



IADR

International Association  
for Dental Research



AADR®

American Association  
for Dental Research

# PROCEEDINGS 2020

IADR Council, 98<sup>th</sup> General Session  
March 18-21, 2020 in Washington, D.C., USA

AADR Council, 49<sup>th</sup> Annual Meeting of the AADR  
March 18-21, 2020 in Washington, D.C., USA

International & American Associations for Dental Research  
1619 Duke Street • Alexandria, Virginia • 22314-3406, USA



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# The 98<sup>th</sup> General Session & Exhibition of the IADR

The 98<sup>th</sup> General Session & Exhibition of the IADR, in conjunction with the 49<sup>th</sup> Meeting of the AADR and the 44<sup>th</sup> Meeting of the CADR, was unfortunately canceled due to the COVID-19 pandemic. It was a disappointment to not be able to meet in person or celebrate the IADR Centennial. Many generous members and sponsors donated their registration fees and sponsorships to assist in defraying the costs for the canceled General Session.

The highlight of announcing awards and competitions at the Opening Ceremonies was missed, however the award competitions were carried out virtually and winners were announced via a video provided to the membership. IADR members are able to view over 20 hours of content through IADR CE On Demand, including symposia, IADR Centennial plenaries and Distinguished Lecture Series speakers. Over 750 oral, ePoster and poster sessions are also available in the IADR Abstracts Archive.

The Distinguished Lecture Series speakers were:

## Otis W. Brawley

Johns Hopkins University  
Bloomberg Distinguished Professor of Oncology and Epidemiology  
Bethesda, Md., USA  
“Cancer Control in the 21<sup>st</sup> Century”

## Janine Austin Clayton

National Institutes of Health  
Professor, Microbiology-Infectiology and Immunology  
Director, Office of Research on Women’s Health  
Bethesda, Md., USA  
“Sex and Gender Influences Across the Biomedical and Dental Research Continuum: A Value Added Proposition”

Pamela Den Besten was installed as IADR’s 97<sup>th</sup> President in March 2020. Her inaugural address, titled “Challenges and Opportunities for IADR’s Next 100 Years,” was published in the September 2020 issue of the *Journal of Dental Research*.

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

- 3M for being a Gold Level General Session Donor
- Academy of Osseointegration in support of the IADR Academy of Osseointegration Innovation in Implant Sciences Award
- The ADA Science & Research Institute for being a Diamond Level General Session Donor
- American Academy of Periodontology in support of the AADR Student Research Fellowships
- The American Dental Association for being a Gold Level General Session Donor
- The Borrow Foundation in support of the IADR E.W. Borrow Memorial Award
- Bisco, Inc. for being a Silver Level General Session Donor

- Church & Dwight in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Diamond 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 AADR Student Research Fellowships and as a IADR *Journal of Dental Research* Centennial Advances Supporter
- DentaQuest Partnership for Oral Health Advancement in support of an IADR Distinguished Scientist Award
- Dentsply Sirona for being a Gold Level General Session Donor sponsor and in support of IADR Distinguished Scientist Awards, SCADA and AADR Student Research Fellowships
- GC Corporation in support of the IADR GC Centennial Travel Grants
- GlaxoSmithKline in support of IADR Innovation in Oral Care Awards, IADR Distinguished Scientist Awards, AADR Distinguished Scientist Award and AADR 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 AADR Student Research Fellowships
- J. Morita in support of the IADR/AADR 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 Award
- Kuraray America for being a Silver Level General Session Donor
- LION Corporation in support of the IADR Lion Dental Research Award
- The National Institute of Dental and Craniofacial Research in support of the AADR 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 Diamond Level General Session Donor and in support of the AADR Procter & Gamble Underrepresented Faculty Research Fellowship, AADR Student Research Fellowships, AADR 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
- Scanco Medical for being a Silver Level General Session Donor
- SHOFU Inc. for being a Gold Level General Session Donor
- Sunstar for being a Gold Level General Session Donor
- Unilever Oral Care in support of the IADR Unilever Hatton Competition and Awards
- The University of Alabama at Birmingham for being a Gold Level General Session Donor
- Zimmer Biomet Dental in support of the Implantology Research Group Meeting

# Proceedings of the IADR Council Meeting

Tuesday, March 17, 2020, 1 p.m. – 3 p.m. • Virtual Council Meeting

**IADR BOARD OF DIRECTORS:** President, Paula Moynihan; President-elect, Pam Den Besten; Immediate Past President, Rena D'Souza; VP Eric Reynolds; Treasurer, Nisha D'Silva; Regional Board Members: Jaime Eduardo Castellanos, Lijian Jin, Margaret Wandera, Joy Richman, Gottfried Schmalz; Young Investigator Representative, Dagmar Else Slot; *JDR* Editor-in-Chief, William V. Giannobile; *JDR CTR* Editor-in-Chief Jocelyne Feine; Chief Executive Officer, Christopher Fox. *IADR Vice-president Eric Reynolds and IADR Regional Board Member Jaime Castellanos were unable to attend.*

**VOTING DIVISIONS:** American: Mark Herzberg, Jacques Nör, Maria Ryan, Tim Wright; Argentine: Gabriel Antonio Sánchez; Australian/New Zealand: Sašo Ivanovski, Karl Lyons; Brazilian: Paulo Francesco Cesar, Isabela Almeida Pordeus; British: Paul Anderson, Marcelo Riggio; Canadian: Anil Kishen; Chilean: Sebastian Aguayo; Chinese: Miao He; Colombian: *No representative present*; Continental European: Imad About, Bart Van Meerbeek; East & Southern Africa: Margaret Wandera (also IADR Regional Board Member); Indian: Subramoniam M. Balaji; Iranian: Ghassem Ansari, Mohammad Khoshnevisan; Iraqi: Anwar Tappuni; Irish: *No representative present*; Israeli: Alon Livny, Shlomo Matalon; Japanese: Satoshi Imazato, Keiji Moriyama, Seiji Nakamura; Korean: Seog Bae Oh; Kuwaiti: Fawaz Alzoubi; Mexican: *No representative present*; Nigerian: *No representative present*; Peruvian: *No representative present*; Saudi Arabian: *No representative present*; Scandinavian: Ulvi Gursoy; South African: *No representative present*; Southeast Asian: Jaya Seniviratne; Uruguayan: Sylvia Piovesan; Venezuelan: *No representative present*.

## **VOTING SCIENTIFIC GROUPS, NETWORKS & INSTITUTIONAL/CORPORATE SECTIONS:**

Behavioral, Epidemiologic & Health Services Research, Cameron Randall; Cariology Research, Aylin Baysan; Clinical and Translational Science Network, Paul Dechow; Craniofacial Biology, L-Bruno Ruest; Dental Anesthesiology Research, *No representative present*; Dental Materials, Sibel Antonson; Diagnostic Sciences, Trishul Allareddy; Education Research, Jorge Tricio; e-Oral Health Network, Sergio Uribe; Evidence-based Dentistry, Analia Veitz Keenan; Geriatric Oral Research, Athena S. Papas; 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: *No representative present*; Microbiology/Immunology, Anna Dongari; Mineralized Tissue, Xianghong Luan; Network for Practice-based Research, Madhan Balasubramanian; Neuroscience, Maria Pigg; Nutrition Research, Diana Cassi; Oral & Maxillofacial Surgery, Simon Young; Oral Health Research, Deborah Lyle; Oral Medicine & Pathology, Diana Messadi; Orthodontics Research, Sarah Alansari; Pediatric Oral Health Research: Yasmi Crystal; Periodontal Research, *No representative present*; Pharmacology/Therapeutics/Toxicology, *No representative present*; Prosthodontics, *No representative present*; Pulp Biology & Regeneration, Gottfried Schmalz; Salivary Research, Debora Heller; Stem Cell Biology: Fei Liu; STAR Network: Hope Amm; Women in Science Network, Tamanna Tiwari.

**NON-VOTING OBSERVERS AND GUESTS:** Incoming IADR Regional Board Member, María del Carmen López Jordi; Incoming IADR Young Investigator, Kimon Divaris.

**GLOBAL HEADQUARTERS (GHQ) STAFF:** Chief Operating Officer, Denise Streszoff; Chief Financial Officer, Darin Walsh; Director of Meetings, Leslie Zeck; Director of Science Policy and Government Affairs, Seun Ajiboye; Director, Membership and Publications, Kourtney Skinner; Exhibits, Sponsorship and Meetings Manager, Christopher Flow.

## **I. Administrative**

Dr. Fox opened the meeting by welcoming participants and advising that the chat function should be used by Councilors to communicate with the panelists: Prof. Moynihan, Dr. Den Besten, Dr. D'Souza and several GHQ staff. He then turned the meeting over to Prof. Moynihan. Prof. Moynihan thanked everyone for attending the meeting and noted that holding a virtual meeting is unusual, but necessary. She asked that the action items on the agenda be addressed before taking any questions or discussion regarding the cancellation of the IADR General Session 2020. She added that in the coming months, the IADR Board and GHQ Staff will work together to determine how to move forward in the face of the canceled meeting.

### **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 March 17, 2020 IADR Council meeting agenda be approved.

Moved: Dr. Mitchell

Seconded: Dr. Herzberg

The motion was approved with one abstained.

### **I.3. Approval of Council Meeting Minutes (June 18, 2019)**

**Motion 2:** That the June 18, 2019 IADR Council meeting minutes be approved. Moved:

Dr. Ryan

Seconded: Dr. Ruest

The motion was approved with three abstained.

Prof. Schmalz asked that paragraph 2 in Section 8.2 of the 2019 Council minutes, for the discussion of the Safety of Dental Amalgam Policy and Position Statements, that the word "mercury" be replaced with "amalgam".

## **2. Board Operations Committee (BOC)**

### **I.1 Nominations for IADR Vice-president**

Prof. Moynihan noted that the candidates were recommended by the nominating committee and the IADR Board.

**Motion 3:** That Alvaro Della Bona, Om Prakash Kharbanda and Ophir Klein be candidates for IADR election of the IADR Vice President 2021–2022.

Moved: Dr. Wright

Seconded: Dr. Crystal

The motion was approved with two abstained.

## 1.2 IADR Committee Appointments

**Motion 4:** To accept the 2020-2021 IADR and Joint IADR/AADR Committee Appointments as presented by the IADR Board Operations Committee. (See Appendix 7)

Moved: Dr. D'Silva

Seconded: Dr. Antonson

The motion was approved with one abstained.

## 1.3 IADR Dental Anesthesiology Research Group – Name Change

**Motion 5:** To accept the name change for the IADR Dental Anesthesiology Research Group as requested to Dental Anesthesiology and Special Care Research Group.

Moved: Dr. D'Silva

Seconded: Dr. Ryan

The motion was approved.

Prof. Moynihan noted that the Dental Anesthesiology Research Group brought the request for a name change to the IADR Board following the General Session in Vancouver, where a symposium they held attracted non-members who are in the special care field. The Group believes that the name change will allow it to be more inclusive and attract new members.

Several Councilors raised concerns about the name change, noting that special care is not limited to dental anesthesiology and that the name change is not likely to increase membership and is therefore not appropriate. Other Councilors found the term special care to be confusing. The Dental Anesthesiology Research Group representative was not on the call to address these concerns.

Dr. D'Souza noted that the Board previously addressed the issues now being raised and felt that there is no other more appropriate Group for patients needing special care and that this would be a good starting point in the Association for researchers to explore this issue.

Dr. Ryan agreed that this may be a good starting place for special care research to gain a foothold in the organization. She added that if the proposal is denied, it could potentially turn away new members. There was discussion about revising the name to include "special health care," but Dr. Fox suggested that changing the name without anyone from the Dental Anesthesiology Research Group present would not be ideal. Councilors from Pediatric Oral Health and Oral Medicine and Pathology were invited to comment and did not raise any concerns with the proposed name change.

## 3. Performance Monitoring/Audit Committee(PMAC)

### 3.1. IADR 2018 Independent Auditors' Report

Dr. D'Souza reviewed the Independent Auditors' Report and noted that the report earned an unqualified opinion which is the best possible outcome and that the financial statements required no adjustments. Dr. D'Souza then reviewed the Association's assets and liabilities, noting that IADR assets are made up primarily of the investment portfolio. At the end of 2018 the net assets stood at about \$13.4 million, down \$1.1 million from the previous year. IADR's net assets are about three times the annual expenses, and the financial position of the Association is very strong.

