia Chaves de Souza	University of Texas Health Science Center at Houston	Ariadne Letra	University of Texas Health Science Center at Houston
Bianca Dearing	Howard University	Franciso Ramos-Gomez	University of California
Rubelisa Oliveira	University of Kentucky	Purnima Kumar	The Ohio State University
Nosayaba Osazuwa-Peters	Duke University	Luisa Borrell	City University of New York
Aline Petrin	University of Iowa	Alex Vieira	University of Pittsburgh
Ana Paula Piovezan Fugolin	Oregon Health & Science University	Grace De Souza	University of Toronto
Guiqin Xie	Howard University	Yu Leo Lei	University of Michigan
Camila Zamperini	University of Illinois at Chicago	Luciana Shaddox	University of Kentucky

Appendix 8 — AADOCR Awards & Fellowships Winners *(through 2021)*

AADOCR Distinguished Scientist Award

(supported in 2021 by GlaxoSmithKline)

Ronald Gibbons	1992	John Greenspan	2010
Paul Goldhaber	1995	Ronald Dubner	2012
Henning Birkedal-Hansen	1998	Rafael Bowen	2014
Roy Page	2001	Robert Genco	2016
James Beck	2004	William Maixner	2018
Sigmund Socransky	2006	Sally J. Marshall	2020
Kenneth Yamada	2008		

AADOCR/CADR Joseph Lister Award for New Investigators

(supported in 2018 by Johnson & Johnson Consumer Inc.)

Xue Yuan	2018	Vivek Thumbigere Math	2018
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AADOCR Anne D. Haffajee Fellowship

(supported in 2021 by an endowment created by donations from individuals and companies.)

Yong-Hee Patricia Chun	2017	Fatemeh Memen-Heravi	2020
Kyounga Cheon	2018	Ning Yu	2021
Julie Marchesan	2019		

AADOCR Irwin D. Mandel Distinguished Mentoring Award

Irwin D. Mandel – Columbia University, NY	2010
Mary MacDougall – University of Alabama at Birmingham	2011
Bjorn Steffensen – University of Texas Health Science Center at San Antonio	2012
Sally Marshall – University of California, San Francisco	2013
Peter Milgrom – University of Washington, Seattle	2014
William Bowen – University of Rochester, NY	2015
Kenneth Anusavice – University of Florida, Gainesville	2016
Rena D'Souza – University of Utah, Salt Lake City	2017
Grayson Marshall – University of California, San Francisco	2018
Yvonne Kapila – University of California, San Francisco	2019
Frank Scannapieco – University at Buffalo, NY	2020
Nisha D'Silva – University of Michigan, Ann Arbor	2021

AADOCR Jack Hein Public Service Award

John Hein	1996	David Johnsen	2010
Gert Quigley	1997	Lawrence Tabak	2011
Christopher Squier	1998	Isabel Garcia	2012
Jay Gershen	1999	Alice DeForest	2013
Anthony Picozzi	2000	Bruce Baum	2014
John Crawford	2001	Daniel Meyer	2015
Michael Barnett	2002	Harold Slavkin	2016
Judith Sherman	2003	Christian Stohler	2017
Michael Alfano	2004	Teresa Dolan	2018
Linda Niessen	2005	Scott Tomar	2019
Robert Collins	2006	Ernest Newbrun	2020
Dushanka Kleinman	2007	Martha Somerman	2021
Joan Wilentz	2008		
Roseann Mulligan	2009		

AADOCR Neal W. Chilton Fellowship in Clinical Research

Kalu Ugwa Ogbureke	2007	Dolphus Dawson	2010
Effie Ioannidou	2008	Mine Tezal	2011
Maria Fernanda Orellana	2009	Bing-Yan Wang	2012

(Discontinued)

AADOCR Procter & Gamble Underrepresented Faculty Research Fellowship

(supported by P&G Professional Oral Health, Crest + Oral-B)

Jessica Scoffield	2019	Patricia Miguez	2021
Bruno Lima	2020		

AADOCR Sjögren's Syndrome Foundation Student Fellowship

Sheede Khalil	2011	Kerry Leehan	2014
Page Linea Collymore	2012	Annie Chou	2015
Adrienne Gauna	2013		

(Discontinued)

AADOCR William B. Clark Fellowship

(supported in 2021 by P&G Professional Oral Health; Crest + Oral-B)

Ruth Nowjack-Raymer	1996	Paula Ortiz	2011
Lamont MacNeil	1997	Leena Bahl-Palomo	2012
Gregory Oxford	1998	Jill Bashutski	2013
Stephen Meraw	2000	Changming Lu	2014
Bjorn Steffensen	2001	Ramzi Abou-Arraj	2015
Katherine Schrubbe	2003	Yau-Hua Yu	2016
Ryan Harris	2004	Nada Souccar	2017
Petros Papagerakis	2005	Yogalakshmi Rajendran	2018
Thomas Oates	2006	Francesca Bonino	2019
Maria del Pilar Valderrama	2007	Karren Komitas	2020
Maria Geisinger	2009	Dennis Sourvanos	2021
Isabel Gay	2010		

Harald Løe Scholars

Norman .Tinanoff	1995	Paul Moore	2000
John D. Rug	1996	Jane. Atkinson	2001
J. Michael Cohen Jr.	1997	Fred Certosimo	2003
Marc W. Heft	1999		

(Discontinued)

JDR Cover of the Year

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

AADO CR Hatton Competition

David Russell	Post-doctoral	1967	Kaaren Vargas	Post-doctoral	1994	Jeffrey Kim	Senior	2011
Burton Horowitz	Post-doctoral	1967	Susan Buck	Junior	1994	Jin Xiao	Post-doctoral	2011
Sherman Sweeney	Junior	1967	Earl Albone	Junior	1994	Yunsong Liu	Post-doctoral	2011
Dick Lavender	Post-doctoral	1968	Arthur Wickson	Junior	1994	Urvi Ruparelia	Junior	2011
Mladen Kuftevec	Post-doctoral	1968	James Yang	Post-doctoral	1996	Kaitrin Kramer	Junior	2011
Marlin Walling	Junior	1968	Tracy Mayfield-Donahoo	Post-doctoral	1996	Charles Billington	Senior	2012
Stuart White	Junior	1968	Sotirios Tetradis	Post-doctoral	1996	Megan Falsetta	Post-doctoral	2012
Richard Selmont	Post-doctoral	1970	Margherita Fontana	Post-doctoral	1996	Mildred Embree	Post-doctoral	2012
Benjamin Ciola	Post-doctoral	1970	Galen Schneider	Post-doctoral	1996	Jenny Sun Junior		2012
Michael Barkin	Junior	1970	Nisha D'Silva	Post-doctoral	1996	Jonathan An	Junior	2012
George Kelly	Junior	1970	Christopher Robinson	Junior	1996	Yinshi Ren	Senior	2012
Lawrence Freilich	Post-doctoral	1971	Joseph Brogan	Junior	1996	Wanida Ono	Senior	2013
Manuel Gonzalez	Post-doctoral	1971	Lisa Bueno	Junior	1996	Aaron Havens	Senior	2013
Richard Croissant	Junior	1971	Gayatri Jayaraman	Junior	1996	Brian Foster	Post-doctoral	2013
Marcia Wadell	Junior	1971	Stephen Godwin	Post-doctoral	1998	Chi Viet	Post-doctoral	2013
Robert Hurst	Post-doctoral	1972	Christina Jespersgaard	Post-doctoral	1998	Kyle Vining	Junior	2013
Michael Reed	Post-doctoral	1972	Trent Westernhoff	Post-doctoral	1998	Brianna Yang	Junior	2013
Bruce Trefz	Junior	1972	Paul Ezzo Junior		1998	Qingfen Pan	Senior	2014
Louiza Puskulian	Junior	1972	Kai Worch	Junior	1998	Jin Hee Kwak	Senior	2014
Kent Palcanis	Junior	1973	Jennifer Price	Junior	1998	Michael Valerio	Post-doctoral	2014
Robert Chuong	Junior	1973	Mo Kang Junior		1998	Marit Aure	Post-doctoral	2014
Alan Sproles	Junior	1973	Yvonne Kapila	Junior	1998	Kyulim Lee	Junior	2014
Terry Wallen	Post-doctoral	1974	Mario Chorak	Junior	1998	Lauren Katz	Junior	2014
Craig Harrison	Junior	1974	Anne-Marie Clancy	Junior	1998	Joe Nguyen	Senior	2015
Jon Goldberg	Junior	1974	David Basi	Senior	2001	Kevin Byrd	Senior	2015
Steven Schonfeld	Post-doctoral	1975	Rajesh Lalla	Senior	2001	Reniqua House	Post-doctoral	2015
Sean Meitner	Post-doctoral	1975	Ginger Glayzer	Junior	2001	Xuelian Huang	Post-doctoral	2015
Neil Blumenthal	Junior	1975	Andrew Fribley	Senior	2004	Drake Williams	Junior	2015
Frederick Wood	Junior	1975	Manoj Muthukuru	Senior	2004	Montserrat Ruiz-		
Ming Tung	Post-doctoral	1976	Monika Oli	Post-doctoral	2004	Torruella	Junior	2015
Sukum Thiradilok	Post-doctoral	1976	Sungyon Bang	Junior	2004	Insoon Chang	Senior	2016
Waldemar De Rijk	Junior	1976	Jonathan Ross	Junior	2004	Sung Hee Lee	Senior	2016
Alan Gould	Junior	1976	Bradley Henson	Senior	2005	Padma Pradeepa		
Lien Nguyen	Post-doctoral	1990	Xiaozhe Han	Post-doctoral	2005	Srinivasan	Post-doctoral	2016
Clark Stanford	Post-doctoral	1990	Marxa Figueiredo	Post-doctoral	2005	Heidi Steinkamp	Post-doctoral	2016
Cataldo Leone	Post-doctoral	1990	Jeremy Horst	Junior	2005	Meredith Williams	Junior	2016
John DiPasquale	Post-doctoral	1990	Elizabetha Karl	Senior	2006	Mychi Nguyen	Junior	2016
Theresa Madden	Post-doctoral	1990	Bruce Havens	Senior	2006	Mohammed Alharbi	Senior	2017
Christopher Cutler	Post-doctoral	1990	Marcela Romero-Reyes	Post-doctoral	2006	Fatma Mohamed	Senior	2017
Harry Dougherty	Junior	1990	Cara Knight	Post-doctoral	2006	Andrew Jang	Post-doctoral	2017
Randy Todd	Junior	1990	Cory Ernst	Junior	2006	Danielle Wu	Post-doctoral	2017
Mikyung Lee	Junior	1990	Melina Cozby	Junior	2006	Zachary Pekar	Junior	2017
Abou Bakr Rabie	Post-doctoral	1991	Mark Appleford	Senior	2007	Mallory Morel	Junior	2017
Geoffrey Gerstner	Post-doctoral	1991	Cristina Villar	Senior	2007	Chiranjit Mukherjee	Senior	2018
Michael Ignelzi	Post-doctoral	1991	Nan Hatch	Post-doctoral	2007	Tanner Godfrey	Senior	2018
Catherine Schwab	Junior	1991	Shuang Liang	Post-doctoral	2007	Yuan Liu	Post-doctoral	2018
Frank Rude	Junior	1991	Jamie Luria	Junior	2007	Kevin Byrd	Post-doctoral	2018
Wesley Belli	Junior	1991	Chi Viet Junior		2007	Alexandra Oklejas	Junior	2018
Calogero Dolce	Post-doctoral	1992	Anjalee Vacharaksa	Senior	2008	Courtney Johnson	Junior	2018
Pamela Erickson	Post-doctoral	1992	Rodrigo Giacaman	Post-doctoral	2008	Jiayu Shi Senior		2019
David Sirois	Post-doctoral	1992	Erica Scheller	Junior	2008	Akrivoula Soundia	Senior	2019
Jonathan Feldman	Junior	1992	Jessica Boehrs	Junior	2008	Mizuki Nagata	Post-doctoral	2019
Jessica Gardner	Junior	1992	Lauren Turner	Junior	2008	Martinna Bertolini	Post-doctoral	2019
Mark Engelstad	Junior	1992	Kathleen Neiva	Senior	2009	Carson Smith	Junior	2019
Cindy Cootauco	Junior	1992	Turki Alhazzazi	Senior	2009	Ashley Karczewski	Junior	2019
Rebecca Elovic	Post-doctoral	1993	David Lam	Post-doctoral	2009	W. Benton Swanson	Senior	2020
Ridge Gilley	Post-doctoral	1993	Andrew Jheon	Post-doctoral	2009	Michael Chavez	Senior	2020
Janet Guthmiller	Post-doctoral	1993	Bo Yu Junior		2009	Christopher Donnelly	Post-doctoral	2020
Sunil Kapila	Post-doctoral	1993	Alexander Nee	Junior	2009	Daniel Clark	Post-doctoral	2020
Amitabha Lala	Post-doctoral	1993	Chad Novince	Senior	2010	Grace Huang	Junior	2020
Thuan Le Junior		1993	Bojana Bojovic	Senior	2010	Delaney Clayton	Junior	2020
Angela Painter	Junior	1993	Maria Athanassiou -			Waheed Awotoye	Senior	2021
Jeffrey Thompson	Junior	1993	Papaefthymiou	Post-doctoral	2010	Kyle Vining	Senior	2021
Jason Jenny	Junior	1993	Sheede Khalil	Junior	2010	Zhi Ren	Post-doctoral	2021
Greg Kewitt	Junior	1993	Anika Voisey Rodgers	Junior	2010	Joshua Emrick	Post-doctoral	2021
Khaled Ghaffar	Post-doctoral	1994	Angela Brown	Post-doctoral	2010	Charlotte Martin	Junior	2021
Daniel Stevens	Post-doctoral	1994	Ronald Siu	Senior	2011	Natalie Atyeo	Junior	2021