Dr. D'Souza reviewed revenue sources which come from meetings, dues, publications and contributions; and expenses which are primarily related to the General Session, awards and fellowships and management costs. The change in net assets from operating activities was an increase of \$285,000 but investment losses in the 4<sup>th</sup> quarter of 2018 pulled net assets down by \$1.1 million.

Dr. D'Souza then reviewed a chart which showed net assets over the period 2013–2018 and noted that because investments make up such a large part of the Association's assets, changes in net assets are most dramatically affected by investment returns. Net assets at the end of 2018 were nearly \$8 million higher than they were at the market low of 2008.

Prof. Riggio asked whether the investment income is managed proactively or by investment managers in light of the current financial crisis. Dr. Fox responded that IADR uses the firm Cambridge Associates to actively manage most of the investments. Some are in indexed funds. He added that with the recent market fluctuations, Mr. Walsh has been in regular contact with Cambridge Associates regarding whether and when to rebalance. Mr. Walsh added that rebalancing was done several weeks ago and may be done again in the near future.

**Motion 6:** That the IADR Council approves the IADR 2018 Independent Auditors' Report.

Moved: Dr. Nör

Seconded: Dr. Crystal

The motion was approved.

## 4. Member Stakeholder Relations Committee(MSRC)

### 4.1. Joint IADR/AADR Policy and Position Statements on Sugar-sweetened Beverages

Prof. Moynihan reviewed the Policy and Position Statements on Sugar-sweetened Beverages and advised that both the IADR and AADR Boards requested that the statements be drafted in support of the Associations' decision to exclude sugar-sweetened beverage companies from the investment portfolios. The position statement and policy were drafted with subject matter experts and with input from the Science Information Committees.

After reviewing specifics of the policy and position statements, Prof. Moynihan advised that the IADR and AADR Boards had approved the statements and recommend that Council also approve.

Several Council members spoke in favor of approving.

**Motion 7:** That the Joint IADR/AADR Policy and Position Statements on Sugar-sweetened Beverages be approved as submitted.

Moved: Dr. Antonson

Seconded: Dr. Crystal

The motion was approved with two abstained.

Prof. Moynihan thanked the Science Information Committee for its hard work on this and urged the Associations to widely publicize the policy and position statements. Dr. D'Souza asked how this policy will be implemented by the Regions, Divisions and Sections and asked how and where the information will be disseminated outside the Associations. Prof. Moynihan noted that Councilors at the meeting should be disseminating this information to their Divisions and Groups to follow this policy in their meetings and work. Dr. Fox noted that Dr. Giannobile has expressed interest in publishing this in the JDR. Prof. Moynihan added that it should also be shared with liaison organizations such as the FDI.

**ACTION 1: The IADR and AADR Policy and Position Statements on Sugar-sweetened Beverages will be shared by Councilors with the Regions, Divisions and Sections.**

**ACTION 2: The IADR and AADR Policy and Position Statements on Sugar-sweetened Beverages will be published in the JDR as well as shared with national and international liaison organizations.**

## 5. Strategic and Operational Planning Committee(SOPC)

### 5.1. 2020 IADR and Joint IADR/AADR Budgets

**Motion 8:** That the IADR Council approves the 2020 IADR and Joint IADR/AADR Budgets as they were presented to and approved by the Board in December 2020, with the caveat that they will be revised significantly with the canceled IAGS.

Moved: Dr. Ryan

Seconded: Dr. Wright

The motion was approved with seven abstained.

Dr. Den Besten provided a brief overview of the proposed 2020 budgets and preliminary 2021– 2022 budgets.

An overall operating surplus of \$20,800 is budgeted.

#### Gen Ops:

- With the centennial celebration in 2020, IADR is optimistic that the Membership levels will increase in 2020 to a level close to the 5-year average prior to 2019 decline.

- Most expenses are maintaining the same budget level or increasing only slightly from 2019, except Member Recruitment is increasing due to a new IADR membership plan.

**General Session:** High A/V and Legal costs are keeping the overall costs high for the Washington, DC General Session. In addition, new this year, we are offering childcare in the hopes that more parents will be able to attend the meeting while their children are cared for onsite. Although we initially anticipated high attendance, abstract submissions were closer to average for a North American meeting. The budgeted surplus retained by IADR should be similar to the amount retained after the 2017 & 2019 General Sessions in North America. *UPDATE: Since the budget was approved by the Board in December 2019, the COVID-19 outbreak has resulted in some cancellations due to flight restrictions and institutional travel bans. Although the exact financial impact is difficult to estimate, there will be a sizable deficit due to the canceled meeting.*

**Centennial Celebration:** Costs and revenues related to the Centennial Gala and the Centennial plenary lunches have been broken out from the overall General Session budget. An investment allocation is included from the IADR investment spending policy to cover the costs that are not expected to be fully covered by Gala ticket sales and sponsorship. *Update: With the canceled General Session, additional losses may be realized from Gala expenses.*

#### Awards, Fellowships, Grants:

- Per Board approval, \$50,000 in investment spending continues to be budgeted to ensure the Hatton competition costs are fully funded. Unilever has again reduced funding for this competition from 100,000 Euro to \$90,000 US Dollars. Additional sponsors will likely be needed if Unilever reduces funding any further.
- \$129,000 is budgeted from the IADR investment spending policy to support the Centennial Travel Awards (\$29k) and the Emerging Leaders Awards(\$100k).

**GHQ:** Costs are increasing by 6.2%, which is somewhat higher than the typical rate. Depreciation costs will be elevated over the next 5 years as we depreciate the costs of a redesign of the GHQ interior which is intended to increase space efficiency. Additionally, a website overhaul is planned for 2020 (last upgraded in 2016) which will be depreciated over the next 3 years. Telephone expenses (which include internet fees) are also increasing as we increase the broadband capacity of the office to improve office functionality and A/V quality.

**JDR:** Surplus continues to be high. As has been typically done, to be conservative, a 5% reduction in royalty income is budgeted. Editorial Stipend increased more than usual in 2019 per the terms of the new contract with SAGE. However, the contract stipulates the same amount for each year of the contract term going forward. Editorial expenses are budgeted to

increase at the beginning of the next contract term for the Editor in Chief (EiC) in April, 2020.

**JDR CTR:** Revenue changes are budgeted according to the new contract with SAGE and with similar budget assumptions as JDR. Expenses are budgeted similarly to 2019, but with an increase in EiC compensation beginning with the new contract term. A small deficit is expected, though the journal has exceeded budgeted expectations every year.

**Investment Spending Policy:** Due to spending on the centennial celebration, all accumulated prior year funds available in the IADR investment spending policy will be spent in 2020.

Dr. Den Besten noted that the budget is certain to change given the cancellation of the meeting. Dr. Fox confirmed that the budget which Council is being asked to approve is the one that was approved by the Board in December, and that it is not possible to know at this early date how the meeting cancellation will affect the budget. It is not possible to present an accurate budget now, and Mr. Walsh is preparing a worst-case scenario budget, which assumes all registrations, exhibitors and sponsors are refunded and all obligations to vendors are met. It will take many weeks or months to determine what the Association's full exposure is. IADR is working with its legal counsel to resolve the meeting contracts and added that the

Force Majeure clause in most of its contracts is strong. Additional legal fees will also be incurred.

Mr. Walsh added that in approving the budgets, Council is approving more than just the meeting budget, which is certain to change. Other budgets being approved include the *JDR* and *JDR CTR* budgets as well as the General Operations and Global HQ budgets. Mr. Walsh also advised that the initial worst-case scenario points to a loss of \$1.5 million, but this amount may be reduced as meeting contracts are resolved and cancellation fees are disputed.

Dr. Den Besten reiterated that the budgets as presented represent careful estimates of costs prior to knowledge of the COVID-19 impact on the meeting. She then asked for discussion on the budget. In response to a question about asking meeting attendees to donate their registration fees to the Association, Dr. Fox noted that some registrants have already offered to do this along with some sponsors and exhibitors. Dr. Fox encouraged anyone on the call to consider doing the same.

Council asked that the minutes clearly show that the budget which is being approved is the one that was approved by the IADR Board in December.

Dr. D'Souza asked if Council could be kept apprised of the final budget. Dr. Den Besten indicated that the budgets approved by the Board in December 2020 will be presented to Council in 2021.

#### 5.2. IADR 2024 General Session Site Selection

Dr. Den Besten reviewed the process through which the SOPC and then the Board narrowed down a

selection of sites for the 2024 General Session to New Orleans. Based on a review of factors including convention center layout, location, cost, appeal to international travelers and the fact that ADEA is co-locating its meeting there, the Board agreed that New Orleans was the best location.

**Motion 9:** That New Orleans, Louisiana USA be selected for the 2024 IADR General Session in March 2024.

Moved: Dr. Nör

Seconded: Dr. Wright

The motion was approved with one opposed and one abstained.

#### 5.3. IADR 2025 General Session Site Selection

**Motion 10:** That Barcelona, Spain be selected for the 2025 IADR General Session in June 2025.

Moved: Prof. Schmalz

Seconded: Dr. Mitchell

The motion was approved with two opposed.

Dr. Den Besten advised that IADR solicited proposals from locations in both the Pan European Region (PER) and Asia Pacific Region (APR) based on the large percentage of members in those areas. She noted that cities in Japan were invited to bid but declined to do so for 2025. The SOPC reviewed the proposals and narrowed down the selection to several cities in each location for the Board to review. The Board of Directors selected Barcelona based on cost, location, appeal to visitors and the convention center itself. In subsequent communications with the Barcelona CCIB convention center, an even better price was obtained. Dr. Den Besten reminded Councilors that the IADR General Session in 2010 was held in Barcelona and had the highest attendance of any IADR meeting.

#### 5.4. Bylaws Update – Membership Refunds

Dr. Den Besten noted that allowing people to withdraw their membership up until the time of the IADR General Session is helping perpetuate the myth that the only benefit to an IADR membership is meeting attendance. This change has been reviewed and approved by the IADR Board of Directors and the IADR Constitution Committee. If passed, the change will take effect at the conclusion of the Council meeting.

**Motion 11:** That section B.I regarding refunding membership through the date of the General Session be removed from the Bylaws.

Moved: Dr. Ruest

Seconded: Dr. Mitchell

The motion was approved with one opposed and five abstained.

#### 5.5. Bylaws Update – Meetings

Dr. Den Besten noted that having to cancel the 2020 General Session pointed to a need for a change in the Bylaws to stipulate that when a General Session cannot be held, and therefore the in-person Council meeting cannot take place, that a Virtual Council meeting will be held instead. This change has been reviewed and approved by the IADR Board of

Directors and the IADR Constitution Committee. If passed, the change will go into effect at the conclusion of the Council meeting.

**Motion I2:** That the Bylaws Section E be updated to stipulate that in cases when the General Session cannot be held that a Virtual Council meeting will be held.

Moved: Dr. D'Silva

Seconded: Dr. Nör

The motion was approved with one abstained.

Dr. D'Souza remarked that organizing and holding an online meeting for Council was quite an achievement as IADR begins this new century.

Dr. Den Besten noted that the meeting was structured to ensure that Council could vote on the important actions from the originally scheduled meeting and she thanked the Councilors for making time for this meeting.

## 6. In Memoriam

Prof. Moynihan led Council members in observing a moment of silence in honor of IADR members who passed away during the preceding year.

## 7. Additional Business

Prof. Moynihan turned the meeting over to Dr. Fox to address IADR's plans to move forward following the cancellation of the Centennial General Session. Dr. Fox noted that it had only been a week since the meeting was canceled and that things were still quite fluid. IADR is eager for suggestions on how to move forward and Dr. Fox encouraged Councilors to send suggestions, either through the virtual meeting chat function or to his email address.

Dr. Fox noted that many organizations faced with similar problems are now exploring the use of virtual meetings and that IADR would be doing the same.

Earlier in the meeting, Councilors were given a sense of the financial repercussions from the cancelled meeting, though the final outcome won't be known for some time. Dr. Fox reviewed other aspects of the meeting that must be addressed:

- The science that was to be presented at the meeting is a big loss for all the delegates, and GHQ is looking for ways to have the science presented.
  - The Hatton Competition will be held virtually. Competitors have been asked to film their presentations which will then be judged.
- The Centennial focus of the meeting took years for many volunteers and GHQ staff to organize, and the plan is to bring many of those programming elements into the next year.
  - The Centennial website will remain active and materials planned for the meeting will be posted there.

– Awardees will receive their plaques through the mail and institutions will be encouraged to award the plaques locally and record those events, which will then be posted on the Centennial website.

- GHQ is working to develop the capacity for holding a wide variety of the Association's meetings virtually as IADR moves into the next century. In-person meetings are popular with the members, but it may be possible to hold some portions of the meetings virtually.

Councilors were invited to ask questions, which Dr. Fox addressed.

- Dr. Ansari noted that currency devaluation poses a large problem for Iranian members and he asked GHQ to examine this issue. Dr. Fox indicated this would be done.

### **ACTION 3: GHQ will explore how to respond to the impact that currency devaluation is having on members in Iran.**

- A suggestion was made to include highlights from symposia keynotes in the Scientific Groups and Networks newsletters. Dr. Fox agreed this was a great idea.
- In response to a question about having plenary speakers upload their presentations to CE on Demand, Dr. Fox noted that this would be welcomed, but that some speakers have specifically requested that their presentations be deleted, which of course IADR will honor.
- Dr. Fox noted that all accepted abstracts will be published online and citable, unless the author chooses to withdraw the presentation.
- There are Regional, Division and Section meetings in the fall, and Dr. Fox encouraged those meetings to accept abstracts that could not be presented at the General Session, adding that they should be given an expedited review since IADR has already accepted them.
- Dr. D'Souza asked if Distinguished Scientist Awardees could receive their awards locally and also be recognized at the next meeting. Dr. Fox indicated that this was being planned, but he added that some institutions are closed due to COVID-19 and that local recognition may not be feasible. Prof. Moynihan recommended highlighting the Distinguished Scientist Awardees in the monthly *Global Research Update*.
- A suggestion was made to bring the 2020 plenary speakers to the 2021 meeting in Chengdu. Prof. Moynihan noted that speakers are often location-specific, and that different plenary speakers are likely to be identified for the Chengdu meeting.

Other suggestions and questions for the record:

- Councilors asked if, at future in-person Council meetings, it would be possible to have some Councilors participate and vote virtually.

- Councilors noted it would be nice to see other Councilors and not just the IADR Board during a virtual meeting. It was pointed out that this is not feasible due to limitations of the WebEx platform.
- Dr. Richman reminded Councilors to read the full Council manual which contains all the reports.
- Dr. D'Souza asked if Councilors should work with their Groups/Networks and Divisions/Sections virtually to keep the work of the Association moving forward. Prof. Moynihan confirmed that Councilors at the meeting should strive to keep communications with their Groups/Networks and Divisions/Sections open. Dr. Fox added that a summary of the actions taken at Council would be provided to all Councilors after the meeting.

- Councilors asked about the IADR position on the 2021 meeting in Chengdu. Dr. Fox indicated that IADR is fully committed to the meeting in Chengdu.

Prof. Moynihan thanked all those in attendance for joining the meeting. She thanked the Board and the GHQ staff for all their hard work.

Dr. Den Besten thanked Prof. Moynihan for her excellent leadership in the past year.

The 2020 IADR Virtual Council meeting adjourned at 2:45 p.m. EDT.

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

**Pamela K. Den Besten**  
*University of California,  
San Francisco, USA*

### **Challenges and Opportunities for IADR’s Next 100 Years**

I am honored to have been elected as the 97<sup>th</sup> president of the International Association for Dental Research (IADR). This is the centennial year of the IADR, marking 100 years of progress in dental research and the beginning of our next 100 years.



It is a time for reflection and a time for celebration.

We have grown from a small group who numbered 153 members in 1928, the sixth year after formation of the IADR, to 3,140 members in 1970, the 48<sup>th</sup> year after the IADR was first formed, and more than triple this number in the following 50 years leading to this centennial year. William J. Gies, PhD, professor and chair of biological chemistry at Columbia University, USA, led the establishment of the IADR with a bold vision of an international association of clinicians and scientists from diverse fields, drawn together by their interest in dental research. The IADR was formed as an association to foster personal interactions and meetings that promote scientific interest in dental research, leading to new ideas and approaches to many unsolved problems in dentistry.

Thus, these 2 essentials of the IADR, meetings and members, are intrinsically interdependent features of our association. Today, our membership remains steady and is broadly distributed across regions of the world, with 32 scientific groups and networks, representing all aspects of dental, oral, and craniofacial research.

The IADR has faced challenges through these first 100 years. At the 50<sup>th</sup>-year anniversary, John B. MacDonald, executive vice chairman, Committee of Presidents, Universities of Ontario, Toronto, Canada, stated, “We have reached the stage when many scientists believe that it is within our scientific and

technological power to solve every major problem related to the physical needs and comfort of mankind. Yet the deeper problems of human behavior and human values in a transformed world remain.”

This year, we have been challenged by the COVID-19 viral pandemic, which resulted in the cancellation of our general session for the first time since World War II. We have been challenged to evolve. Following the cancellation of the general session, we successfully held our first ever remote IADR council meeting, where 77 worldwide representatives of the IADR met online to complete the business necessary to move our association forward.

In these times, we have the opportunity to use technology to increase connection and communications among our members, scientific groups, regions, divisions, and sections. However, with these opportunities for an evermore rapid flow of information and connectivity, the personal interactions that occur in attending IADR meetings are important.

I remember attending my first IADR meeting and feeling the excitement and amazement that I could meet and talk with scientists from all over the world, and now, still, this excitement remains. It is through these personal interactions at the annual meetings that I have developed some of my most meaningful and important research collaborations and have had great fun and adventure along the way. We are challenged to continue to evolve our meetings so that we can continue to enjoy all the benefits that direct communication and shared experiences bring.

As we look forward, we can also look back and reflect on the words of William J. Gies, spoken in 1939, a decade after the founding of the IADR. He challenged the IADR to promote “the discovery of truth and the dissemination of new knowledge to the end that, irrespective of beliefs, opinions, policies, or traditions, oral health service in all its aspects may be given its greatest possible usefulness for the whole of humanity.” As we begin this new century of the IADR, let us embrace our challenges. Let us take the opportunities that they present to use our science and our connections to advance oral health worldwide for the good of all in our global community.

## Editor's Report for the *Journal of Dental Research*, 2020

Nicholas S. Jakubovics, Newcastle University, UK

I am pleased to provide to the IADR/AADR 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.

This year has seen a change in the leadership at the journal, as I took over from Dr William Giannobile as Editor-in-Chief on 1<sup>st</sup> April 2020. Around that time, the full force of the COVID-19 pandemic started to be felt around the globe.

The pandemic has provided a stark reminder of the importance of scientific research and scholarly publishing for the benefit of health and wellbeing worldwide. The *JDR* has adapted quickly and has published several key papers on COVID-19 alongside many other high-impact articles in 2020. In the most recent Journal Citation Report™, the *JDR* ranked #1/90 journals in Dentistry, Oral Surgery & Medicine for Eigenfactor™ Score at 0.01986 and #3 in 2-year impact factor at 4.91. This is the 6<sup>th</sup> consecutive year that the journal has exceeded 4 for SIF. Our 5-year SIF increased slightly to 5.844. The *JDR* generated 20,557 citations from 175 total articles during 2018-19, continuing a year-on-year upwards trend in total citations that has occurred for more than 15 years. Our self-citation rate was just 5.8% whereas most journals are at least 12-15%. The journal remains strong not only in these metrics, but also in other important measures including full-text downloads, page views and article influence score, where the *JDR* is well above other competing journals in the field.

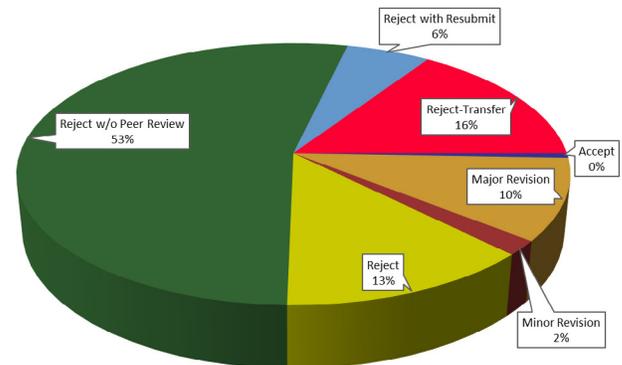
The journal's success would not be possible without the dedicated efforts of a broad team. In particular, I would like to acknowledge Dr William Giannobile, who's outstanding leadership of the *JDR* over the past 10 years has brought the journal to the strong position it is in today. I am personally extremely grateful to Dr Giannobile for his guidance during my time as an Associate Editor and through the transition to Editor-in-Chief. I would also like to thank the team of 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 Paulina Klein, Jon Speilburg, 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 has recently been appointed as 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 also delighted to welcome our newest Associate Editor, Professor Ana Paula Colombo, who joins the dedicated team of Associate Editors: Professors Jack Ferracane, Gustavo Garlet, Dana Graves, Jacques Nör, Joy Richman, Falk Schwendicke. Finally, I would like to acknowledge the members of the Editorial Board and the many reviewers, who give up their time to critique papers. The acceptance rate for original research reports remains at ~15%, which is a reflection of the continued high levels of submissions to the journal. 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.



The following are some highlights of progress of the *JDR* for 2020:

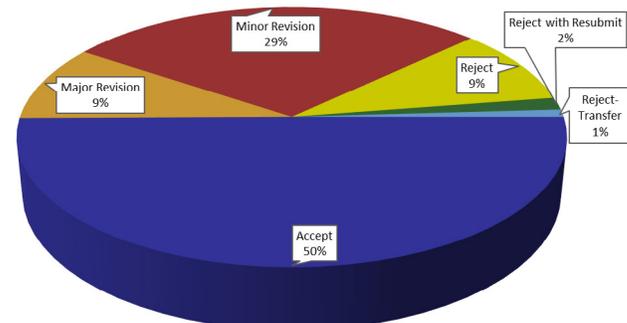
### I. Manuscript Processing:

The average time of submission to first decision is 15.1 days for original submissions and 14.4 days for revised submissions, based on all article types for the 12 months up to 1<sup>st</sup> November 2020. These article processing times are highly competitive within the scholarly publication field. The efficiency of processing is due to the excellent editors, editorial board/reviewers, journal staff and the ScholarOne/SAGETrack manuscript processing system. To maintain an efficient handling of manuscripts, close to 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. 1).



**Figure 1. Original manuscript decisions for the *JDR* from January 1 – September 30, 2020.** The graph shows the 768 manuscript decisions made. Sixty-nine% are either rejected without peer review or transferred to *JDR*-CTR to continue building the journal.

Nearly 90% of revised manuscripts are eventually accepted, sometimes after further rounds of peer review (Fig. 2). The strong workflow after a manuscript has been accepted has resulted in one of the most rapid acceptance to online and print publication in the oral health sciences (online available in 32 days, and print publication in 3-4 months from acceptance). Since the overall manuscript submission and acceptance rates have remained relatively stable compared with the previous year, I am not requesting additional pages for the 2021 calendar year.



**Figure 2. Article acceptance of revised manuscripts from the *Journal of Dental Research*.** Of the 214 revised manuscripts submitted and decided from January 1, through September 30, 2020, 50% were accepted at the revision stage.

## 2. JDR Global Institutional Reach and Fiscal Stability.

The *JDR* remains attractive for manuscript submissions of both original reports and reviews from around the world. The access of the *JDR* has been strong through SAGE's partnership and promotion of *Journal* content through a variety of outlets such as HINARI (free access of *JDR* to libraries in the developing world). As part of the global efforts to facilitate research and dissemination on COVID-19, all manuscripts in this area have been made available free-of-charge 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. The financial picture for the *JDR* remains very strong (*please see corresponding budget report*).