NSRG Dentsply Sirona Restorative Competition

Mary Hanlon	Basic	1989	Justin Dacy	Clinical	2001	Byungdo Han	Basic	2010
George Nail	Basic	1989	Alexander Rabinovich	Clinical	2001	Nishith Patel	Clinical	2010
Carl Jenkins	Basic	1989	James Vandenberg	Basic	2002	Rebecca Paquin	Clinical	2010
Gerald Lipshutz	Basic	1989	Sohail Saghezchi	Basic	2002	Dennis Believeau	Clinical	2010
Anne Nguyen	Basic	1990	Jessica Ibarra	Basic	2002	Angela Gullard	Basic	2011
Brian Finlay	Basic	1990	Gregory Segraves	Clinical	2002	Neha Das	Basic	2011
Safa Iranpour	Basic	1990	Halley White	Clinical	2002	Bojana Bojovic	Basic	2011
Steve Jacks	Basic	1990	Manali Bhide	Clinical	2002	Richard Baxter	Clinical	2011
William Giannobile	Basic	1991	Michael Horan	Basic	2003	Ryan Darr	Clinical	2011
Julie Rogers	Basic	1991	Andi McPhillips	Basic	2003	Marcus Randall	Clinical	2011
Carina L. Schwartz-			Robert Renner	Basic	2003	Michael Border	Basic	2012
Dabney	Basic	1991	Eugenio Bedolla	Clinical	2003	Nisha Mehta	Basic	2012
Tera Moore	Basic	1991	Pardeep Brar	Clinical	2003	Danielle Larivery	Basic	2012
Jennifer Cole	Basic	1992	Marrissa Mikolich	Clinical	2003	Arthur Jones	Clinical	2012
J. Quintero	Basic	1992	Kelton Stewart	Basic	2004	Nina Guba	Clinical	2012
Laura Marshall	Basic	1992	Michael Dyal	Basic	2004	Lauren Paul	Clinical	2012
Rita McGrogan	Basic	1992	Michael Ryan	Basic	2004	Maria Kuzynski	Basic	2013
Mohammad Ghiabi	Basic	1993	Ritu Bahl	Clinical	2004	Hani Ahdab	Basic	2013
Cindy Cootauco	Basic	1993	Jessica Heggen	Clinical	2004	Austin Starr	Basic	2013
Joseph Stofko	Basic	1994	Louis Whitesman	Clinical	2004	Devon Cooper	Clinical	2013
Laura Fogle	Basic	1994	Matthew Miller	Basic	2005	Justin Kolasa	Clinical	2013
Elizabeth Ramos	Basic	1994	Aaron Molen	Basic	2005	Denise Gates	Clinical	2013
Andrew Bagley	Basic	1994	Michael Yost	Basic	2005	Amatul Salma	Basic	2014
Douglas MacLean	Basic	1995	Jason Gladwell	Clinical	2005	Austin Starr	Basic	2014
Maryam Mojdehi	Basic	1995	Sung Pyo Hong	Clinical	2005	Omar Elnabawi	Basic	2014
Rick Heard	Basic	1995	D. Craig Seager	Clinical	2005	Amatul Salma	Basic	2014
John Caccamese	Basic	1995	Laura Milnor	Basic	2006	Omar Elnabawi	Basic	2014
Russell McCabe	Basic	1996	Robert Weaver	Basic	2006	Nicole Hovencamp	Clinical	2014
David Wilson	Basic	1996	Rosamond Tomlinson	Basic	2006	Alexandria Hawkins	Clinical	2014
Yooson Kim	Basic	1996	Matthew Madsen	Clinical	2006	Jordan Seetner	Clinical	2014
Eric D'Hondt	Basic	1996	Zachton Lowe	Clinical	2006	Jordan Seetner	Clinical	2014
John Wallace	Basic	1997	John Thomas	Clinical	2006	Alexandria Hawkins	Clinical	2014
Mark Berkman	Basic	1997	Lindsay Compton	Basic	2007	Stuart Ryan	Basic	2015
Linda Huang	Basic	1997	Brandon McGarrell	Basic	2007	Alaa Ahmed	Basic	2015
Jacqueline Macy	Basic	1997	Cheryl Lewis	Basic	2007	Steven Linden	Basic	2015
Michael Feinberg	Basic	1998	Mikaely Moore	Clinical	2007	Lee Zamos	Clinical	2015
Dev Chandra	Basic	1998	Rebecca Bockow	Clinical	2007	Joshua Evans	Clinical	2015
Heera Chang	Basic	1998	Stephanie			Alice Ko	Clinical	2015
Carrie Gandhi	Basic	1998	Blumenshine	Clinical	2007	Tian Liang	Basic	2016
Leonardo Bordador	Basic	1999	Chi Viet	Basic	2008	Shaun Darrah	Basic	2016
George Kang	Basic	1999	Monet Ducksworth	Basic	2008	Yiwen Fu	Basic	2016
Christopher Daniel	Basic	1999	Alpesh Patel	Basic	2008	Yandy Gonzalez		
Mario Tai	Basic	1999	Gail Garrett	Clinical	2008	Marrero	Clinical	2016
Uma Devi Nair	Basic	2000	Niyati Mehta	Clinical	2008	Andrew Lum	Clinical	2016
John McPherson	Basic	2000	Suzanne Delima	Clinical	2008	Aneesa Sood	Clinical	2016
Melanie Robinson	Basic	2000	Alpesh Patel	Basic	2009	Xue Yuan	Basic	2017
Priya Ramachandran	Clinical	2000	Mahshid Bahadoran	Basic	2009	Richard Clough	Basic	2017
Amin Ghandi	Clinical	2000	Ashley Nemec	Basic	2009	Shawn Gutman	Basic	2017
Michael Johnson	Clinical	2000	Andrew Holpuch	Clinical	2009	Adam Swan	Clinical	2017
Matthew Abraham	Basic	2001	William Sexton	Clinical	2009	Chungyu Chang	Clinical	2017
David Kim	Basic	2001	Danielle Case	Clinical	2009	Scott Lowry	Clinical	2017
Adam Martin	Basic	2001	David Nedrelow	Basic	2010	(Discontinued)		
Danna Radcliff	Clinical	2001	Teddy Dyer	Basic	2010			

AADOOCR NSRG Mentor Award

Linda LeResche, University of Washington	1998
Anthony Iacopino, Baylor College of Dentistry	1999
Barbara Boyan, University of Texas HSC at San Antonio	2000
Craig Miller, University of Kentucky College of Dentistry	2001
Sreenivas Koka, University of Nebraska College of Dentistry	2002
Mary MacDougall, University of Texas HSC at San Antonio	2003
Kenneth Etzel, University of Pittsburgh	2004
Rena D'Souza, University of Texas HSC at Houston	2005
John Greenspan, University of California, San Francisco	2006
Janet M. Guthmiller, University of Iowa	2007
Firoz Rahemtulla, University of Alabama at Birmingham	2008
Roger B. Johnson, University of Mississippi	2009
Gerard Kugel, Tufts University	2010
Luisa A. DiPietro, University of Illinois at Chicago	2011
Robert Spears, Baylor College of Dentistry	2012
Mary P. Walker, University of Missouri, Kansas City	2013
David T.W. Wong, University of California, Los Angeles	2014
Burton Edelstein, Columbia University	2015
Lisa Chung, University of California, San Francisco	2016
John C. Mitchell, Midwestern University – CDMA	2017
Angela Bruzzaniti, Indiana University School of Dentistry	2018
Teresa Pulido Hernandez, Midwestern University – Arizona	2019
Nathaniel Lawson, University of Alabama at Birmingham	2020
Sylvia A. Frazier-Bowers, University of North Carolina, Chapel Hill	2021

AADOOCR NSRG 41 I Rapid Research Competition

1 st – Grace Kim	Clinical Science/Public Health	2019
2 nd – Susan Park	Clinical Science/Public Health	2019
3 rd – Bright Chang	Clinical Science/Public Health	2019
1 st – Alexandra Rogers	Basic Science	2019
2 nd – Joseph Mullen	Basic Science	2019
3 rd – Grace Chung	Basic Science	2019
1 st – Joseph Bui	Clinical Science/Public Health	2020
2 nd – Dane Risinger	Clinical Science/Public Health	2020
3 rd – Mai Zong Her	Clinical Science/Public Health	2020
1 st – Ligia Schmitd	Basic Science	2020
2 nd – Gabriel Valencia	Basic Science	2020
3 rd – Naeem Motlagh	Basic Science	2020
1 st – Mary Younan	Clinical Science/Public Health	2021
2 nd – Nicholas Tipton	Clinical Science/Public Health	2021
3 rd – Olivia Rebecca Kallo	Clinical Science/Public Health	2021
1 st – Juhi Uttamani	Basic Science	2021
2 nd – Yao Yao	Basic Science	2021
3 rd – James Cheng	Basic Science	2021

SCADA – Student Competition for Advancing Dental Research and its Application

(supported in 2021 by Dentsply Sirona and AADOOCR)

Nisarg. Patel	Clinical Research & Public Health	2018
Galina.Yakovlev	Clinical Research & Public Health	2018
Victoria Kuchuk	Clinical Research & Public Health	2018
Ke'ale. Louie	Basic & Translational Science Research	2018
Timothy Yu	Basic & Translational Science Research	2018
Bronwyn Hagan	Basic & Translational Science Research	2018
Patrick Donnelly	Clinical Research & Public Health	2019
Deepti Karhade	Clinical Research & Public Health	2019
Kathleen Schessler	Clinical Research & Public Health	2019
Alexandra Oklejas	Basic & Translational Science Research	2019
Quynh Nguyen	Basic & Translational Science Research	2019
Blake Crosby	Basic & Translational Science Research	2019
Patrick Donnelly	Clinical Research & Public Health	2020
Kathryn Teruya	Clinical Research & Public Health	2020
Taylor Robertson	Clinical Research & Public Health	2020
Tanner Godfrey	Basic & Translational Science Research	2020