## 3. Promotion of JDR Research.

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



@JDentRes  
#JDR

<http://www.iadr.org/IADR/About-Us/News>. In July 2020, we established a *JDR* Twitter feed (@JDentRes), which has already amassed >750 followers. 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 Twitter feed complements the *JDR* blog site, which is used for longer pieces of writing about the journal. In addition, key messages have been disseminated to IADR members through the new IADR Community resource.

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.

## 4. The JDR response to the COVID-19 pandemic

The COVID-19 pandemic has affected scientific publishing in a manner that has never before been seen. The name 'COVID-19' was only assigned on 11<sup>th</sup> February 2020, yet by 9<sup>th</sup> November a PubMed search for 'COVID-19' identified 71,714 articles. On 12<sup>th</sup> March, the *JDR* published online the first description of the impact of COVID-19 on a major Dental Hospital (Meng et al. 2020. *J Dent Res* 99(5):481-487). The paper has been cited 189 times to date, including in many guidelines and recommendations for managing dentistry during the pandemic. This example illustrates the importance of rapid review and dissemination of COVID-19 research. To facilitate the expedited handling of COVID-19 papers, we introduced a new article type for COVID-19 submissions in May 2020. Manuscripts submitted to this stream are marked for rapid editorial consideration and peer reviewers are requested to return comments within a shortened timeframe. This provides a fast turnaround while maintaining a robust peer review process. So far, 80 original articles have been submitted to this workflow.

## 5. JDR Clinical & Translational Research and Clinical Content

The *JDR* continues to work closely with *JDR-CTR* Editor-in-Chief, Professor Jocelyne Feine to support her vision for *JDR-CTR*. For example, we have a smooth transfer process for appropriate papers that cannot be published in the *JDR* and deserve consideration at the more clinical journal (Fig. 1). This maximizes opportunities for authors to publish their clinical research to the benefit of the IADR community. As in previous years, we had planned to contribute to a peer review workshop organized by *JDR-CTR* Associate Editor Professor Effie Ioannidou for the IADR Annual Meeting in Washington DC. Unfortunately, this was not possible following the cancellation of the meeting and instead we will look to support the workshop at the next IADR meeting in 2021.

## 6. Special Issues in the Journal.

A special issue on the *Oral Microbiome*, co-edited by myself and Professor Wenyuan Shi, Forsyth Institute, Boston, was published in June 2020. The issue contains original research and review articles pertaining to the role of the oral microbiome in oral and systemic health and disease. We had approximately 100 submissions to this issue, which demonstrates the high level of interest in the field.



We have planned another special issue on the *Interface between Materials and Oral Biology* with a submission deadline of January 31<sup>st</sup> 2021. This special issue will be co-edited by Professor Jack Ferracane and Dr Luiz Bertassoni. It will provide an assessment of the current state-of-the-art regarding our understanding of the complex interactions occurring between biomaterials and living cells and tissues in the oral environment, including future strategies for manipulating these interactions through the development of "bioactive" materials and devices for enhanced oral health care. The issue will be of interest to biomaterials scientists, biomedical engineers, oral health researchers and practitioners. The special issue will likely publish in the final quarter of 2021.

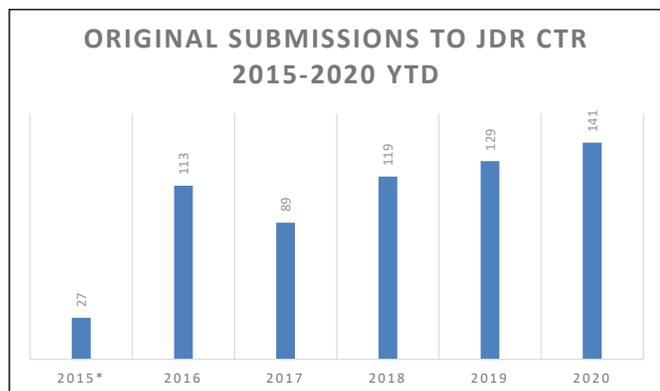
I thank the Joint Board of Directors for their continued support of the *JDR*. I look forward to working together to further develop the journal and to build on its strong position as the leading venue for research publication in the oral, dental and craniofacial sciences.

**JDR CTR 2020 Annual Report**  
**December 2020 IADR/AADR Board Meeting**

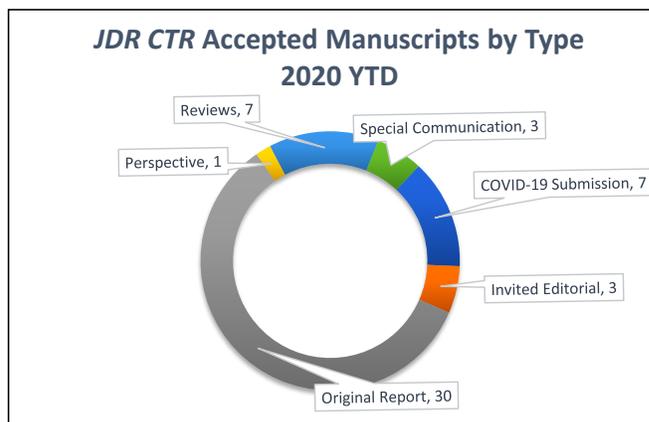
Prepared by JS Feine

Summary:

- January 2021 begins the 6th year since the *JDR CTR* began.
- We have seen a steady growth in submissions over the past years.
- Acceptance rates have declined over the past years from 50.4% in 2018 to 36.9% in 2020 YTD.
- There is a delay of ~1 year between online publication and publication in print.
- Online total accesses to the Journal have increased since 2019 by 20.7%.
- Four of the top 10 full-text downloads were related to COVID-19.



\* The submissionsite for *JDR CTR* opened in September 2015  
 Reflects total manuscripts submitted (direct and transferred)



Reflects total manuscripts submitted (direct and transferred)

**2018 Acceptance rate = 50.4%**  
**2019 Acceptance rate = 35.7%**

2019	Submitted Directly	Transferred In	Accepted	Published
January*	10	7	5	13
February	7	2	7	
March	7	2	4	
April*	4	4	5	11
May	13	4	2	
June	11	0	5	
July*	9	4	3	11
August	10	4	8	
September	4	2	4	
October*	6	4	5	11
November	10	2	6	
December	1	2	2	
<b>Summary</b>	<b>92</b>	<b>37</b>	<b>56</b>	<b>46</b>

\* Issue Published

**2020 YTD Acceptance rate = 36.9%**

2020 YTD	Submitted Directly	Transferred In	Accepted	Published
January*	10	1	6	12
February	3	3	3	
March	10	5	0	
April*	8	5	7	12
May	10	5	9	
June	20	8	8	
July*	15	2	2	11
August	5	11	6	
September	11	3	8	
October*	4	2	2	17
November				
December				
<b>Summary</b>	<b>96</b>	<b>45</b>	<b>51</b>	<b>52</b>

\* Issue Published

Median <i>JDR CTR</i> Turnaround Times	2016	2017	2018	2019	2020
Submission to Acceptance	57 Days	121 Days	111 Days	120 Days	98 Days
Acceptance to Online Publication	30 Days	28 Days	27 Days	38 Days	25 Days
Acceptance to Print Publication	70 Days	131 Days	110 Days	158 Days	255 Days

## JDR CTR Online Usage

A summary of JDR CTR's online usage by month is provided in the following table.

Online Usage Statistics					
2019	Full-Text Downloads	Total Accesses	2020	Full-Text Downloads	Total Accesses
January	1,395	3,907	January	4,336	6,935
February	1,473	3,903	February	3,748	7,834
March	2,723	6,006	March	3,509	7,332
April	3,957	2,099	April	4,436	9,154
May	3,413	6,653	May	8,117	12,543
June	3,007	5,622	June	5,753	11,055
July	3,134	5,584	July	3,606	9,725
August	3,045	5,854	August	4,992	9,245
September	4,222	7,733	September	7,795	13,824
October	4,543	8,406	October	-	-
November	3,785	7,360	November	-	-
December	3,335	6,389	December	-	-
<b>Total</b>	<b>38,032</b>	<b>69,516</b>	<b>Total</b>	<b>46,292</b>	<b>87,647</b>

### Article Usage Statistics

Top 10 Most Downloaded Articles: Jan. - Sept. 2020	
Total Downloads	Article
9,025	E. Eliav, H. Malmstrom, L. Rasubala, Y.F. Ren <b>Dental Care and Oral Health under the Clouds of COVID-19</b> Volume 5 Issue 3; 10.1177/2380084420924385
2,769	N. Hiraishi, D. Duangthip, C.H. Chu, S.S. Gao, E.C.M. Lo, I.S. Zhao, M.L. Mei <b>Clinical Trials of Silver Diamine Fluoride in Arresting Caries among Children A Systematic Review</b> Volume 1 Issue 3; 10.1177/2380084416661474
1,489	E. Emami <b>COVID-19: Perspective of a Dean of Dentistry</b> Volume 5 Issue 3; 10.1177/2380084420929284
1,142	B.W. Kramer, B.V. Wieland, S.F. Vanterpool, K. Tomsin, L.A. Daalderop, J.V. Been, L. Reyes <b>Periodontal Disease and Pregnancy Outcomes: Overview of Systematic Reviews</b> Volume 3 Issue 1; 10.1177/2380084417731097
1,090	R.A. Giacaman, S. León <b>COVID-19 and Inequities in Oral Health Care for Older People: An Opportunity for Emerging Paradigms</b> Volume 5 Issue 4; 10.1177/2380084420934742
1,029	A. Ravid, W.V. Giannobile, L. Chambrone, S. Barootchi, L. Tavelli <b>Recombinant Human Platelet-Derived Growth Factor: A Systematic Review of Clinical Findings in Oral Regenerative Procedures</b> 10.1177/2380084420921353
995	A. Baghalian, B. Gharib, H. Bahramian <b>COVID-19 Considerations in Pediatric Dentistry</b> Volume 5 Issue 4; 10.1177/2380084420941503
908	A.R. Zalal, E. Colangelo, A.S. Eidelman, M.T. Duong, S. Quinn, A. Fushi, J. Huber, T. Woods, A. Carrasco-Labra, O. Urquhart <b>Social Media Research Strategy to Understand Clinician and Public Perception of Health Care Messages</b> Volume 5 Issue 1; 10.1177/2380084419849439
886	A.J. Righolt, J.S. Feine, M.F. Walji, S. Listl, D.M. Williams, E. Kalenderian <b>An International Working Definition for Quality of Oral Healthcare</b> Volume 5 Issue 2; 10.1177/2380084419875442
884	G. Dahl, E. Hedman, L. Reuterskiöld, M. Grindejord, S. Shahnavaaz <b>Cognitive Behavioral Therapy for Children with Dental Anxiety A Randomized Controlled Trial</b> Volume 1 Issue 3; 10.1177/2380084416661473

## Christopher H. Fox Chief Executive Officer

### OVERVIEW

The year presented enormous disruptive changes, but also presented unique opportunities for IADR to improve membership services. While major activities were either canceled or significantly altered due to the COVID-19 global pandemic, IADR was able to launch a number of new programs to keep our members engaged in the new virtual environment thanks to the leadership of the IADR Board of Directors.

The IADR launched the [IADR Community](#) in August 2020. The IADR Community has afforded a networking platform for members and over 80% of IADR members have maintained at least one Community subscription. The daily digest rate continues to exceed industry standards. Each IADR Scientific Group and Network has their own separate subcommunity which allows members to further connect within their specialty area of dental, oral and craniofacial research. Additionally, Division and Section subcommunities will be rolled out by the end of 2020.

IADR has partnered with AADR to maintain a COVID-19 resource page to compile the latest on SARS CoV-2 research relevant to the dental, oral and craniofacial research community.

### IADR CENTENNIAL

2020 marks the Centennial of the founding of IADR! While we could not celebrate in person, IADR commemorated this momentous occasion in many ways. The IADR

Centennial website, [www.iadr100.org](http://www.iadr100.org), honors the historic advancements and scientific discoveries and highlights the accomplishments of the greatest contributors to dental, oral and craniofacial research worldwide. Viewers can explore 100 years of inspiring IADR history and groundbreaking research through the [interactive timeline](#). IADR members were invited to share their personal IADR experiences via photos, videos or stories on the [IADR Share Your Story](#) webpage.