Blake LaTendresse & Eric Mullins	Basic & Translational Science Research	2020
Madison Augst	Basic & Translational Science Research	2020
Joyce Lee	Clinical Research & Public Health	2021
Eleni Langas	Clinical Research & Public Health	2021
Corey Winkler	Clinical Research & Public Health	2021
James Seung Jin Jang	Basic & Translational Science Research	2021
Kazune Pax & Eric Mullins	Basic & Translational Science Research	2021
Alexandra Rogers-DeCotes	Basic & Translational Science Research	2021

IADR/AADOOCR William J. Gies Award

(supported in 2021 by J. Morita Corporation)

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

AADOOCR Student Research Day Award Recipients

Danielle Bitton	Midwestern University – CDMA	2016
Kyung Min	Ohio State University	2016
Derrick Crawford	Texas A&M College of Dentistry	2016
Kunal Dani	Tufts University School of Dental Medicine	2016
Aneesa Sood	University of Alabama at Birmingham	2016
Yifen (Wendy) Fu	University of California San Francisco	2016
Andrew Bertagna	University of Illinois at Chicago	2016
Amir Aryaan	University of Michigan	2016
Toni Jilka	University of Nevada, Las Vegas	2016
Sing Wai Wong	University of North Carolina, Chapel Hill	2016
Francisco Nieves	University of Texas Health Science at Houston School of Dentistry	2016
Basma Ibrahim Tamasas	University of Washington	2016

AADO CR Student Research Day Award Recipients (continued)

Charles Taylor	Arizona School of Dentistry and Oral Health, A.T. Still University	2017	Anthony Falone	Tufts University	2019
Jayesh Patel	Boston University	2017	Josh Ferraro	The Ohio State University	2019
Elizabeth Clanahan	Columbia University	2017	Gilberto Garcia	University of Texas Health Science Center at Houston	2019
Tyler Mesa	Louisiana State University	2017	Julia Giardina	Virginia Commonwealth University	2019
Jeffrey Garcia	Marquette University	2017	Gavin Golas	University of Florida	2019
Melissa Jarvis	Midwestern University – CDMA	2017	Brian Greco	University of Connecticut	2019
Carissa Choong	Oregon Health & Science University	2017	Arezoo Holdaway	Midwestern University – Arizona	2019
Joshua Welborn	Southern Illinois University School of Dental Medicine	2017	Adam Hoxie	University of North Carolina	2019
Andrew McCall	State University of New York at Buffalo	2017	Ariana Kelly	University of Pittsburgh	2019
Mingyu Kwak	Stony Brook University	2017	Allyn LaCombe	Louisiana State University	2019
Seth Nye	Texas A&M College of Dentistry	2017	Reed McKinney	Indiana University	2019
Delton Tatum	The Ohio State University	2017	Sumeet Minhas	Columbia University	2019
Andrew Lum	Tufts University School of Dental Medicine	2017	Margaret Newton	Texas A&M University	2019
Tanner Godfrey	University of Alabama at Birmingham	2017	Erika Ramos	Boston University	2019
Leigha Rock	University of British Columbia	2017	Cameron Swift	East Carolina University	2019
Bronwyn Hagan	University of California San Francisco	2017	Shernel Thomas	University of Michigan	2019
Heran Getachew	University of Florida	2017	Nikita Tongas	Marquette University	2019
Annette Merkel	University of Illinois at Chicago	2017	Taylor Velasquez	A.T. Still University – Arizona	2019
Matthew Yarmosky	University of Maryland	2017	Trystan Widow	The University of Iowa	2019
Ke’Ale Louie	University of Michigan	2017	Scarlett Wied	University of Mississippi Medical Center	2019
Kendra Clark	University of Mississippi	2017	Michael Schiappa	Columbia University	2020
Danielle Burgess	University of North Carolina, Chapel Hill	2017	Chinyere Adeleke	University of Iowa	2020
Eric Feuer	University of Pittsburgh	2017	Alec Bankhead	East Carolina University	2020
Thuy LeAnn Truong	University of Texas Health Science at Houston School of Dentistry	2017	Mariana Bezamat	University of Pittsburgh	2020
Leonardo Koerich	Virginia Commonwealth University	2017	Heta Dinesh Bhatt	Stony Brook University	2020
Austin Shackelford	Arizona School of Dentistry and Oral Health, A.T. Still University	2018	Emily Bujnoski	Arizona School of Dentistry and Oral Health, A.T. Still University	2020
Elizabeth Clanaman	Columbia University	2018	Elena Carrington	University of Connecticut	2020
James Parker	East Carolina University	2018	Nischal Dalal	Virginia Commonwealth University	2020
Jennifer Wu	Indiana University	2018	Anthony Garcia	University of Texas Health Science at San Antonio	2020
Brandon Breard	Louisiana State University	2018	Curtis Herzog	University of Michigan	2020
Zachary Nicholson	Marquette University	2018	Alexander Karkazis	Marquette University	2020
Erica Muller	Midwestern University	2018	Susan Keefe	University of California, San Francisco	2020
Victor Tran	Oregon Health & Science University	2018	Martin Kim	University of Maryland	2020
Vidhi Pandya	Southern Illinois University	2018	Joyce Lee	University of Tennessee	2020
Jeremy Kiripolsky	State University of New York at Buffalo	2018	Kyulim Lee	University of Florida	2020
Veena Raja	Stony Brook University	2018	Sarah Malley	University of Mississippi	2020
Robert Rudnicki	Texas A&M University	2018	Kareem Raslan	Oregon Health & Science University	2020
Seth Nye	The Ohio State University	2018	Spencer Roark	Louisiana State University	2020
Delaney Turner	Tufts University	2018	Eugene Ro	Midwestern University – Illinois	2020
Adrian Danescu	University of British Columbia	2018	Trent Snow	Midwestern University – CDMA	2020
Hailey Taylor	University of California, San Francisco	2018	Ian Stewart	University of North Carolina at Chapel Hill	2020
Courtney Johnson	University of Colorado	2018	Andrea Tsatalis	The Ohio State University	2020
Grethel Millington	University of Connecticut	2018	Thuy Nhu Leora Truong	University of Texas Health Science at Houston School of Dentistry	2020
Danielle Vermilyea	University of Florida	2018	Apichai Yavirach	University of Washington, Seattle	2020
Michael Halcomb	University of Michigan	2018	Catherine Bruni	University of Mississippi, Oxford	2021
Wylie Tang	University of Nevada, Las Vegas	2018	Megan Chen	University of Pennsylvania, Philadelphia	2021
Karen Schey	University of North Carolina at Chapel Hill	2018	Benjamin Cross	University at Buffalo, NY	2021
Yuqiao Jennifer Zhou	University of Pittsburgh	2018	Kathryn Forth	Boston University, MA	2021
Keagan Foss	University of Texas Health Science Center at Houston	2018	Nathan Gutarts	The Ohio State University, Columbus	2021
Michael Eskander	University of Texas Health Science Center at San Antonio	2018	Lily Hartssock	University of Pittsburgh, PA	2021
Livia Favaro Zeola	University of Washington	2018	Courtney Lang	University of Washington, Seattle	2021
Adam Staffen	Virginia Commonwealth University	2018	Megha Puranam	University of Iowa, Iowa City	2021
Robert Brock	University of Texas Health Science Center at San Antonio	2019	Lucas Reed	Virginia Commonwealth University, Richmond	2021
Ana Chang	University of Washington	2019	Nathan Riexinger	Stony Brook University, NY	2021
Jie Deng	Stony Brook University	2019	Mourin Serour	Marquette University, Milwaukee, WI	2021
			Rebecca Shembarger	Indiana University, Bloomington	2021
			Jessica Suhardjo	A.T. Still University, Meza, AZ	2021
			Erin Welter	University of California San Francisco	2021
			Mary Younam	University of Texas Health Science, Houston	2021
			Rui Zhang	Stony Brook University, NY	2021

Appendix 9 — 2021-22 AADO CR Section Officers

Section	President	President-elect	Vice-president	Treasurer	Secretary	AADO CR Councillor	Past President
Alabama Section	Chin-Chuan Fu	Cecilia Cheon		Nate Lawson		Hope Amm	Ping Zhang
Arizona Section	Alexandra Pierre-Bez		Marc Shlossman	Megan Davis	Gina Agostini	John Mitchell	John C. Mitchell
Baltimore Section	Vivek Thumbigere Math	Abraham Schneider	Man-Kyo Chung	Abraham Schneider		Frederico Canato Martinho	Vivek Thumbigere Math
Boston Section	Susan Rittling	Francesca Gori		M. Marianne Jurassic	Tingxi Wu	Yau-Hua Yu	Xiaozhe Han
Buffalo Section	Thikriat Al-Jewair			Thikriat Al-Jewair	Rui Li	Michelle Visser	Lisa Marie Yerke
Chicago Section	Phimon Atsawasuwan			Phimon Atsawasuwan	Mohammed H Elnagar	Linda M. Kaste	Satish B. Alapati
Cincinnati Section	Don White		Matt Doyle			Gosia Klukowska	
Colorado Section	Clifton Carey		Devatha Nair			Jeffrey Stansbury	
Columbus Section						John Bartlett	
Connecticut Section	Eliane Dutra		Aniuska Tobin		Takanori Sobue	Eliane H. Dutra	
Dallas Section		Vonica Chau	Patricia Simons			Paul C. Dechow	Peggy Timothe
Florida Section					Margarete Cristiane Ribeiro-Dasilva	Natalie Atyeo	
Georgia Section			Regina L.W. Messer			Babak Baban	Frederick Rueggeberg
Houston Section	Chun-Teh Lee		Karo Parsegian	Alan L. Myers		Mary C. Farach-Carson	Bing-Yan Wang
Indiana Section	Simone Duarte		Sabrina Sochacki	Chandler Walker	Chandler Walker	Simone Duarte	Kamolphob Phasuk
Iowa Section	Carolina Cucco	Emily Lanzel	Sukirth Ganesan	Sara E. Miller	Sara E. Miller	Kyngsup Shin	Brian Howe
Kansas City Section	Mary Walker				Mark Johnson	Mary Walker	
Kentucky Section	Enif Alexandra Dominguez			Cynthia Beeman		Dolphus R. Dawson	
Lincoln-Omaha Section	James K. Wahl	Meenkshi Vishwnath	Nagamani Narayana	William Johnson		William W. Johnson	Richard Reinhardt
Long Island Section	Rafael Arcesio Delgado-Ruiz		Ana Carolina Botta	Srinivas Rao Myneni Venkatasatya		Rafael Delgado-Ruiz	Ying Gu
Louisville Section	Gill Diamond		Himabindu Dukka	Mohammad Fata Mordali		Mohammad Fata Mordali	
Memphis Section	Ammaar Hasan Abidi	Kenneth M. Anderson		Yanhui Zhang	Edwin Thomas	Yanhui Zhang	Mojdeh Dehghan
Michigan Section	Marco Bottino					Cristiane Squarize	
Minnesota Section	Paul Robert Klaiber			Brad Rindal	Sheila Riggs	Sheila Riggs	Nelson Rhodus
Missouri Section	Olga Baker			Richard Sherwood		Sharon Gordon	
Nashville Section	Pandu Gangula		Ethel Harris	James Cade	James Cade	Jacinta Leavell	Billy Ballard
North Carolina Section	Rishma Shah	Julie Marchesan	Apoena Ribeiro	Antonio L. Amelio	Apoena Ribeiro	Shannon Wallet	Kimon Divaris
New Jersey Section	Steven R. Singer		Bayardo Garcia-Godoy Socias	Carla Cugini	Maxine Strickland	Modupe Coker	
New Orleans Section	Jorge Palavinici		Panagiotis Dragonas		Amir Hossein Nejat	Jorge Palavicini	
New York Section						Jeanne Nervina	
Oklahoma Section	Sharukh Khajotia			Sharukh Khajotia		Fernando Luis Esteban Florez	Fernando Esteban Florez
Oregon Section	Jens Kreth		Luiz Eduardo Bertassoni	Kirsten Lampi		Jens Kreth	Justin Merritt
Philadelphia Section	Marisol Tellez	Nezar Al-hebshi	Shuying Yang	Santiago Orrego	Sumant Puri	Nezar Al-hebshi	Thomas Rams
Pittsburgh Section	Fatima Syed-Picard	Alejandro J. Almarza	Jacqueline Burgette			Alejandro Almarza	
Puerto Rico Section	Milagros J. Toro		Lydia M. Lopez-Del Valle	Sona Rivas-Tumanyan	Augusto R. Elias Boneta	Carmen J Buxo Martinez	Oelisoa M. Andriankaja
Richmond Section	Oonagh Loughran		Zhao Lin			Zhao Lin	Zhao Lin
Rochester Section	Dorota Kopycka-Kedzierawski		Sameer Dilip Jain			Jin Xiao	
San Antonio Section	David Ojeda	Georgios Kotsakis		Tiffany Tavares		Brij Singh	Shivani Ruparel
San Francisco Section	Karen Schulze		Pamela Den Besten	Nejat Düzgüneş	Nejat Düzgüneş	Karen Schulze	
Seattle Section	Richard Presland		Andrea Burke	Thomas B. Dodson	Cameron Randall	Lisa J. Heaton	Thomas B. Dodson
Southern California Section	Alireza Moshaverinia	Francisco Ramos-Gomez		Michael L. Paine	Sahar Ansari	Michael Lansdell Paine	Parish Sedghizadeh
Utah Section	Melodie Weller		Lilliam Marie Pinzon			William Carroll	Olga Baker
Washington, DC Section						Kevin Byrd	
West Virginia Section	Elizabeth C. Kao		R. Constance Wiener	Alcinda Trickett-Shockey		Elizabeth Kao	
Wisconsin Section	Christopher R. Dix			Pradeep Bhagavatula		David Berzins	

Appendix 10 — Past Presidents of the AADOCR

Helmut A. Zander (1972-73)	Robert J. Genco (1985-86)	Paul B. Robertson (1998-99)	Jeffrey Ebersole (2011-12)
Paul Goldhaber (1973-74)	John C. Greene (1986-87)	Stephen C. Bayne (1999-2000)	Rena D'Souza (2012-13)
Howard M. Myers (1974-75)	Walter J. Loesche (1987-88)	Steven Offenbacher (2000-01)	Peter Polverini (2013-14)
David F. Mitchell (1975-76)	John S. Greenspan (1988-89)	Martha Somerman (2001-02)	Timothy DeRouen (2014-15)
Harold M. Fullmer (1976-77)	Martin A. Taubman (1989-90)	Charles Bertolami (2002-03)	Paul Krebsbach (2015-16)
Ronald J. Gibbons (1977-78)	Richard R. Ranney (1990-91)	Ken Anusavice (2003-04)	Jack Ferracane (2016-17)
Benjamin F. Hammond (1978-79)	Max A. Listgarten (1991-92)	Dominick DePaola (2004-05)	Raul Garcia (2017-18)
Marie U. Nylen (1979-80)	Sally J. Marshall (1992-93)	Mary MacDougall (2005-06)	Maria Ryan (2018-19)
Irwin D. Mandel (1980-81)	Harold C. Slavkin (1993-94)	E. Dianne Rekow (2006-07)	J. Timothy Wright (2019-20)
William H. Bowen (1981-82)	John D. Rugh (1994-95)	Marc Heft (2007-08)	Mark C. Herzberg (2020-21)
Roy C. Page (1982-83)	Marjorie K. Jeffcoat (1995-96)	Brian Clarkson (2008-09)	
William D. McHugh (1983-84)	Barbara D. Boyan (1996-97)	Grayson "Bill" Marshall (2009-10)	
James W. Bawden (1984-85)	John C. Keller (1997-98)	David T. Wong (2010-11)	

Past Treasurers of the AADOCR

1972-77	Arthur R. Frechette (Executive Secretary, Central Office) <i>(This was a Council-appointed position.)</i>	1994-97	Stephen C. Bayne
1977-80	Daniel B. Green (Executive Director, Central Office) <i>(The position was re-named "Executive Director".)</i>	1997-2000	Susan T. Reisine
1980-81	Robert Mandell (Secretary/Treasurer) <i>(This was re-constituted as an elected position.)</i>	2000	Lawrence Tabak <i>(Resigned almost immediately due to his taking up the position as Director of the National Institute of Dental and Craniofacial Research).</i> Replaced by Marc Heft.
1981-82	Erling Johansen (Secretary/Treasurer) <i>(Around this time, the Executive Director became the Secretary, and Treasurer was retained as an elected position.)</i>	2000-04	Marc Heft
1982-85	Philius R. Garant	2004-07	Pamela DenBesten
1985-88	John W. Hein	2007-10	Paul Krebsbach
1988-91	William A. Gibson, Jr.	2010-13	Frank Scannapieco
1991-94	Deborah Greenspan	2013-16	Pamela C. Yelick
		2016-19	David Drake
		2020-22	Olga Baker

Appendix 11 — Non-Officer AADOCR Board Members – Member-at-large

Beginning in 1999, Two "Members-at-large" positions were added to the AADOCR Board. A 3rd "Member-at-large" was added at the Conclusion of the 2012 General Session.

1998-199	Charles Widmer	2009-10	Sharon M. Gordon, Donald White
1999-2000	Jane A. Weintraub, Charles Widmer	2010-11	Sharon M. Gordon, Mathilde C. Peters
2000-01	Matthew Joseph Doyle, Jane A. Weintraub	2011-12	Sharon M. Gordon, Mathilde C. Peters
2001-02	Matthew Joseph Doyle, Paul Moore	2012-13	Sharon M. Gordon, Mathilde C. Peters, Mary P. Walker
2002-03	J. David Eick, Paul Moore	2013-14	Mathilde C. Peters, Mary P. Walker, J. Timothy Wright
2003-04	Jeffrey L. Ebersole, J. David Eick	2014-15	John Mitchell, Mary P. Walker, J. Timothy Wright
2004-05	Jeffrey L. Ebersole, Carla Evans	2015-16	Linda Kaste, John Mitchell, J. Timothy Wright
2005-06	Jeffrey L. Ebersole, Carla Evans	2016-17	Linda Kaste, Christy McKinney, John Mitchell
2006-07	Carla Evans, Mel L. Kantor	2017-18	Effie Ioannidou, Linda Kaste, Christy McKinney
2007-08	Mel L. Kantor, Donald White	2018-19	Effie Ioannidou, Carmem Pfeifer, Christy McKinney
2008-09	Mel L. Kantor, Donald White	2019-20	Carmem Silvia Pfeifer, Brenda Heaton, Luciana Machion Shaddox
		2020-21	Brenda Heaton, Luciana Machion Shaddox, Benjamin Chaffee

Non-Officer AADOCR Board Members – Student Representative

At the Conclusion of the 2007 General Session a Student Representative was added to the board. A 2nd Student Representative was added at the Conclusion of the 2015 General Session.

2007-08	James Rogér	2013-14	Joshua Emrick
2008-09	Kirsten Rittenbach	2014-15	Mitra Adhami (ad hoc), Molly Ashton Hague
2009-10	Nathaniel Casselman Lawson	2015-16	Mitra Adhami, Minerva Loi
2010-11	Blake Matthew Warner	2016-17	Kendra N. Clark, Minerva Loi
2011-12	Kaitrin Kramer	2017-18	Kendra N. Clark, Nicholas Rodriguez
2012-13	Angela Gullard	2017-18	Tanner Godfrey, Nicholas Rodriguez
		2018-19	Tanner Godfrey, Natalie Atyeo
		2019-20	Natalie Atyeo, Alexandra Eileen Herzog
		2020-21	Alexandra Eileen Herzog, Kazune Catherine Pax

Other Non-Officer AADOCR Board Members

In 2016, the AADOCR Constitution was amended to allow the Board to appoint up to three additional members as defined in the Bylaws to serve three-year staggered terms.	2016-19	Katherine Hammitt	2019-22	Mary Fete
	2017-20	Donald White	2020-23	Joe D. Oxman
	2018-21	Mildred C. Embree	2021-24	Brian L. Foster

Appendix 12 — Honorary Members of the AADOCR

Samuel Fastlich, 1973	John Porter, 1997	Mike Simpson, 2009	Ed Martinez, 2016
Lowell P. Weicker, Jr., 1986	Arlen Specter, 2000	Tom Harkin, 2010	Robert Lustig, 2017
C. Everett Koop, 1989	Nicholas Cavarocchi, 2001	Ronald Andersen, 2011	J. Bernard Machen, 2018
Steny Hoyer, 1990	David Satcher, 2002	Richard H. Carmona, 2012	Margaret Byers, 2019
Joseph D. Early, 1992	Mary Woolley, 2006	Patty Murray, 2013	Mary Otto, 2020
Harald Loe, 1995	James Bramson, 2007	Steve Beshear, 2014	Congresswoman Rosa
John Howe, 1996	John E. Sexton, 2008	Kenneth Salyer, 2015	DeLauro, 2021

Appendix 13 — Candidates for Vice-president of the AADOCR

These are cumulative beginning with the North American Division in 1973-74, and continuing as the AADOCR in 1975-76. Candidates are listed for the years in which the winners served. Asterisks indicate the winners.

1973-74	David F. Mitchell*, David B. Mahler	1995-96	Charles Bertolami, Samuel Dworkin, John Keller*
1974-75	Richard Greulich, Harold M. Fullmer*, S. Wah Leung	1996-97	Jon Goldberg, Frank Oppenheim, Paul Robertson*
1975-76	Solon A. Ellison, Ronald J. Gibbons*, Max A. Listgarten	1997-98	Stephen Bayne*, Daniel Laskin, Jon Suzuki
1976-77	Samuel Dreizen, John A. Gray, Benjamin F. Hammond*	1998-99	Henning Birkedal-Hansen, Steven Offenbacher*, Deborah Greenspan
1977-78	Marie U. Nysten*, E.R. Costich	1999-00	Martha Somerman*, Philip Stashenko, Grayson Marshall
1978-79	William H. Bowen, George W. Burnett, Irwin D. Mandel*	2000-01	Michael Barnett, Charles Bertolami*, A. Jon Goldberg
1979-80	William H. Bowen* (Candidates proposed by the Nominating Committee were Solon A. Ellison, John A. Gray, and Irwin D. Mandel.)	2001-02	Kenneth Anusavice*, Beverly Dale-Crunk, Deborah Greenspan
1980-81	Herschel Horowitz, Roy C. Page*, James Shaw	2002-03	Dominick DePaola*, Gregory King, Suzanne Michalek
1981-82	William D. McHugh*, Juan Navia, Leo Sreebny	2003-04	Mary MacDougall*, Thomas Van Dyke, James S. Wefel
1982-83	James W. Bawden*, Robert Craig, Herschel Horowitz	2004-05	David Cochran, E. Diane Rekow*, Harvey Schenkein
1983-84	Howard Bailit, Robert J. Genco*, John Hein	2005-06	Marc Heft*, Grayson (Bill) Marshall, Susan Reisine
1984-85	John C. Greene*, Anthony Picozzi, Hans van Houte	2006-07	Brian Clarkson*, No-Hee Park, Paulette Spencer
1985-86	Thomas R. Dirksen, Walter J. Loesche*, John F. Goggins	2007-08	Grayson (Bill) Marshall*, Lynne Opperman, Thomas Van Dyke
1986-87	Louis J. Boucher, Philiar R. Garant, John S. Greenspan*	2008-09	Pamela DenBesten, Timothy DeRouen, and David T.W. Wong*
1987-88	Leon M. Silverstone, Martin A. Taubman*	2009-10	Matthew J. Doyle, Jeffery L. Ebersole*, and Carla A. Evans
1988-89	Judith Albino, Richard R. Ranney*, Harold C. Slavkin	2010-11	Rena D'Souza*, Mathilde (Tilly) C. Peters and Susan T. Reisine
1989-90	Barbara D. Boyan, Max A. Listgarten*, Thomas E. Van Dyke	2011-12	Pamela DenBesten, Mel L. Kantor and Peter J. Poverini*
1990-91	Dominick P. DePaola, Sally J. Marshall*, Christopher A. Squier	2012-13	Timothy DeRouen*, Carla Evans and Ann Progulske-Fox
1991-92	Bruce J. Baum, Russell Nisengard, Harold C. Slavkin*	2013-14	Sharon M. Gordon, Paul Krebsbach* and Phillip Marucha
1992-93	Ian C. Mackenzie, John D. Rugh*, William B. Clark	2014-15	Jack Ferracane*, Ira Lamster, Cun-Yu Wang
1993-94	John D.B. Featherstone, Marjorie K. Jeffcoat*, Norman D. Mohl	2015-16	Raul I. Garcia*, Sharon M. Gordon and Paul C. Dechow
1994-95	Christopher A. Squier, Barbara D. Boyan*, Kenneth J. Anusavice	2016-17	Yang Chai, Christopher W. Cutler and Maria Emanuel Ryan*
		2017-18	Mina Mina, J. Timothy Wright* and Pamela Yelick
		2018-19	Mark Herzberg*, Ann Progulske-Fox, Jennifer Webster-Cyriaque
		2019-20	Jacques Nör*, Michael Reddy, Pamela Yelick
		2020-21	Keith Kirkwood, Jane Weintraub*
		2021-22	Yang Chai, Anh Le, Alex Vieira*
		2022-23	Effie Ioannidou*, Frank Scannapieco, Russell Taichman