The [IADR Centennial Emerging Leaders Award](#) was created to recognize young investigators who will lead the research field into the next century. Each of the five IADR Regions selected qualified nominees, within 10 years of completing their last terminal degree, who have demonstrated scientific accomplishment in the field of dental, oral and craniofacial research and have shown outstanding promise for continuing service and leadership within the IADR and the scientific community. These accomplished young investigators are poised to lead the IADR into the next century of groundbreaking research and discovery.

IADR Centennial Emerging Leaders Award Winners:

#### 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, The University of Hong Kong, SAR, China (Southeast Asian Division)

Lina Niu, The Fourth Military Medical University, Shaanxi, China (Chinese Division)

May Lei Mei, The 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 Shugin, Broad Institute of Harvard and MIT, Boston, Massachusetts, 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)

In addition, two IADR Centennial Plenary sessions were recorded and are available to view on the [IADR CE On Demand library](#).

### Artificial Intelligence in Research

Speaker: John Laird, University of Michigan, Ann Arbor, USA

Panelists:

Stephen C. Bayne, University of Michigan, Ann Arbor, USA

Mohammad F. Walji, University of Texas, Houston Health Science Center, USA

Sunil Kapila, University of California, San Francisco, USA

### Genetic Insights Into Diagnostics and Therapeutics in the 21<sup>st</sup> Century

Moderator: Jeff Murray, University of Iowa, Iowa City, USA

Panelists:

Peter Mossey, University of Dundee, Scotland

Lorri Morford, University of Kentucky, Lexington, USA

Mary Marazita, University of Pittsburgh, Pennsylvania, USA

Rena D'Souza, University of Utah, Salt Lake City, USA

Azeez Butali, University of Iowa, Iowa City, USA

## IADR COVID-19 SCIENCE RESPONSE

### COVID-19 Updates and Resources Webpage

The IADR is deeply concerned for the health and safety of people involved in dental, oral and craniofacial research and about the effects of the COVID-19 public health emergency on the research enterprise. 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 (webinar series, blog posts), COVID-19 articles published in the *Journal of Dental Research (JDR)*, *JDR Clinical and Translational Research* as well as other publishers and other useful resources.

### IADR Survey on the Impact of the COVID-19 Pandemic on Dental, Oral and Craniofacial Research Productivity

IADR/AADR collaborated with investigators at the University of Connecticut, Farmington, USA, to send out a survey in order to better understand the impact of COVID-19 pandemic on dental, oral and craniofacial research productivity.

### AADR COVID-19 WEBINARS

AADR and the U.S. National Institutes of Health National Institute of Dental and Craniofacial Research (NIH NIDCR) hosted a webinar on April 13, 2020 titled "[Dental, Oral and Craniofacial Research and COVID-19](#)" featuring Lawrence Tabak, Jonathan Horsford, Lillian Shum, Alicia Dombroski, Lynn King and Mark Herzberg. Additionally, AADR hosted a series of webinars on topics related to COVID-19. The webinars were recorded and are available online at [www.iadr.org/covid19webinarseries](http://www.iadr.org/covid19webinarseries) and were added to the IADR COVID-19 Updates and Resources page.

### COVID-19 and Oral Health: Impacts on Care and Early Insights to Pathogenesis

Speaker: Jennifer Webster-Cyriaque, University of North Carolina at Chapel Hill

### COVID-19 Research Questions and Our Practice From the Wuhan Experience

Speaker: Zhuan BIAN, Wuhan University, China

### The Scientific Basis for Delivering Oral Health Care During COVID-19

Speaker: Yanfang Ren, University of Rochester Medical Center, N.Y.

### Dental, Oral and Craniofacial Research in the COVID Era

Moderated by AADR President Mark Herzberg, University of Minnesota, Minneapolis

Speakers:

Gregg H. Gilbert, The University of Alabama at Birmingham  
Stuart A. Gansky, University of California, San Francisco  
Vesa Kaartinen, University of Michigan, Ann Arbor  
Shannon M. Wallet, University of North Carolina at Chapel Hill

## SCIENCE POLICY AND INTERNATIONAL ADVOCACY

### Sugar Sweetened Beverages Policy and Position Statement

IADR and AADR collaboratively published a policy and position statement to clearly define its support for avoiding the consumption of sugar-sweetened beverages (SSBs). This policy, adopted in March 2020, is 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 non-communicable chronic diseases. The policy and position statements were promoted during the Global Week for Action on Non-Communicable Diseases (NCD), September 7-13, 2020 hosted by the NCD Alliance. A week-long social media campaign was launched to bring attention to the consequences of SSBs on the oral cavity and included daily posts relative to the avoidance of SSBs and creation of the [infographic](#) "Why Should I Avoid Sugar-Sweetened Beverages."

### Dental Amalgam

The IADR supports the Minamata Convention on Mercury and specifically the decision to phase down dental amalgam for environmental reasons. IADR continually participates in Minamata Online—a series of digital engagements that provide the opportunity for government officials, scientists, NGOs and other stakeholders to better understand the Minamata Convention's provisions, strengthen the continuation of learning and collaboration, as well as policy and scientific aspects. IADR contributes to the discussions that are specific to COP-4 preparations. Session I of Minamata Online culminates with the provision of information on the implementation of any additional measures taken by Parties and other stakeholders to phase down the use of dental amalgam in accordance with part II of Annex A to the Convention.

## IMMIGRATION ISSUES

IADR, along with AADR, continues to speak out against immigration policies that could negatively impact students and researchers, and thereby, the scientific enterprise. Of highest profile, in July, the United States Immigration and Customs Enforcement (ICE) issued new visa rules that would bar international students taking online-only courses from residing in the United States; those students would be required to depart the country or transfer to a school with in-person instruction. AADR immediately opposed this directive and issued a [statement](#) and signed onto a [multi-society letter](#) to the White House, Department of Homeland Security and Department of State requesting that the modifications to the Student and Exchange Visitor Program be withdrawn immediately. In addition, AADR joined 16 other societies on an amicus brief supporting the Harvard University and Massachusetts Institute of Technology lawsuit to block the new visa rules. Fortunately, following backlash from colleges and universities, professional membership associations, advocacy groups and more, the administration made the important and necessary step to walk back the new policy.

IADR and AADR also released a [joint statement](#) opposing the administration's June 22 Proclamation Suspending Entry of Aliens Who Present a Risk to the U.S. Labor Market Following the Coronavirus Outbreak that suspended the entry of certain foreign workers into the United States. IADR and AADR noted that while the proclamation was intended to temporarily block



foreign workers entering the United States on H-1B, H-2B, J and L visas, the consequences of such a move will be long-lasting.

### **IADR Regional Development Program**

Since 1996 through 2020, 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 2020:

- **IADR Colombian Division**  
*Caries OUT: Multicenter Study in Children with CariesCare International adapted for the COVID-19 Pandemic*
- **IADR Chilean Division**  
*Bacterial Translocation Signatures in Periodontitis: A new paradigm for the Relationship between Periodontal-gut Microbiota and Non-Communicable Diseases*
- **IADR Mexican and Chilean Divisions**  
*Role of Boldine on Treg/Th17 Balance and Alveolar Bone Resorption During Experimental Periodontitis*

### **PUBLICATIONS**

#### **2019 Journal of Dental Research Impact Factor**

The *Journal of Dental Research (JDR)* continues to rank #1 of 91 journals in the “Dentistry, Oral Surgery & Medicine” category in *Eigenfactor* with a score of 0.019860. The 2019 *JDR* 2-year Impact Factor is 4.914. The *JDR* ranks as #2 of 91 in Article Influence with a score of 1.627 and #3 in Impact Factor of 91 journals, #2 without self-citations. The *JDR*'s 5-year Impact Factor remained above 5 for the fifth year at 5.844 — ranking #2 of 91 journals. With over 20,000 citations, the *JDR* also boasts the most citations in the “Dentistry, Oral Surgery & Medicine” category, over 3,500 citations above the 2<sup>nd</sup> ranked journal in the field.

#### **New JDR Editor-in-Chief**

In March 2020, William Giannobile, University of Michigan, Ann Arbor, USA, ended his 10-year term as Editor-in-Chief of the *JDR*. Nicholas Jakobovics, Newcastle University, England, was named the new *JDR* Editor-in-Chief. Jakobovics began his term on April 1, 2020.

#### **JDR Special Issue on the Oral Microbiome**

The June 2020 *JDR* Special Issue is a collection of the latest research on the oral microbiome, including new tools for analyzing microbial communities and cultivating microbial species, the structure and function of the human oral microbiome in connection with dental caries, periodontitis or medication-related osteonecrosis of the jaw and evidence that the oral microbiome is involved in oral cancer and diabetes mellitus.

#### **JDR Now on Twitter**

In July 2020, IADR/AADR launched a *JDR* Twitter account. Follow the *JDR* at [@JDentRes](https://twitter.com/JDentRes) to get the latest updates from the journal.

#### **JDR Special Issue Call for Papers: Interface Between Materials and Oral Biology**

The *JDR* announced a special issue call for papers on the “Interface Between Materials and Oral Biology.” This special issue, anticipated for winter of 2021, will highlight the latest scientific advances in research on the interaction between materials and biological systems within the dental, oral and craniofacial complex. The deadline to submit papers for the special issue is January 31, 2021.

### **JDR Clinical & Translational Research**

The *JDR Clinical & Translational Research*, 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 Clinical & Translational Research* 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.

#### **JDR and JDR CTR COVID-19 Manuscript Submissions**

The *JDR* and *JDR CTR* continue to actively seek manuscript submissions on COVID-19. Manuscripts on this topic are prioritized for peer review. The article “Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine,” as well as other articles published in the *JDR* and *JDR CTR*, have had a profound impact.

Most-read *JDR* and *JDR CTR* COVID-19 papers (as of October 19, 2020) include:

#### **JDR:**

##### **Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine.** L. Meng, F. Hua, Z. Bian. *J Dent Res* 99: 5.

Views & downloads: 136,304  
Citations: 257

##### **COVID-19 Transmission in Dental Practice: Brief Review of Preventive Measures in Italy.** R. Izzetti,

M. Nisi, M. Gabriele, F. Graziani. *J Dent Res* 99: 9.  
Views & downloads: 36,209  
Citations: 43

##### **Salivary Glands: Potential Reservoirs for COVID-19 Asymptomatic Infection.**

J. Xu, Y. Li, F. Gan, Y. Du, Y. Yao. *J Dent Res* 99: 8.  
Views & downloads: 20,704  
Citations: 43

#### **JDR CTR:**

##### **Dental Care and Oral Health under the Clouds of COVID-19.** Y.F. Ren, L. Rasubala, H. Malmstrom, E.

Eliav. *JDR CTR* 5: 3.  
Views & downloads: 9,579  
Citations: 10

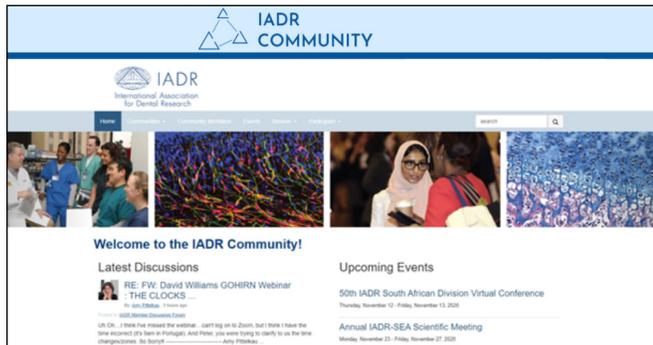
##### **COVID-19: Perspective of a Dean of Dentistry.** E. Emami. *JDR CTR* 5: 3.

Views & downloads: 1,550  
Citations: 3

## MARKETING

### New IADR Community!

Online interaction has become paramount in 2020. To help our members engage with each other throughout the year, IADR launched the IADR Community in August 2020. Members can now discuss hot topics, share insights and post resources



while building their worldwide professional network. Within the overall IADR Community, each IADR Scientific Group and Network has their own separate community which allows members to further connect within their specialty area of dental, oral and craniofacial research.