Appendix 14 — 2021-23 Canadian Association for Dental Research Officers

President, Belinda Nicolau
 Vice-president, Anil Kishen
 Secretary/Treasurer, Amir Azarpazhooh

Immediate Past President, Walter L. Siqueira
 Councilors, Elham Emami, Leigha Rock

Appendix 15 — Past Presidents of the Canadian Association for Dental Research

Murray Hunt (1974-76)	H. James Sandham (1986-89)	Edward Putnins (2007-08)
Jim Lund (1976-77)	Barry C. McBride (1989-92)	Gilles Lavigne (2008-09)
Barry J. Sessle (1977-78)	Derek Jones (1992-94)	Edward Putnins (2009-10)
Colin Dawes (1978-79)	Luc Trahan (1994-96)	Debora Matthews (2010-13)
D. Carmichael (1979-80)	Edwin Yen (1996-98)	Michael Glogauer (2013-15)
Joseph Tonzetich (1980-82)	Hardy Limeback (1998-2000)	Joy Richman (2015-17)
Gordon Nikiforuk (1982-83)	Richard Ellen (2000-04)	Patrick Flood (2017-19)
John Stamm (1983-84)	Donald Brunette (2004-06)	Walter L. Siqueira (2019-21)
Arto Demirjian (1984-86)	S. Jeffrey Dixon (2006-07)	

Appendix 16 — AADOCR Policy Statements

* The American Association for Dental Research (AADR) expanded its name to the American Association for Dental, Oral, and Craniofacial Research (AADOCR) on July 26, 2021. These Policy Statements have been updated to include the expanded name.

COMMUNITY WATER FLUORIDATION

AADOCR supports community water fluoridation as a safe and effective, evidence-based intervention for the prevention of dental caries. While fluoride occurs naturally in water, fluoridation is the controlled addition of fluoride to community water systems to the level recommended for caries prevention. The practice of adding fluoride to community water supplies began after Dr. H. Trendley Dean—the first director of what later became the National Institute of Dental and Craniofacial Research—observed that residents of communities who drank from naturally fluoridated water supplies experienced less tooth decay than those living in communities without naturally fluoridated water. What began as a small trial of the controlled addition of fluoride to water in Grand Rapids, Michigan has now reached 75% of the United States population who drink from a community water system and has resulted in a significant decrease in dental caries.^{1,2}

Dental caries—the destruction of dental hard tissues—can result in pain, infection and tooth loss. Caries is caused by acidic byproducts produced from bacterial fermentation of sugar. Dental caries is a very common disease that affects both adults and children. Over one-third of children ages 2-8 experience caries in their primary teeth. One in 5 children ages 6-11 and over half of adolescents ages 12-19 experience caries in their permanent teeth. On average older adults can expect at least one new decayed tooth surface per year. Children with poor oral health are more likely to miss school and suffer academically. Parents may also accrue absences from school or work to seek treatment for their children. Both children and adults with caries may experience embarrassment, exhibit withdrawal, have difficulty eating and sleeping, and limit facial expressions and behaviors that facilitate social interaction.³⁻⁹

Many studies point to the effectiveness of community water fluoridation in decreasing dental caries. A systematic review of 20 studies by Cochrane, an independent group that reviews medical research to inform evidence-based policies and health guidelines, showed that water fluoridation decreased tooth decay in both the primary and permanent teeth of children and increased the number of children free of decay in primary and permanent teeth.^{10, 11*} Another review by the Community Preventive Services Task Force (CPSTF), an independent panel of public health experts appointed by the Director of the Centers for Disease Control and Prevention (CDC), found that starting water fluoridation decreased caries in children ages 4-17 by 30-50% and that stopping water fluoridation increased caries by 18%.¹² Furthermore, reducing childhood caries experience and severity may have benefits into adulthood by halting disease progression that can result in adult tooth loss. Lifelong exposure to fluoridated water has been associated with reduced tooth decay in adults.^{13, 14}

Community water fluoridation is a cost-effective method of delivering caries prevention to a large population. A systematic review by the CPSTF compared the cost of fluoridation to the money saved on dental restorations in communities that drink from fluoridated water sources. CPSTF found that water fluoridation is cost saving. In other words, the savings from fewer dental restorations are greater than the cost of fluoridation for communities of greater than 1,000 people, and the larger the community, the greater the cost saving.¹⁵ A 2016 analysis confirmed this finding.¹⁶

Community water fluoridation may also reduce oral health disparities. Children and adults from socioeconomically disadvantaged backgrounds are more likely to suffer from dental caries and are less likely to be treated for the disease.^{6, 17} When added to drinking water, fluoride can be delivered to community

residents regardless of socioeconomic status or ability to access dental services. Some studies have shown decreased inequalities in caries in communities that drink from a fluoridated community water source, revealing that children of a lower socioeconomic status who have access to a fluoridated water source have less severe tooth decay and require less expensive care than children of lower socioeconomic status who do not drink fluoridated water. More research is needed to determine the circumstances in which water fluoridation reduces disparities, as not all fluoridated communities show reduced disparities.^{10, 18}

Community water fluoridation is a safe method of delivering fluoride on a population level. There have been numerous systematic reviews on claims of the potential adverse health effects of water fluoridation. None has concluded that there is a significant or consistent association between water fluoridation and the outcomes examined, including neurologic conditions, cancer or osteoporosis.¹⁹⁻²³ Dental fluorosis resulting in tooth discoloration is the only known adverse health effect of water fluoridation. Teeth are only at risk of fluorosis until about age 8 during enamel formation. The United States Public Health Service recommends a concentration of 0.7 milligrams of fluoride per liter of water to achieve caries prevention while minimizing the risk of dental fluorosis.²⁴ While people who drink from fluoridated water sources are at greater risk of dental fluorosis, most people who drink fluoridated water do not develop dental fluorosis. The cases of dental fluorosis that do develop are very mild, such that discoloration is not usually visible to the naked eye and does not affect the function of the teeth. Severe cases of dental fluorosis are rare. Some studies have shown that Black/African-American and Mexican-American children are at greater risk of developing dental fluorosis. However, this has not been clearly linked to fluoridated water and may be due to cumulative fluoride intake from various sources, such as toothpaste, supplements and food and beverages prepared with fluoridated water.^{10, 17, 25}

Community water fluoridation is supported by various groups, including the American Association of Public Health Dentistry, the American Public Health Association, the American Dental Association and the American Academy of Pediatrics, among others. Additionally, in 1999, the CDC identified community water fluoridation as one of 10 great public health achievements of the 20th century because of its effectiveness and ability to distribute fluoride equitably and cost-effectively.²⁶ Information about the fluoride concentration of communities participating in water fluoridation can be found on the CDC website “My Water’s Fluoride”.²⁷

While AADOCR always welcomes research on water fluoridation safety and effectiveness in the current context of fluoride availability, the balance of evidence currently shows that community water fluoridation is safe, effective and cost-saving and in some communities, reduces oral health disparities. Therefore, AADOCR supports community water fluoridation and recommends the fluoridation of community water sources to a level of 0.7 milligrams of fluoride per liter of water.

*The authors of the Cochrane systematic review determined that the evidence for community water fluoridation for the prevention of dental caries was low quality and that many studies were conducted before 1975. The Cochrane review method considers randomized clinical trials as the gold standard of evidence and automatically rates common methods for evaluating public health interventions as low. However, randomized trials are usually not feasible for interventions at the population level. The authors noted this gap in their evidence grading system and that the evidence pointed in the same direction of fluoridation reducing tooth decay.

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(adopted 2018)

IMPACT OF TOBACCO USE ON ORAL HEALTH

The AADO CR recognizes that use of tobacco in any form increases the risk for death and disease among people that use these products and those exposed to second-hand tobacco smoke. Cigarette smoking is causally related to chronic periodontitis, responsible for an estimated one-half of cases in the United States. Cigarette smoking is the major causal factor for cancers of the oral cavity and pharynx in the United States. Use of other combusted tobacco products — including cigars, pipes, and hookah — also increases the risk for these malignancies. Use of smokeless tobacco is causally related to oral cancer, increases the risk for localized gingival recession, and may increase the risk for root surface caries. Mounting evidence implicates exposure to second-hand tobacco smoke as a risk factor for early childhood caries. Smoking also reduces the success rates for surgical and non-surgical periodontal therapy, increases the risk of failure of dental implants, and increases the risk of complications following oral surgical procedures.

- Based on an extensive body of scientific literature on the negative impact of tobacco use on oral health, effective methods of reducing tobacco, and the inextricable link between oral health and overall health, it is recommended that:
- Oral health care professionals incorporate evidence-based approaches to tobacco use intervention into clinical practice and establish linkages with tobacco cessation resources in their communities.
- National, state, and local dental professional organizations advocate for adoption of health policies that incorporate best practices for comprehensive tobacco control.
- Research be supported and conducted to assess the oral health effects of established and newly emerging tobacco products in the United States.
- Dental educational institutions increase the competency of students and residents in providing behavioral interventions for tobacco use and appropriate use of pharmacotherapy.
- Oral health care professionals become active members of tobacco control coalitions in their communities.
- In choosing meeting sites, AADO CR give preference to cities that have enacted comprehensive clean indoor air policies that include restaurants, hotels, conference centers, and other public spaces

(adopted 2015)

SEALANTS

Pit and fissure sealants are polymeric materials that are applied to the occlusal surfaces of teeth, which do not benefit from the caries-preventive effects of fluoride to the same extent as smooth surfaces. Dental caries, one of the most common diseases of childhood, occurs predominantly as carious lesions in pits and fissures of teeth. A large percentage of occlusal surfaces can remain caries-free for up to ten years or more after a single application of a sealant. There is strong evidence supporting the effectiveness of sealants for the prevention of dental caries. Furthermore, studies show that incipient carious lesions that remain sealed do not progress. Based on current evidence, the American Association for Dental, Oral, and Craniofacial Research (AADO CR) continues to strongly recommend greater use of sealants by practitioners in private and public health practice. The AADO CR also endorses the practice that sealants could be used in conjunction with other caries-preventive measures, such as fluoride application.

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- (adopted 1991; revised 2009, revised 2015)

ORAL DISEASE RELATED TO TOBACCO USE

Tobacco use is the principal risk factor for oral cancer. It also increases the risk for periodontal disease and decreases the ability of oral tissues to heal. Other oral effects include halitosis (bad breath), decreased ability to taste, and increased staining of the teeth. Smokeless tobacco (spit tobacco), snus and electronic nicotine delivery systems (ENDS) are, although considered harm reduction alternatives to smoked tobacco, are not without their risks. Tobacco use in any form is harmful to health and should be discouraged. The AADO CR urges oral health professionals to subscribe to practices that prevent initiation of tobacco use in any form among their patients and the public, and to facilitate and reinforce cessation among users and to carry out cessation programs in their offices using standard procedures and medications as appropriate.

(adopted 1996, revised 2015)

THE USE OF TOBACCO

The American Association for Dental, Oral, and Craniofacial Research (AADO CR) takes the following position regarding

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

(adopted 1996, revised 2015)

TOPICAL FLUORIDES

Fluoride's predominant effect in caries prevention and management is post-eruptive and topical. However, as it relates to this statement, topical fluorides are those that are applied to erupted teeth, with the understanding that water fluoridation's and dietary fluoride's main effect is also topical. The American Association for Dental, Oral, and Craniofacial Research (AADO CR) strongly recommends twice daily use of fluoride-containing dentifrices as an effective means of reducing caries.

Furthermore, based on current evidence, the AADO CR also strongly recommends that fluoride-containing dentifrices should be used in small amounts in pre-school-aged children in order to reduce the risk of dental fluorosis through unintentional ingestion. It is important to note that professionally applied gels and varnishes also reduce caries incidence. Studies show that application at six-monthly intervals is appropriate for patients at increased caries risk, but application frequency may be decreased or increased according to risk status and degree of exposure to other sources of fluoride. Higher-risk patients should receive applications at three to six-month intervals. In addition, the AADO CR recommends the use of daily or weekly fluoride mouth rinses and gels for this group. The AADO CR makes the following caveat: Because of their high fluoride concentration, mouthrinses and prescription gels are not recommended for pre-school-aged children.

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TEMPOROMANDIBULAR DISORDERS (TMD)

The AADOCR recognizes that temporomandibular disorders (TMDs) encompass a group of musculoskeletal and neuromuscular conditions that involve the temporomandibular joints (TMJs), the masticatory muscles, and all associated tissues. The signs and symptoms associated with these disorders are diverse, and may include difficulties with chewing, speaking, and other orofacial functions. They also are frequently associated with acute or persistent pain, and the patients often suffer from other painful disorders (comorbidities). The chronic forms of TMD pain may lead to absence from or impairment of work or social interactions, resulting in an overall reduction in the quality of life.

Based on the evidence from clinical trials as well as experimental and epidemiologic studies:

1. It is recommended that the differential diagnosis of TMDs or related orofacial pain conditions should be based primarily on information obtained from the patient's history, clinical examination, and when indicated TMJ radiology or other imaging procedures. The choice of adjunctive diagnostic procedures should be based upon published, peer-reviewed data showing diagnostic efficacy and safety. However, the consensus of recent scientific literature about currently available technological diagnostic devices for TMDs is that except for various imaging modalities, none of them shows the sensitivity and specificity required to separate normal subjects from TMD patients or to distinguish among TMD subgroups. Currently, standard medical diagnostic or laboratory tests that are used for evaluating similar orthopedic, rheumatological and neurological disorders may also be utilized when indicated with TMD patients. In addition, various standardized and validated psychometric tests may be used to assess the psychosocial dimensions of each patient's TMD problem.
2. It is strongly recommended that, unless there are specific and justifiable indications to the contrary, treatment of TMD patients initially should be based on the use of conservative, reversible and evidence-based therapeutic modalities. Studies of the natural history of many TMDs suggest that they tend to improve or resolve over time. While no specific therapies have been proven to be uniformly effective, many of the conservative modalities have proven to be at least as effective in providing symptomatic relief as most forms of invasive treatment. Because those modalities do not produce irreversible changes, they present much less risk of producing harm. Professional treatment should be augmented with a home care program, in which patients are taught about their disorder and how to manage their symptoms

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(adopted 1996, revised 2010, reaffirmed 2015)

USE OF STEM CELLS IN DENTAL RESEARCH

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) supports the use of stem cells in dental, oral, and craniofacial research and the development of stem cell related therapies that are efficacious and safe. Basic research and the development of future applications of stem cell research require the ongoing commitment to scientific integrity and social responsibility. AADOCR supports a periodic review of issues that may arise from innovation in the use of stem cells in research and promotes an open, national dialogue on the scientific, ethical and policy issues raised by such advances.

(adopted 2007, revised 2016)

USE OF ANIMALS IN RESEARCH

The AADOCR recognizes the major contributions made to human and animal health through the responsible use of animals in biomedical research. Therefore, the AADOCR strongly supports the ethical use of animals by scientists worldwide. The AADOCR also endorses systematic research in validating alternatives to animal models. AADOCR supports use of the published Animals in Research: Reporting In Vivo Experiments (ARRIVE) Guidelines for Reporting Animal Research.

(adopted 1991, revised 2004, revised 2016)

USE OF FLUORIDE SUPPLEMENTS

Fluoride treatment of the dental surfaces is one of the most effective means of dental caries prevention. A preventive level of fluoride can be acquired through consumption of fluoridated water, use of fluoride-containing toothpastes, and application of fluoride varnish during regular preventative dental cleanings. However, for

children and adolescents who do not live in fluoridated-water communities, do not have access to topical fluorides, and may be at high risk of developing dental caries, AADOCR supports the recommendations of the American Dental Association (ADA), American Academy of Pediatric Dentistry (AAPD), and the Indian Health Service to administer fluoride supplements according to the supplementation schedule recommended by ADA.¹⁻⁴

Dental caries is the destruction of the dental hard tissues by the acidic byproducts of bacterial fermentation of sugar. The consequences of tooth decay include pain, infection, and tooth loss.^{5,6} Dental caries is the most common chronic disease in children and is five times more common than asthma, the second most common chronic childhood ailment. Racial minorities and children from socioeconomically disadvantaged families disproportionately suffer from dental caries and are less likely to be treated for it.⁷

This highly preventable disease is especially disturbing in children because of studies showing that children with toothaches and generally poor oral health are more likely to miss school and exhibit poor academic performance. Specifically, caries is known to cause parents to miss school or work to attend to their child's dental needs.^{8,9} Children with caries may experience embarrassment, exhibit withdrawal, have difficulty eating and sleeping, and limit facial expressions and behaviors that facilitate social interaction.^{7,10,11} Furthermore, treatment of caries can be expensive in very young children who may require sedation due to their inability to remain still or manage the stress of the procedure.¹² Given the health, quality of life, and economic impacts of dental caries, prevention is the best approach to addressing the epidemic of dental caries in children and adolescents.

The recommended fluoride supplementation schedule was created to maximize the caries-preventive effect of fluoride while minimizing the risk of fluorosis. A systematic review of fluoride supplement research by a panel of experts convened by ADA showed that dietary fluoride supplements are effective in preventing dental caries in children and adolescents, and when used correctly, do not cause severe fluorosis.⁴

Fluoride supplements are only available by prescription. Before prescribing supplements, providers should estimate the patient's total fluoride intake and risk of caries development. The supplementation schedule provided by ADA is according to the level of fluoridation of the child's primary drinking water source. Providers can find water fluoride levels from the water supplier, health departments, the Environmental Protection Agency (<https://www.epa.gov/ccr>), and the Centers for Disease Control and Prevention (https://nccd.cdc.gov/DOH_MWF/Default/Default.aspx). Providers can assess caries risk development by using any one of the risk assessment tools recommended by the ADA or AAPD.^{3,4,9,13-16}

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(adopted 2017)

IADR PROFESSIONAL CONDUCT AT MEETINGS POLICY

See page 82

HEALTHY MEETINGS POLICY

See page 83

SUGAR-SWEETENED BEVERAGES

See page 74

Appendix 17 — AADOCR Corporate Support

- 3M for being a Silver Level General Session Donor
- Colgate-Palmolive Company for being a Gold Level General Session Donor and in support of the IADR Colgate Research in Prevention Travel Awards, IADR Distinguished Scientist Awards, IADR OHRG Oral Health Research Group Award, and the AADOCR Student Research Fellowships and as an IADR *Journal of Dental Research* Centennial Advances Supporter
- Dentsply Sirona for being a Silver Level General Session Donor sponsor and in support of IADR Distinguished Scientist Awards, a Distinguished Lecture Series speaker, SCADA and AADOCR Student Research Fellowships
- GlaxoSmithKline in support of IADR Innovation in Oral Care Awards, IADR Distinguished Scientist Award, and AADOCR Student Research Fellowships
- J. Morita in support of the IADR/AADOCR William J. Gies Awards and the IADR Distinguished Service Award
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Level General Session Donor and in support of the AADOCR Procter & Gamble Underrepresented Faculty Research Fellowship, AADOCR Student Research Fellowships, AADOCR William Clark Fellowship, and IADR Young Investigator Award and an IADR *Journal of Dental Research* Centennial Advances Supporter

Appendix 18 — AADOCR Institutional Support

- American Academy of Periodontology in support of the AADOCR Student Research Fellowships
- Henry Schein in support of the AADOCR Mission.
- IADR Dental Materials Group in support of an IADR Distinguished Scientist Award and AADOCR Student Research Fellowships
- The National Institute of Dental and Craniofacial Research in support of the AADOCR Bloc Travel Grant

Appendix 19 — *In Memoriam* (AADOCR Members who passed January 2021 – December 2021)

Joseph Antonucci
Ken Anusavice

R. Doyle
Ralph Katz

James Kennedy
Israel Kleinberg

Daniel Laskin
Charles McCallum

Jonathan Shenkin
Buddhi Shrestha

John Stamm
Ray Williams

AADO CR Constitution and Bylaws

CONSTITUTION

Adopted March 24, 1957; Revised through July 24, 2021
American Association for Dental, Oral, and Craniofacial Research
A Division of the International Association for Dental Research

ARTICLE I. NAME

This organization is named: The American Association for Dental, Oral, and Craniofacial Research, a Division of the International Association for Dental Research, hereinafter called the Division.

ARTICLE II. OBJECTIVES

The Division exists to promote the advancement of research in all sciences pertaining to the oral cavity, its adjacent structures, and their relation to the body as a whole; the utilization of this knowledge for the promotion of better approaches to the prevention and treatment of oral diseases and other diseases of the head and neck; and the improvement of communication and cooperation among all investigators to share this knowledge for the benefit of all people.

ARTICLE III. ORGANIZATION

The organization of the Division shall be in conformity with the Constitution of the parent body, the International Association for Dental Research, hereinafter called the Association.

ARTICLE IV. CORPORATE STATUS

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

ARTICLE V. SECTIONS

A. SECTIONS. Sections, except the Institutional and Corporate Sections, shall be an organization of the Association and the Division in a locality or contiguous localities. Each Section, except the Institutional Section, shall consist of ten or more members. New Sections may be organized only with the approval of the Division.

B. INSTITUTIONAL AND CORPORATE SECTIONS.

One Section shall consist of all Institutional Members of the Division and a second Corporate Section shall consist of all Corporate Members. Each Institutional and Corporate Member will designate one representative from its institution or corporation to represent it in the appropriate Section. Institutional and Corporate Members will have representation in the Council through one Councilor elected by each the Institutional Section and the Corporate Section. Institutional and Corporate Members will have no other voting or nominating privileges. The representatives of Institutional and Corporate Members must be members of the Division and the Association, in accordance with the Bylaws.