### Launch of IADR Webinar Connect Platform



In October 2020 IADR launched the [IADR Webinar Connect platform](#). This new platform allows users to participate in upcoming live webinars and view the growing list of webinars on demand. Content on the IADR Webinar Connect platform includes the 2020 AADR Fall Focused Symposium webinar series and the AADR COVID-19 Webinar Series. To help expand our IADR Webinar Connect content, IADR and AADR 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 AADR committee.

### IADR Membership Video and Webpage Redesign

The [IADR membership homepage](#) and membership benefits page was revamped for the 2021 membership renewal season. This redesign features branded iconography and includes an IADR membership promotional video that is being used on the website, in emails and via social media.



### 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 or videos,

within the posts. In July 2020, IADR/AADR launched a *Journal of Dental Research* Twitter account to further expand the IADR/AADR presence online.

### IADR CE On Demand

The IADR CE On Demand library houses recordings of cutting-edge presentations from past IADR and AADR meetings. At the conclusion of each recorded session a brief quiz may be completed for ADA CERP credit. The IADR CE On Demand library now houses content from 2016, 2017, 2018, 2019 and 2020 meetings. IADR continues to promote this as a valuable member benefit.

### IADR and AADR Past President Rena D'Souza Sworn in as NIH NIDCR Director



The NIH Director, Francis S. Collins, confirmed IADR and AADR Past President Rena D'Souza, University of Utah, Salt Lake City, as the next NIH NIDCR Director in a virtual ceremony on October 13, 2020. D'Souza served as the 95<sup>th</sup> President of the IADR (2018-19) and the 41<sup>st</sup> President of the AADR (2012-13).

## MEMBERSHIP

As of September 30, 2020, IADR membership stood at 8,308 members, a 17.5% decrease from the year end 2019 total of 10,068. The COVID-19 global pandemic and the cancellation of the 2020 IADR/AADR/CADR General Session presented enormous challenges for membership growth this year. The IADR GHQ will continue to work with the officers of Divisions and Sections as well as Scientific Groups and Networks to renew members and support new members of the IADR. The IADR and AADR Boards instituted a new program to offer a complimentary membership to the corresponding authors of *JDR* and *JDR CTR* published manuscripts that are not current members of the IADR. IADR will track these individuals to determine if they retain membership with the Association in future years. At the end of 3<sup>rd</sup> Quarter 2020, IADR had 15 Corporate Section members and 119 Institutional Section members.

While there was an overall decline, there were some bright spots. During the IADR Council meeting two IADR Sections with the greatest membership growth were recognized, the Egyptian Division (56% increase) and the Pakistani Section (over 200% increase).

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.

## FINANCE

The 2019 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, 2019 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, 2019, IADR’s total assets were \$18.3 million (up from \$14.5 million on 12/31/18), with \$15.0 million of those assets in reserves. Most of the increase in total assets was due to investment returns. The statement of activities for 2019 shows total operating expenses at \$5.5 million and net assets at the end of year at \$15.7 million, up \$2.25 million from the end of 2018.

On Dec 31, 2019, the IADR portfolio was estimated at \$15.0 million, up 17.7% from 2018. 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 at the end of 3Q 2020 was \$14.1 million, up 6.0% YTD. Preliminary latest estimates for 2020 show IADR with a \$1.0 million deficit, due to the canceled IADR General Session and declining membership. The pre-COVID 2020 budget was to break even.

## EXTERNAL RELATIONS

### ***International and American Associations for Dental Research Statement on United States Withdrawal from World Health Organization***

The IADR and AADR are deeply concerned by the Trump administration’s decision to terminate the relationship of the United States with the World Health Organization (WHO). IADR and AADR are firm believers in the importance of international scientific collaboration. It is through engagement and robust partnerships with peers around the world that we can more effectively advance knowledge and promote resources that will lead to better health for all. IADR and AADR urge the administration to reconsider its decision to terminate the U.S. relationship with the WHO and to consider the long-term impact that this decision will have on U.S. health and global health.

### ***United States Presidential Election***

As of this writing, former U.S. Vice-president Joseph Biden is projected to win the November 3, 2020 presidential election and will be inaugurated on January 20, 2021. The transition team has already announced their plans to rescind the Trump administration’s Executive Order to withdraw from the WHO and they will have the U.S. rejoin the WHO.

### ***Minamata Convention on Mercury***

The IADR has committed technical resources to assist the WHO in implementing the Minamata-related project *Accelerating the early implementation of the phase down of the use of dental amalgam to achieve socio-economic, environmental and public health benefits*. This is a pilot program in three countries (Senegal, Thailand and Uruguay) to phase down dental amalgam.

### ***ISO/TC 106 Dentistry***

IADR Board member Gottfried Schmalz is the Chair of the International Organization for Standardization Technical Committee for Dentistry (ISO/TC 106 Dentistry). ISO is an independent, non-governmental international organization with a membership of 163 national standards bodies. The scope of ISO/

TC 106 Dentistry is standardization in oral health care including: terms and definitions, performance, safety and specification requirements of dental product; and clinically relevant laboratory test methods, all of which contribute to improved global health. IADR is a liaison organization to ISO/TC 106 Dentistry and submits a written report, but typically does not send a representative. The ISO 2020 meeting was held virtually on August 23-28, 2020. The 2021 meeting will be announced at a later date.

### **FDI World Dental Federation**

The 2020 FDI World Dental Congress, scheduled for September 1-4, 2020 in Shanghai, China, was canceled due to the global COVID-19 outbreak. The next FDI World Dental Congress is scheduled for September 26-29, 2021 in Sydney, Australia.

### **NCD Alliance**

2020 was the second full year that IADR was 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). IADR and AADR promoted the Sugar Sweetened Beverages Policy and Position Statement via a week-long social media campaign as part of the NCD Alliance Global Week for Action on Non-Communicable Diseases (NCD) on September 7-13, 2020. The campaign brought attention to the consequences of SSBs on the oral cavity and included daily posts relative to the avoidance of SSBs and creation of the [infographic](#) “Why Should I Avoid Sugar-Sweetened Beverages.”

### **Publication of the Proceedings of the 8<sup>th</sup> World Workshop for Oral Health and Diseases in HIV/AIDS**

In 2019, AADR was the recipient of an R13 conference grant that assisted with providing travel funds for 25 new investigators from low- and middle-income countries to present their research at the 8<sup>th</sup> World Workshop for Oral Health and Disease in HIV/AIDS: Improving health and well-being, held in September 2019 in Bali, Indonesia. Funding for this conference was made possible (in part) by Grant 1R13DE28504-01A1 by the National Institute of Dental and Craniofacial Research. The proceedings were published in September 2020 in *Oral Diseases*.

### **2020 IADR/AADR/CADR GENERAL SESSION & EXHIBITION**

The 2020 IADR/AADR/CADR General Session was unfortunately canceled due to the COVID-19 pandemic. It was a disappointment to not be able to meet in person or celebrate the IADR Centennial. Many generous members and sponsors donated their registration fees and sponsorships to assist in defraying the costs for the canceled General Session. IADR members donated \$50,577 in registration fees and sponsors donated \$40,467. The sponsors who donated include: ADA Science & Research Institute, Bisco, Inc., Bruker BioSpin, Kuraray, America, Inc., Scanco Medical, Shofu Dental Corporation and SUNSTAR. We are thankful to all of our donors.

The highlight of announcing awards and competitions at the Opening Ceremonies was missed, however the award competitions were carried out virtually and [winners were announced via a video](#) provided to the membership. IADR members are able to view over 20 hours of content through IADR CE On Demand, including symposia, Centennial plenaries and Distinguished Lecture Series speakers. Over 750

oral, ePoster and poster sessions are also available in the IADR Abstracts Archive.

The cancellation also provided IADR an opportunity for good: IADR donated all 5,000 conference bags to Good360, a leader in product philanthropy. The bags, filled with tubes of toothpaste and other dental items that could no longer be used as originally intended, were transformed into hygiene kits that also included undergarments, socks and other wellness products for the homeless.



IADR Centennial tote bags were transformed into hygiene kits for families in need.

## FUTURE MEETINGS

### **ADR/AADR/CADR General Session & Exhibition Will Be a Combined Hybrid Meeting: July 21-24, 2021**

The 99<sup>th</sup> General Session of the IADR, in conjunction with the 50<sup>th</sup> Meeting of the AADR and the 45<sup>th</sup> Meeting of the CADR, will be held in Boston, Mass., from July 21-24, 2021. The 2021 IADR/AADR/CADR General Session & Exhibition will be a hybrid meeting, offering both a virtual and in-person meeting experience. Attendees can present their cutting-edge research and view top-notch scientific programming, including poster presentations, oral presentations, symposia and Distinguished Lecture Series plenary sessions online or onsite.

The IADR Chengdu, China meeting, originally scheduled for June 2021, was postponed until 2022. The 100<sup>th</sup> General Session & Exhibition of the IADR and the 5<sup>th</sup> Meeting of the IADR Asia Pacific Region will take place from June 22-25, 2022 in Chengdu, China. The 101<sup>st</sup> 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/AADR/CADR General Session & Exhibition will take place March 13-16, 2024 in New Orleans, Louisiana, USA.

## IN MEMORIAM

### **Eduardo Couve**

IADR member Eduardo Couve, University of Valparaíso, Chile, passed away on January 1, 2020. Couve was a strong contributor to the *Journal of Dental Research* and to the IADR Pulp Biology Group. His research in odontoblasts and Schwann cells allowed him to develop important papers and his exceptional research on the form and function of the dental pulp in health and disease has clarified our understanding of pulp biology with the most impressive and painstaking data and images. Couve was the IADR Pulp Biology and Regeneration Group's keynote speaker at the 2019 IADR/AADR/CADR General Session in Vancouver, BC, Canada and he was the recipient of the *JDR* Cover of the Year, 2019.

### **Stephen H. Y. Wei**

Stephen H. Y. Wei, the 70<sup>th</sup> President of the IADR (1993-94), passed away in January 2020. Prof. Wei was very influential in increasing the IADR presence in Hong Kong, the rest of South East Asia and China. Wei held various academic positions at the University of Iowa, Iowa City, USA, University of California, San Francisco, USA and University of Hong Kong, SAR, China. The current strength of the IADR Asia Pacific Region owes much to the leadership of Prof. Wei. As a Past President, there is a tribute in the *Journal of Dental Research*.

### **Marc Heft**

Marc Heft, 92<sup>nd</sup> President of the IADR (2015-16) and 36<sup>th</sup> President of the AADR (2007-08) passed away on February 8, 2020. Heft also served as AADR Treasurer (2000-04) and on numerous IADR and AADR Committees both before and after his officer terms. As a Past President, there is a tribute in the *Journal of Dental Research*.

### **Antony H. Melcher**

Antony H. Melcher, 59<sup>th</sup> President of the IADR (1982-83) passed away in early 2020. As a past president of IADR, Melcher will receive a tribute in the *Journal of Dental Research*. His presidential address was delivered on the 60<sup>th</sup> anniversary of the IADR in New Orleans, Louisiana, USA.

### **Leo M. Sreebny**

Longtime AADR/IADR member Leo M. Sreebny passed away at the age of 98 on April 5, 2020 from complications caused by COVID-19. A former Dean (1975-79) and faculty member (1975-2005) of Stony Brook School of Dental Medicine, New York, USA, Sreebny was a passionate advocate for research and innovation and was the recipient of the IADR Isaac Schour Memorial Distinguished Scientist Award in 1968. Sreebny encouraged discovery for hundreds within the State University of New York community through his establishment and generous support of the annual Leo and Mickey Sreebny Lectureship and Stony Brook School of Dental Medicine Research Symposium. He was known for his warmth and his backing of students and their academic pursuits, particularly in the name of research — his legacy will live on within the Stony Brook School of Dental Medicine.

### **Rafael Lee Bowen**

Rafael Lee Bowen, a dental materials researcher, passed away in April at the age of 94. Bowen was a member of IADR/AADR (1958-2018) and winner of the 2014 AADR Distinguished Scientist Award. In 1962, Bowen developed Bis-GMA, a methacrylate monomer used in most modern composite resin restorative materials, while working at the American Dental Association (ADA) Research Unit at the National Bureau of Standards. Bis-GMA has been the most-used resin in dental restoration for the past 50 years. Bowen retired from the ADA in 2018 after 62 years with the organization.