C. MANAGEMENT. Sections shall be managed in consonance with the Constitution and Bylaws of the Association and the Division.

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

ARTICLE VI. MEMBERSHIP

A. ELIGIBILITY

- 1. INDIVIDUAL MEMBERSHIP.** Any individual, without any considerations of color, caste, race, religion, age, gender, national or ethnic origin, or disability, who is interested in dental, oral, and craniofacial research, shall be eligible for membership in this Division in accordance with the Bylaws of the Division.
- 2. INSTITUTIONAL MEMBERSHIP.** Any educational institution, research institution or center, or Government agency in dental, oral, and craniofacial related research shall be eligible for membership in the Institutional Section of this Division, subject to the limitations of Article V B.
- 3. CORPORATE MEMBERSHIP.** Any corporation engaged in dental, oral, and craniofacial related research shall be eligible for membership in the Corporate Section of the Division, subject to the limitations of Article V B.

B. TERMINATION.

1. Termination of membership shall be in accordance with the Bylaws.
2. An individual's membership may be terminated or suspended for reasons of non-payment of dues, proven scientific misconduct, non-compliance with the Association's Constitution, or for other good cause shown. Termination of membership other than for non-payment of dues will be determined at an Annual Meeting of Council by a two-thirds vote of the Council members present and voting. The person whose membership is threatened with termination shall be so notified by the Chief Executive Officer at least 120 days before the Annual Meeting and shall be entitled to appear before Council in person, by representation, or by submission of a written statement to defend his/her right to membership.

ARTICLE VII. GOVERNMENT

- A. COUNCIL.** The legislative body of this Division shall be a Council that shall exercise the functions set forth for it in this Constitution and in the Bylaws of the Division, the functions assigned to it by vote of the Division, and such other functions as may be necessary in the conduct of the business of the Division.
- B. COUNCIL MEMBERSHIP.** The Council of the Division shall consist of the President, the Immediate Past President, the President-elect, the Vice-president, the Treasurer, the Editor-in-Chief of the *Journal of Dental Research* (hereinafter called Editor-in-Chief), the Editor of the *JDR Clinical & Translational Research* (hereinafter called Editor), the Chief Executive Officer, and one Councilor from each Section. Each IADR Scientific Group and Network, the Institutional and Corporate Sections may be represented in the Council by a Councilor provided the representative is a member of the Division. Each Councilor shall be elected for a term as stated in the Bylaws. The Chief Executive Officer, Editor-in-Chief, and Editor shall have no vote.
- C. BOARD OF DIRECTORS.** During the periods between meetings of the Council, the executive management of the Division shall be the duty of the Board of Directors. The Board shall consist of the President, the Immediate Past President, the President-elect, the Vice-president, the Treasurer, two student representatives, the Editor-in-Chief, Editor, and Chief Executive Officer; three additional members to be designated by the Council from its own membership to serve three-year staggered terms and the Board may appoint up to three additional members as defined in the Bylaws to serve three-year staggered terms. The Chief Executive Officer, Editor, and Editor-in-Chief shall have no vote.

ARTICLE VIII. OFFICIALS

- A. OFFICERS.** The Officers of the Division shall be (1) elective Officers from among the active members by ballot of the membership, and (2) appointive Officers appointed by the Council as prescribed in the Bylaws.
- 1. ELECTIVE OFFICERS.** The elective Officers of this Division shall be a President, a President-elect, a Vice-president, and a Treasurer. The incumbent President-elect and Vice-president shall be advanced automatically to the next higher office at the end of their then-current terms of office. All shall be members of the Association and of this Division.
- 2. APPOINTIVE OFFICERS.** Appointive Officers of this Division shall be a Chief Executive Officer, the Editor-in-Chief of the *Journal of Dental Research*, and the Editor of the *JDR Clinical & Translational Research*, all of whom shall be selected and appointed by the Council of this Division. The Chief Executive Officer shall also serve as Secretary of the Division.
- B. TERM OF OFFICE.** The term of office for each Officer of the Division shall be as set forth in the Bylaws. Each elected Officer shall serve until the installation of his/her duly elected successor.
- C. VACANCIES.** An *ad interim* vacancy in any office shall be filled according to the rules outlined in the Bylaws.
- D. QUALIFICATIONS.** All Officers and officials of the Division, Sections shall be active members of the Division and the Association.

ARTICLE IX. MEETINGS

- A. ANNUAL.** The Division shall hold an Annual Meeting at least once each year unless prevented by circumstances not under the control of the members.
- B. SPECIAL.**
1. Special meetings of the Division or the membership in General Assembly may be convened by the Board of Directors or the Council.
 2. Upon petition from at least 50 members of the Division at least two weeks prior to the Annual Meeting, the Chief Executive Officer shall arrange for the Division to meet in General Assembly during the Annual Meeting.
- C. SECTIONS.** Each Section shall meet at least once each year unless prevented by circumstances not under the control of the members.

ARTICLE X. JOURNAL

- A. NAME.** The official publication of the Division is the *Journal of Dental Research*. The journal is a joint publication of the IADR and AADOCR.
- B. MANAGEMENT.** An IADR/AADOCR Publications Committee (whose membership is described in Section H of the Bylaws) shall oversee the affairs of the *Journal of Dental Research* and other journals owned jointly by the IADR and AADOCR.

ARTICLE XI. NOMINATIONS AND ELECTIONS

- A. NOMINATIONS BY THE COUNCIL.** One or more nominations for Vice-president, Treasurer, and IADR/AADOCR Publications Committee members shall be made by the Council, in accordance with the Bylaws. Announcement of the nominations shall be mailed to each member of the Division at least three months before the date of the next Annual Meeting, and in a form to indicate that other nominations may be made by petition.
- B. NOMINATIONS BY PETITION.** Additional nominations may be made by petition signed by 50 members of the Division and received by the Chief Executive Officer within 30 days after the mailing of the announcement of the Council nominations.
- C. NOTICE OF NOMINATIONS.** Before the next Annual Meeting, the nominations for each office shall be sent by the Chief Executive Officer to all members of the Division on an official ballot for a vote by mail to be reported at that meeting. The nominations shall be sent no less than two months before the due date for the return of the ballots to the Chief Executive Officer.
- D. ELECTION.** The nominee receiving a plurality of the votes cast shall be elected to each office, in accordance with the Bylaws.

ARTICLE XII. FINANCES

- A. FEES.** Membership dues, subscription fees for the *Journal*, and registration fees for the Annual Meeting shall be established annually by the Council.
- B. AUDITS.** All accounts of assets belonging to the Division shall be audited annually by a Certified Public Accountant.
- C. BONDING AND REPORTS.** All Officers and others collecting, disbursing, or holding in trust assets of the Division shall be bonded by a reliable bonding company.

These Officers shall report annually to the Council and the Division in written form.

ARTICLE XIII. QUORUM

The quorum for Council meetings and for Assemblies of the Division shall be as stated in the Bylaws.

ARTICLE XIV. BYLAWS

Bylaws and amendments to Bylaws may be proposed and adopted at any meeting of the Council by a vote of two-thirds of the Council members present and voting, the Bylaws and amendments taking effect at the close of the meeting. Proposed Bylaws and amendments to Bylaws shall normally be reviewed by the Constitution Committee before presentation to Council.

ARTICLE XV. AMENDMENTS TO THE CONSTITUTION

- A. PROPOSAL.** A proposed amendment to this Constitution, formally endorsed by at least 50 members and accompanied by a statement of reasons for adoption, may be presented at any Annual Meeting of the Council, and thereupon becomes a special order of business for a vote by mail by the membership prior to the succeeding Annual Meeting. Proposed amendments to this Constitution shall normally be reviewed by the Constitution Committee before presentation to Council.
- B. VOTING PROCEDURE.** The Chief Executive Officer shall mail to each member of the Division, at least one month before the next Annual Meeting: (1) a copy of the amendment, (2) the stated reasons for its adoption, (3) the names of the sponsors, (4) a ballot for a vote on the amendment, and (5) a copy of this Article XVI of this Constitution. The results shall be reported at the Annual Meeting.
- C. ADOPTION.** A proposed amendment shall be adopted by a vote of not less than two-thirds of the members voting on the question and shall become part of the Constitution at the close of the meeting at which it is adopted.

BYLAWS

Adopted March 24, 1957; Revised through July 24, 2021

SECTION A. MEMBERSHIP

- 1. APPLICATION.** New members may immediately receive a probationary membership upon submission of application and payment and will become official members upon review of their application.
- 2. ELIGIBILITY.** A prerequisite for active membership in the Division is residence in the United States. Membership eligibility shall follow the same regulations as in the Bylaws of the International Association for Dental Research.
- The words "individual who is interested in craniofacial, oral or dental research" in Article VII (A) of the Constitution shall be interpreted as follows:
- (a) **MEMBER:** A person who is conducting, has conducted, or who is interested in the furtherance of research in any branch of science or in fields related to craniofacial, oral, and dental science. Members shall have the full rights and privileges of membership and are eligible to vote and to hold office in the Association.

- (b) **AFFILIATE MEMBER:** A person who is not primarily involved in research but has an interest in keeping up with the latest research, e.g., a practicing healthcare professional, a dental professional involved in PBRNs or evidence-based dentistry, patient advocates, or healthcare educators with primary teaching responsibility. Affiliate members receive limited benefits and are not eligible to vote or hold office in the Association.
- (c) **STUDENT MEMBER:** A person who is a student currently enrolled in a recognized academic institution who does not hold an academic appointment and who is interested in craniofacial, oral, and dental research. Student members must become Members when eligible or be dropped from membership. Individuals may be classified at the Student level for no more than 8 years. The Student Member shall have all the rights and privileges of membership but shall have no vote or be eligible to hold office in the Association.
- (d) **RETIRED:** A person who has been a member of the Association in good standing for at least 25 years and no longer works on a full-time basis for remuneration. The Retired Member shall have all the rights and privileges of membership but shall receive the *Journal of Dental Research* only upon payment of the Journal subscription fee.

- 3. APPROVAL OF APPLICATIONS.** The applications of eligible applicants who conform to the recognized standards of professional ethics may be processed and approved routinely by the Chief Executive Officer. Applications in question shall be referred to the Council.
- 4. SECTIONS AND GROUPS/NETWORKS.** Membership in a Section shall be optional. Members are represented on the Council through Sections and/or Divisional representation of the IADR Scientific Group or Network. Any Division member who is not a member of a Section, Group or Network shall be represented by the Section nearest the member.
- 5. TERMINATION OF MEMBERSHIP.**
- (a) Membership may be terminated automatically by a member upon delivery of a formal notice to the Chief Executive Officer of that member's resignation.
- (b) Members are terminated from membership after 90 days of non-payment of dues.
- 6. HONORARY MEMBERSHIP.**
- (a) Honorary membership may be bestowed each year by unanimous recommendation of the most recent three living Past Presidents of the Division that are no longer serving on the Board of Directors and approved by Council. Such Honorary Members shall have all the rights and privileges of membership but shall receive the Journal only upon payment of the Journal subscription fee.
- (b) An Honorary Member shall be selected on the basis of the candidate's significant contributions to craniofacial, oral, and dental research.
- (c) Honorary Membership may not be conferred posthumously.

SECTION B. PAYMENT OF DUES

1. **DUES**, including subscription fee to the *Journal*, shall be paid by members of the Division to the IADR Central Office.
2. **EXCEPTIONS**. Honorary Members shall pay no dues.
3. **FEES**. At each Annual Meeting of the Division, the Council shall determine and announce the amount of the annual dues for members and institutions of the Division, and the subscription fee for the *Journal of Dental Research*. There shall be a minimum and maximum amount for the dues for institutions. In case no Annual Meeting is held, this function shall be exercised by the Board of Directors of the Division. At least 75 percent of the dues from the institutions must be applied to development and promotion of projects beneficial to the advancement of craniofacial, oral and dental research.

SECTION C. MEETINGS

I. ANNUAL MEETINGS.

The time and place of, and the registration fee for, each Annual Meeting shall be determined by the Council on the recommendation of the Board.

- (a) The Council shall meet in conjunction with each Annual Meeting.
- (b) In years where the Annual Meeting is unable to be held for any reason, the Council shall meet by electronic means and this meeting shall serve as the conclusion of the Division year.

2. SCIENTIFIC SESSIONS.

- (a) Arrangements for the scientific sessions of the Division shall be made in accordance with the instructions from the Division or the Council by an Annual Session Committee of five members who have served as AADOCR Annual Session Group Program Chairs or a similar experience to manage the overall planning of the Annual Meeting program, including the timing and sequence of activities, assist in the identification of potential meeting sites, establishing the theme, symposia, workshops, etc., for the Annual Meeting. This committee may include the Chair of the Local Organizing Committee and a representative of the host/sponsoring Division. Appointments are made for a three-year term with the Board's recommendation and shall be transmitted to the Council for action.

SECTION D. GOVERNMENT

I. COUNCIL: Power and Duties.

- (a) As the legislative body of the Division, the Council must consider all proposals concerning amendments to the Constitution and the Bylaws.
- (b) The Council shall receive reports from all Division Officers and committees and shall act upon the recommendations and resolutions contained in these reports.
- (c) The Council has the power to approve the formation of new Sections.
- (d) The Council appoints Division representatives to other organizations, which require such representation.

- (e) The Council appoints the members of the Division's standing committees except as stated in Section D, paragraph 2, of the Bylaws.
- (f) The Council establishes the level of fees for the Division and adopts the annual budgets.

2. **BOARD OF DIRECTORS**. Vacancies on standing committees may be filled by the Board of Directors for the remainder of the Division year. The Board shall also act on proposals by the President for membership on ad hoc committees. The three (3) Board appointed members shall be (1) patient advocate and two (2) additional members selected from one or more of the following categories; investigators from the corporate sector, investigators less than 10 years past their terminal degree, investigators based outside of dental institutions, or any other category important to the Board in fulfilling the objectives of the Division.

3. **CODE OF ETHICS**. The Division has adopted the Principles of the IADR Code of Ethics.

SECTION E. QUORUM/RULES

1. **COUNCIL**. The presence of Councilors or Alternate Councilors from one-third of all Sections and Divisional representation from IADR Scientific Groups and Networks, Institutional and Corporate Sections shall constitute a quorum.
2. **RULES**. The Division shall operate under the rules of Parliamentary procedure as outlined in "Roberts' Rules of Order". In the event of a tied vote for an Officer position, the Council will determine the outcome by ballot.

SECTION F. OFFICIALS

1. **PREREQUISITES**. The elective Officers of this Division shall be members who have authored scientific papers at no fewer than seven Annual Meetings of the Division or parent body, and have had active service as a Councilor or as a Section Officer in the Division. All student representatives and appointive members of the Board shall be members.
2. **TERM OF OFFICE**. The terms of President, President-elect, Vice-president, and student representatives shall be one Division year; for the Treasurer, Members-at-Large and Board appointed members shall be three Division years. The terms of the Editors-in-Chief and Chief Executive Officer shall be five years except that under special circumstances either may be appointed for a shorter period.

3. SUCCESSION

In the event that an officer vacates his/her office prior to the completion of his/her term of office, an ad interim officer assumes responsibilities as follows: President – Immediate Past President; President-elect – Vice-president; Vice-president – Vice-president-elect; Immediate Past President – President; Treasurer – to be decided by the Board until a new election can be held.

4. DUTIES

- (a) The duties of the Officers shall be those ordinarily associated with the official titles, and such other duties as the Division or the Council may assign.

- (b) The President, President-elect, and Vice-president shall also serve during their incumbencies as representatives to the Council of the International Association for Dental Research. If the Division becomes eligible for additional representation in the International Association for Dental Research, the Immediate Past President and/or Treasurer shall also serve.
- (c) The Treasurer shall maintain surveillance over the Division's finances and assist the Board in the development of budgets.
- (d) Each Officer shall report annually in writing to the Council on the conduct of his/her office.

5. INSTALLATION. At the Annual Meeting of the Division, an appropriate ceremony of installation shall inaugurate the terms of service of the Officers of the Division.

SECTION G. COUNCILORS

Each Section, Institutional and Corporate Section and IADR Scientific Groups and Networks shall elect a Councilor and an Alternate Councilor to serve on the Council for a period of three years. If either for some reason is unable to fulfill the obligations, the remainder of the term of office shall be canceled, and a new Councilor and/or new Alternate Councilor shall be elected. The terms of office shall be so staggered that one-third of the Council is elected each year. The Councilor and the Alternate Councilor may succeed themselves for a second term.

SECTION H. JOINT PUBLICATIONS

1. MEMBERS OF THE IADR/AADOCR PUBLICATIONS COMMITTEE.

The IADR/AADOCR Publications Committee's role is to review the quality and financial status of the *Journal of Dental Research* and other journals owned jointly by IADR/AADOCR. Membership consists of: three representatives from IADR; three representatives from AADOCR; the most recent Past Presidents of IADR and AADOCR no longer serving on the Boards, who alternately serve as Chairs of the Committee. The Editors-in-Chief and Associate Editor(s) of all jointly owned journals and Chief Executive Officer shall serve as members without vote.

2. THE IADR/AADOCR PUBLICATIONS COMMITTEE

will analyze and make recommendations regarding publication of all journals to the Editors-in-Chief and Associate Editors and the Chief Executive Officer and will report annually to the IADR and AADOCR Councils through the Joint Boards of Directors.

3. TERM OF OFFICE OF APPOINTED/ELECTED MEMBERS. Each member shall be appointed or elected for a three-year period, the terms staggered so that one each from IADR and AADOCR is selected each year, except in case of vacancy. The Immediate Past President of IADR and AADOCR will serve for one year.

4. REPORTS. Annually and at such other times that the Council, the Chief Executive Officer, or the Editors-in-Chief may direct, the Publications Committee shall report to the Council concerning the conduct of the joint publications.

SECTION I. COMMITTEES AND REPRESENTATIVES TO OTHER ASSOCIATIONS

1. RECOMMENDATIONS FOR MEMBERSHIP IN STANDING COMMITTEES AND FOR REPRESENTATIVES TO OTHER ASSOCIATIONS

shall be made by the Board of Directors. The nominations with the Board's recommendations shall be transmitted to the Council for action.

2. STANDING COMMITTEES. In addition to the Annual Session Committee and the IADR/AADOCR Publications Committee, the following standing committees shall be appointed:

- (a) **AADOCR DISTINGUISHED SCIENTIST AWARD COMMITTEE:** A committee of five Past Presidents, chaired by the most recent Past President no longer serving on the Board in the year preceding the award, who will select the winner of the AADOCR Distinguished Scientist Award, which has been established to recognize and honor outstanding research in any of the fields related to oral science. This Award will be given once every two years at the Annual Meeting of the Division.
- (b) **CONSTITUTION COMMITTEE:** A committee of nine members whose responsibility it shall be to review the Constitution and Bylaws, advise the Council regarding essential revisions, monitor compliance of the activities of the Division with the Constitution and Bylaws, and to work upon request with the corresponding committee of the International Association for Dental Research.
- (c) **EDWARD H. HATTON AWARDS COMMITTEE:** A committee of nine members to arrange the program of the Hatton Competition at the Annual Meeting and to select the winners to represent the Division in the Association's Hatton Awards Competition.
- (d) **ETHICS COMMITTEE:** A committee of nine members to review the IADR Code of Ethics, specifically address Divisional issues, provide relevant information on ethical issues to the membership through meetings, publications, etc., and make recommendations to the Board of Directors.
- (e) **FELLOWSHIPS COMMITTEE:** A committee of twelve members to administer the fellowships program(s) of the Division.
- (f) **IADR/AADOCR GIES AWARD COMMITTEE:** A committee of nine members to select annually the best paper(s) published in the IADR/AADOCR jointly owned Journal of Dental Research, one in each of the three categories, Biological, Biomaterials & Bioengineering, and Clinical.
- (g) **AADOCR GOVERNMENT AFFAIRS COMMITTEE (GAC):** Representation will include eight members appointed by the AADOCR Board of Directors. The committee will study government issues and advise the Board and Council on the possible effects on dental research.

- (h) **NOMINATING COMMITTEE:** A committee of nine members to advise the Council on the selection of members of the Division for nomination as candidates for offices on the official ballot of the Division. One of the nine members shall be the most recent Past President no longer serving on the Board, without privilege of chairmanship.
 - (i) **SCIENCE INFORMATION COMMITTEE:** A committee of nine members to develop programs for promoting to the public and the dental profession knowledge resulting from craniofacial, oral, and dental research, including policy and position papers.
 - (j) **COMMITTEE ON DIVERSITY AND INCLUSION:** A committee of nine members to develop programs for promoting diversity and inclusion within AADOCR and the dental, oral, and craniofacial workforce.
 - (k) **DEVELOPMENT COMMITTEE:** A committee of seven members to consult on strategic planning for philanthropic efforts and assist in executing fundraising initiatives.
3. **SPECIAL COMMITTEES** may be designated for particular functions by the Division, the President, the Council, or the Board of Directors.
 4. **THE TERMS OF STANDING COMMITTEE MEMBERS** shall be three years unless otherwise stated in the Constitution or Bylaws. The terms shall be so staggered that new members are appointed each year, except in case of a vacancy.
 5. **AD HOC COMMITTEES** may be appointed by the President for the term of his/her office.
 6. **A LOCAL ARRANGEMENTS COMMITTEE** consisting of members in such numbers as may be required shall be appointed for a one-year term to cooperate with the Annual Session Committee and the Central Office staff in making the detailed arrangements for the Annual Meeting.
 7. **REPRESENTATIVES TO OTHER ASSOCIATIONS** shall be appointed by the Division, the President, the Council, or the Board of Directors as required.
 8. **THE TERMS OF OFFICE FOR REPRESENTATIVES TO OTHER ASSOCIATIONS** shall be established by the Council.

SECTION J. AUTHORIZED BANKS AND EXPENDITURES

1. **BANK(S).** Funds of the Division shall be deposited in a bank or banks approved for the purpose by the Board of Directors. Authorized expenditures from the general funds of the Division shall be made by checks, each of which must be signed by the President, the Treasurer, or the Chief Executive Officer, provided each expenditure is within the limit of each budgeted item.
2. **EXPENDITURES.** Funds of the Division may be expended only on general or specific authorization by the Council, except that if the Annual Meeting of the Division cannot be held, the Board of Directors may also authorize expenditure of funds. The Board of Directors may also authorize expenditure of funds of the Division to defray expenses for the business of the Division not foreseen at the time of the Annual Meeting.

SECTION K. DEFINITIONS

1. Members of this Division for purposes of notice or other communications or actions are those persons who are members according to the latest information available to the Chief Executive Officer at the time of mailing of the notice or communication, or at the time of the action.
2. Notice shall be considered to have been given to a member when written notice has been mailed to the member at the latest address for the member known to the Chief Executive Officer at the time of the mailing.
3. In this Constitution & Bylaws, "mail" is understood to mean any form of communication from the Association to the members, including traditional mail and electronic mail.
4. The term "Joint Boards" is understood to mean the Board of Directors of the IADR functioning jointly with the Board of Directors of the AADOCR to carry out duties pertaining to the joint activities mentioned in this Constitution & Bylaws or otherwise agreed to.
5. The Student Representatives on the AADOCR Board of Directors shall be the National Student Research Group President and President-elect.