### **Yoshiaki Tani**

Yoshiaki Tani, Professor Emeritus of Kyoto University, Japan, passed away peacefully at his home in Kyoto at the age of 85. An IADR member since 1974, Tani enjoyed a long and illustrious career. After graduating from Osaka Dental University, Japan, Tani went to the University of Rochester, New York, USA, where he spent three years working with the research group of Michael Buonocore, the developer of the acid etch technique for bonding to dental enamel. Tani later became a faculty member at the Research Center for Biomedical Engineering at Kyoto

University, eventually being named the Head. He was involved in clinical research studies of experimental restorative materials, including dental composites. Tani was an active member of the IADR Dental Materials Group.

#### **Robert M. Frank**

Robert M. Frank died on August 7, 2020 at the age of 96. Frank served as the 60<sup>th</sup> IADR President (1983-84). Frank was a Professor and Dean of the Faculté de Chirurgie Dentaire, Université Louis Pasteur, Strasbourg, France from 1970-92 and Professor Emeritus in 1993 before his retirement. Frank was a renowned researcher in the area of analyzing the texture, structure and innervation of teeth. In 2008, the IADR Continental European Division established the CED-IADR Robert Frank Award competition — the most prestigious scientific award provided by CED-IADR.

#### **Anthony R. Volpe**

IADR/AADR member Anthony R. Volpe passed away on October 8, 2020. Volpe retired in 2012 as Vice President of Clinical Research and Scientific Affairs at Colgate-Palmolive Company at its Technology Center in Piscataway, New Jersey, USA. An icon in the industry, Volpe had more than five decades of experience in clinical dental research, preventive dentistry and dental scientific affairs with over 250 scientific publications and presentations worldwide, as well as several U.S. patents in dental science. Volpe was a member of the IADR Pharmacology/Therapeutics/Toxicology Research Group and won the 2017 IADR Distinguished Scientist Award for Pharmacology/Therapeutics/Toxicology Research. Volpe was a noted philanthropist and contributed to many institutions and causes, including the AADR, supporting the AADR Student Research Fellowship, the AADR Mission and the AADR Anne D. Haffajee Fellowship.

#### **Sonia Makhija**

IADR/AADR member Sonia Makhija, Associate Professor in the Department of Clinical and Community Sciences at the University of Alabama at Birmingham, USA, passed away on October 6, 2020. Makhija was currently serving as an AADR Representative to the IADR/AADR Publications Committee. Since joining IADR/AADR in 2003, Makhija held several roles. She served on the AADR Fellowships Committee and was serving as the Councilor for the AADR Alabama Section and the North American Director for the IADR Behavioral, Epidemiologic and Health Services and Research Scientific Group (BEHSR). Makhija was a member of the IADR Evidence-based Dentistry Network and the IADR BEHSR.

#### **Seb Ciancio**

Longtime IADR/AADR member Sebastian Ciancio passed away on October 17, 2020. Ciancio, served as Chair of the Department of Periodontics & Endodontics at the State University of New York at Buffalo, USA, since 1969, has been a member of the IADR/AADR since 1965 and has been active in various activities within AADR. Ciancio served as Executive Director of the Task Force on the Design and Analysis of Oral Health Research since 2004. Over the years the Task Force

has supported AADR through awarded fellowships and most recently in support of the 2018 Fall Focused Symposium on Advances in Precision Oral Health held in collaboration with the NIDCR. Under his leadership the organization has sponsored various symposia, published a number of papers in the *Journal of Dental Research*, *JDR CTR* and *Advances in Dental Research*, provided travel grants for dental students to attend scientific conferences and updated the Task Force's strategic plan which emphasizes interaction with research organizations such as the IADR/AADR. Ciancio also served as the President of the IADR Pharmacology, Toxicology and Therapeutics Group, he was awarded the 2003 Distinguished Scientist Award in Pharmacology Award in 2003 and the 2019 AADR Presidential Citation. He has published 142 peer-reviewed papers, 152 abstracts and 34 book chapters.

#### **Roy Christopher Page**

Roy Christopher Page, 64<sup>th</sup> President of the IADR (1987-88) and 11<sup>th</sup> President of the AADR (1982-83) passed away on October 29, 2020. Page has made unique and transforming research contributions to the understanding of the pathogenesis and clinical management of the periodontal diseases. He joined the University of Washington, Seattle, USA, in 1967, established the Regional Dental Research Center in 1990 and received more than \$40 million in funding over the course of his fifty-year career. Page's journey of discovery has addressed critical questions about the biology of the periodontium and disease processes that adversely affect periodontal integrity. In 2001 he received the AADR Distinguished Scientist Award. As a Past President, there will be a tribute in the *Journal of Dental Research*.

#### **William Maixner**

William Maixner, the Joannes H. Karis, M.D., Professor of Anesthesiology at Duke University, Durham, N.C., USA, was a world-renowned pioneer in pain research. He dedicated his life-long career to unraveling the mysteries of chronic pain and was committed to translating basic discoveries into novel diagnostics and treatments to positively impact research, education and patient care. Maixner was the Program Director on the National Institute of Dental and Craniofacial Research's \$19 million, seven-year OPPERA study to examine pain produced by temporomandibular joint and muscle disorders. Maixner and his team was awarded an additional \$16 million in funding to support the study (called OPPERA II) for an additional five-year period. Maixner served as President of the IADR Neuroscience Scientific Group, was a speaker at many IADR and AADR meetings and received the AADR Distinguished Scientist Award in 2018.

## **CLOSING**

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

IADR Scientific Group/Network	Total	AFRICA-MIDDLE EAST REGION (AMER)														AMER Total	ASIA/PACIFIC REGION (APR)										APR Total
		ESafrican	Egyptian	Iranian	Iraqi	Jordan	Kuwaiti	Lebanese	Libyan	Nigerian	SAfrican	Saudi	Sudanese	Syrian	Tunisian	UAE	AMER Total	Australian	Chinese	Indian	Japanese	Korean	Mongolian	Pakistani	Seasian	APR Total	
Behavioral, Epidemiologic and Health Services	621	5	0	0	2	0	1	0	1	12	4	12	2	0	0	0	39	41	11	6	24	6	1	4	36	129	
Cariology Research Group	757	0	15	0	2	1	6	0	0	5	1	11	0	0	0	0	41	23	32	13	51	5	0	4	40	168	
Clinical and Translational Science Network	191	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	2	6	6	2	1	1	0	0	6	22	
Craniofacial Biology Group	526	1	2	1	0	0	1	2	0	1	2	2	0	0	0	1	13	12	51	3	50	5	0	2	16	139	
Dental Anesthesiology and Special Care Research	93	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	4	1	2	0	25	0	0	0	1	29	
Dental Materials Group	1422	1	11	1	5	0	3	1	1	1	4	17	0	1	1	3	50	26	50	8	172	11	0	10	47	324	
Diagnostic Sciences Group	162	0	1	0	1	0	2	0	0	1	0	11	0	0	0	0	16	4	5	5	11	4	0	1	2	32	
Education Research Group	285	0	1	0	0	0	2	0	2	3	10	0	0	0	0	0	18	21	1	5	12	0	0	2	9	50	
e-Oral Health Network	97	1	0	0	0	0	1	0	0	2	0	2	0	0	4	0	10	7	2	3	4	0	0	0	4	20	
Evidence-based Dentistry Network	291	0	4	0	2	0	4	0	0	1	1	17	0	0	1	2	32	7	12	6	4	0	0	10	9	48	
Geriatric Oral Research Group	242	1	1	0	0	0	0	0	0	1	0	3	0	0	0	1	7	12	4	5	46	2	0	1	18	88	
Global Oral Health Inequities Research Network	224	4	0	0	0	0	0	0	0	5	6	1	1	0	4	0	21	26	2	8	10	1	0	0	10	57	
Implantology Group	704	3	14	0	4	1	2	0	1	5	3	24	1	1	4	3	66	13	55	6	57	6	0	7	26	170	
Intl Network for Orofacial Pain & Related Disorders Methodology (INORM)	186	0	2	1	0	0	0	1	0	2	1	5	0	0	0	0	12	1	11	2	13	1	0	1	11	40	
Microbiology/Immunology Group	645	2	2	0	0	1	3	0	0	0	1	1	0	0	4	0	14	11	24	1	88	6	0	1	30	161	
Mineralized Tissue Group	412	0	2	0	0	0	0	0	0	1	0	2	0	0	0	0	5	3	30	0	37	7	0	1	14	92	
Network for Practice-based Research	94	0	1	0	0	0	0	0	0	0	2	0	0	0	0	0	3	4	3	0	1	0	0	0	1	9	
Neuroscience Group	246	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	3	2	6	1	48	17	0	0	10	84	
No Scientific Group/Network Selected	312	0	1	0	0	0	0	0	0	0	6	0	2	6	3	0	18	16	6	3	19	3	0	0	2	49	
Nutrition Research Group	106	0	1	0	0	0	1	0	0	0	1	0	0	0	0	1	4	4	1	3	5	0	1	0	5	19	
Oral & Maxillofacial Surgery Group	433	4	4	3	1	0	2	0	0	9	1	12	0	1	0	1	38	5	70	7	28	1	0	4	16	131	
Oral Health Research Group	572	5	2	1	0	0	2	0	0	5	2	15	0	0	3	0	35	22	27	7	43	5	0	4	23	131	
Oral Medicine & Pathology Group	446	0	4	0	1	1	1	0	0	6	0	9	0	0	5	0	27	10	29	10	39	3	0	4	15	110	
Orthodontics Research Group	517	5	2	0	1	0	9	4	0	8	2	23	1	1	0	1	57	6	31	11	27	3	0	3	26	107	
Pediatric Oral Health Research Group	454	4	1	0	1	1	6	0	0	9	2	16	0	0	4	1	45	24	15	14	19	2	0	2	31	107	
Periodontal Research Group	1151	3	4	1	2	0	2	1	0	3	0	23	2	0	0	1	42	27	34	9	136	12	0	7	43	268	
Pharmacology/Therapeutics/Toxicology Group	110	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	2	1	4	3	17	0	0	0	4	29	
Prosthodontics Group	730	1	15	1	4	2	2	0	1	3	5	39	0	0	2	75	10	65	7	116	6	0	7	33	244		
Pulp Biology & Regeneration Group	482	1	7	0	0	0	5	0	0	0	0	12	1	0	2	3	31	10	45	13	45	17	0	6	25	161	
Salivary Research Group	257	0	0	0	0	0	1	0	0	0	1	0	0	0	4	0	6	0	9	1	26	2	0	0	14	52	
Stem Cell Biology Group	329	0	3	0	0	0	1	0	0	0	0	6	0	0	0	0	10	4	53	5	30	9	0	0	20	121	
Student Training and Research (STAR) Network	225	0	1	0	0	0	1	1	0	2	0	14	0	0	0	0	19	4	2	8	2	0	0	1	7	24	
Women in Science Network	371	0	1	0	0	0	2	0	0	2	1	1	0	0	0	0	7	7	2	6	7	1	1	0	6	30	
Grand Total	13693	41	102	9	26	7	60	10	4	88	47	299	10	10	39	20	772	370	700	181	1213	136	3	82	560	3245	

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# Scientific Group/Network Membership by Division 2020 (continued)

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IADR Scientific Group/Network	Latin American Region (LAR)																				North American Region (NAR)					Pan European Region (PER)							Other	Grand Total
	Argentine	Brazilian	Caribbean	Chilean	Colombian	Costarican	Ecuadorian	Guatemalan	Panamanian	Paraguayan	Peruvian	Uruguayan	Venezuelan	LAR Totals	American	Canadian	Mexican	NAR Total	British	Conteurope	Irish	Israeli	Russian	Scan	PER Total									
Behavioral, Epidemiologic and Health Services	3	22	2	9	6	0	0	0	0	0	3	3	0	48	222	29	18	269	66	28	7	7	0	26	134	2	621							
Cardiology Research Group	20	73	1	16	9	3	3	0	0	0	5	4	5	139	246	14	7	267	39	72	6	2	2	19	140	2	757							
Clinical and Translational Science Network	1	8	0	1	1	0	0	0	0	0	0	0	0	11	123	6	1	130	10	12	1	0	0	3	26	0	191							
Craniofacial Biology Group	1	7	0	7	4	0	0	0	0	0	0	0	0	19	299	18	4	321	2	21	1	6	0	4	34	0	526							
Dental Anesthesiology and Special Care Research	1	3	0	1	0	1	0	0	0	0	0	0	0	6	35	8	1	44	5	3	2	0	0	0	10	0	93							
Dental Materials Group	11	120	0	13	9	6	0	2	0	0	13	2	3	179	517	34	16	567	57	205	3	5	1	31	302	0	1422							
Diagnostic Sciences Group	3	8	0	0	3	0	0	0	0	0	0	4	0	18	71	6	2	79	4	9	0	1	0	3	17	0	162							
Education Research Group	3	12	1	3	1	0	0	0	0	0	2	1	0	23	118	18	3	139	36	11	3	2	0	3	55	0	285							
e-Oral Health Network	0	6	0	4	1	0	0	0	0	0	0	0	1	12	31	6	0	37	5	9	2	1	0	1	18	0	97							
Evidence-based Dentistry Network	4	17	1	13	6	0	0	0	0	0	2	0	0	43	102	11	4	117	19	26	2	0	0	4	51	0	291							
Geriatric Oral Research Group	0	14	0	3	1	0	0	0	0	0	0	2	1	21	56	7	4	67	10	35	6	1	0	7	59	0	242							
Global Oral Health Inequalities Research Network	1	5	0	9	2	0	0	0	0	0	1	0	0	18	73	11	2	86	22	3	5	5	0	5	40	2	224							
Implantology Group	4	41	2	11	3	0	0	0	0	0	2	0	0	63	254	18	8	280	17	88	3	2	1	14	125	0	704							
Int Network for Orofacial Pain & Related Disorders Methodology (INORM)	3	13	0	2	2	1	0	0	0	0	0	0	0	21	39	8	2	49	3	39	0	2	1	19	64	0	186							
Microbiology/Immunology Group	6	27	1	14	12	0	0	0	0	0	4	0	0	64	283	10	9	302	39	35	3	12	1	12	102	2	645							
Mineralized Tissue Group	6	24	0	4	3	1	0	0	0	0	0	0	0	38	184	16	11	211	23	33	0	1	2	6	65	1	412							
Network for Practice-based Research	0	3	0	1	0	0	0	0	0	0	0	0	0	4	47	3	2	52	13	8	3	0	0	2	26	0	94							
Neuroscience Group	1	4	0	4	1	1	0	0	0	0	0	3	0	14	79	11	2	92	5	22	0	1	0	25	53	0	246							
No Scientific Group/Network Selected	0	1	1	0	0	0	0	0	0	0	0	2	3	7	142	9	1	152	31	26	0	6	0	22	85	0	312							
Nutrition Research Group	1	2	0	0	1	1	0	0	0	0	0	0	1	6	48	4	3	55	4	11	2	1	0	3	21	1	106							
Oral & Maxillofacial Surgery Group	2	9	0	10	3	0	0	0	0	0	2	1	0	27	178	7	6	191	14	24	0	1	0	7	46	0	433							
Oral Health Research Group	2	18	0	6	13	1	2	0	0	0	6	0	0	48	227	32	4	263	35	40	6	2	0	8	91	4	572							
Oral Medicine & Pathology Group	8	13	1	12	13	1	0	0	0	0	5	4	0	57	165	15	9	189	29	14	0	4	0	16	63	0	446							
Orthodontics Research Group	9	13	2	12	11	0	0	0	0	0	4	1	2	54	209	20	15	244	7	36	0	4	0	7	54	1	517							
Pediatric Oral Health Research Group	4	35	0	10	5	2	0	0	0	0	3	12	3	74	145	9	8	162	26	23	2	6	1	5	63	3	454							
Periodontal Research Group	3	60	3	29	14	0	0	0	0	0	2	0	1	112	418	34	9	461	50	145	9	17	0	45	266	2	1151							
Pharmacology/Therapeutics/Toxicology Group	1	6	0	3	4	1	0	0	0	0	0	0	0	15	46	5	4	55	3	4	0	1	0	1	9	0	110							
Prosthodontics Group	1	73	1	8	5	1	1	0	0	0	5	3	1	99	141	9	10	160	26	96	3	8	0	19	152	0	730							
Pulp Biology & Regeneration Group	9	29	0	11	8	0	0	0	0	0	5	1	0	63	130	12	3	145	15	48	6	3	1	9	82	0	482							
Salivary Research Group	8	11	0	1	2	0	0	0	0	0	0	0	1	23	108	12	1	121	13	28	1	0	0	12	54	1	257							
Stem Cell Biology Group	2	10	0	3	7	0	0	0	0	0	1	1	0	24	120	9	1	130	13	25	2	1	1	1	43	1	329							
Student Training and Research (STAR) Network	1	10	0	5	2	0	0	0	0	0	1	0	1	20	128	10	2	140	9	8	1	0	0	4	22	0	225							
Women in Science Network	3	13	0	6	0	0	0	0	0	0	3	0	0	25	233	20	0	253	20	24	2	3	1	6	56	0	371							
Grand Total	122	710	16	231	152	20	6	2	0	0	69	44	23	1395	5217	441	172	5830	670	1211	81	105	12	349	2428	22	13693							

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Member Print	4255	3770	3403	3175	2499	2365	1991	1645	1545	1304	1137	1010	909	751	677	601	526	436	347
Member Online	302	497	753	996	8612	8572	8922	8672	9418	8523	7535	7495	8206	7581	7028	7495	7757	7173	5911
Student Print	475	283	265	241	166	125	98	123	153	145	187	152	110	151	112	99	120	92	66
Student Online	94	107	164	128	2357	1975	2465	2244	3015	2719	3916	2973	2650	3471	3128	3085	3289	2895	2397
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
# of Institutions via consortia								1121	1926	2872	3333	3938	4046	4244	4364	4487	4819	4812	2883
<b>Total</b>	<b>5858</b>	<b>5412</b>	<b>5297</b>	<b>5262</b>	<b>14331</b>	<b>13712</b>	<b>14139</b>	<b>14649</b>	<b>16782</b>	<b>16323</b>	<b>16817</b>	<b>16091</b>	<b>16416</b>	<b>16675</b>	<b>15764</b>	<b>16185</b>	<b>16909</b>	<b>15741</b>	<b>11892</b>
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
Member Print	154	169	164	158
Member Online	7495	7757	7173	5911
Student Print	42	52	37	30
Student Online	3085	3289	2895	2397
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
# of Institutions via consortia	3218	3486	3407	2883
<b>Total</b>	<b>14412</b>	<b>15151</b>	<b>14009</b>	<b>11667</b>

# Attendance for IADR General Sessions and AADR 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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	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.										

\*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).

## 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 (AADR)	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 (AADR)	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 (AADR)	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 (AADR)	230	455	50	90	40
2001 (IADR)	275	510	60	100	40
2002	300	532	60	100	40
2003 (AADR)	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 (AADR w/ADEA)	325	575	80	135	100
2006 (IADR)	400	650	90	140	100
2007	420	680	95	145	100
2008 (AADR)	325	575	100	155	100
2008 (IADR)	440	695	150	250	100
2009	460	730	160	265	100
2010 (AADR)	400	700	150	225	100
2010 (IADR)	470	765	175	295	100
2011	480	800	195	325	100
2012 (AADR)	440	770	165	250	100
2012 (IADR)	490/250#/270+	840	215/165#/180+	360	100
2013	500	875	235	395	100/50
2014 (AADR)	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 (AADR)	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 (AADR)	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 & AADR Members Dues and JDR & JDR CTR Subscription Fees

YEAR	IADR w/o JDR	AAADR w/o JDR	PRINT JDR & JDR CTR	IADR INCL. JDR	AAADR TOTAL	STUDENTS IADR	STUDENTS AAADR
1980	12	15	19	31	46		
1981	20	25	27	47	72	3	5
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 <sup>1</sup>	95	62	124	157 <sup>1</sup>	15	10
2007	40/50/74 <sup>2</sup>	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 <sup>3</sup>	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 <sup>4</sup>	56/70/140/112	130/104	50	106/120/190/162	270/216	42	35
2015 <sup>5</sup>	56/85/155/124	135/108	50	106/135/205/174	290/232	47	40
2016	58/99/165/132	140/112	50/20 <sup>6</sup>	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

<sup>1</sup> online only JDR is included as an IADR membership benefit

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

<sup>3</sup> The JDR publishing is moved to SAGE.

<sup>4</sup> 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/AAADR) dues for Members at the same Classification.

<sup>5</sup> 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.

<sup>6</sup> 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 2020)

### IADR/AADR William J. Gies Award

(supported in 2020 by J. Morita Corporation)

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

### IADR Academy of Osseointegration Innovation in Implant Sciences Award

(supported in 2020 by Academy of Osseointegration)

Min Lee – University of California, Los Angeles, USA	2011
Jake Jinkun Chen – Tufts University, Boston, Massachusetts, 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

### IADR Colgate Community-Based Research Award for Caries Prevention

(supported by Colgate-Palmolive Company)

Denise Bailey – The University of Melbourne, Australia	2011
Edward Lo – The 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 2020 by Colgate-Palmolive Company)

Helga Agustsdottir	1996	Kaumudi Joshipura	1997
Michael Kanellis	1996	Jun-Hong Kim	1997
Peter Mossey	1996	Athanasios Zavras	1998
Valerie Robison	1996	Hyun (Michel) Koo	1998
Usuf Chikte	1997	Eva Helmerhorst	1998
Suzanne Eberling	1997	Bennett Amaechi	1998

Chin-Ying Hsu	1998	Daniel Moreinos	2009
Camile Farah	1998	Ranawaka A. Prasad Perera	2009
Ismail Darout	1999	Omolara Uti	2010
Carlos Francci	1999	Hirokazu Konishi	2010
Shoji Horiguchi	1999	Guy Krief	2010
Christina Jespersgaard	1999	Thais Parisotto	2010
Cinthia Tabchoury	1999	Stephen Greene	2010
Chin-Ying Hsu	1999	Li Zheng	2010
Sherif Helal	2000	Nihal Bandara	2011
Kiran Singh	2000	Fu Chen	2011
Ziv Sandalon	2000	Omer Fleissig	2011
Svetlana Tichonova	2000	Thanuja D. Kumari Herath	2011
Jing Wang	2000	Melissa Kato	2011
Regia Zanata	2000	Jin Hee Kwak	2011
Hyun (Michel) Koo	2001	Cristiane Cardoso	2012
Sharon Dayan	2001	Pei Hui Ding	2012
Maria Mielnik-Blaszczak	2001	Waruna Dissanayaka	2012
Dorothy Boyd	2001	Yolanda Kolisa	2012
Waranun Buajeeb	2001	Raluca Stiubea-Cohen	2012
Ynara Lima-Arsati	2001	Yu-Wei Wu	2012
Ali Cekici	2002	Imade Ayo-Yusuf	2013
Sharon Elad	2002	Vincenzo Desiderio	2013
Arena Galuscan	2002	Jeevanie Epasinghe	2013
Silvana Florescu-Zorila	2002	Michele Manarelli	2013
Carlos Nurko	2002	Sharon Shany-Kdoshim	2013
Adriana Paes Leme	2002	Stephanie Garcia	2013
Carolina Aires	2003	Omer Deutsch	2014
Peter Augustin	2003	Duangporn Duangthip	2014
Nicholas Karaiskos	2003	Jackeline Amaral	2014
Sunny Okeigbemen	2003	Rui Li	2014
Mariana Villarroel-Dorrego	2003	Thatsanee Saladyanant	2014
Towako Wakui	2003	Andres Alvarez	2015
Loc Do	2004	Nailê Damé-Teixeira	2015
Giovana Pecharki	2004	Karolina Kaczor-Urbanowicz	2015
Akihisa Fukuda	2004	Fatema Khanbhai	2015
Nadia Al-Hazmi	2004	Yuliya Mulyar	2015
Quang Nguyen	2004	Dara Shearer	2015
Shimin Li	2004	Vinay Pitchika	2016
Raghad Hashim	2005	Victor Matsubara	2016
Petros Papagerakis	2005	Nathan Jones	2016
Mairobys Socorro	2005	Tan Nguyen	2016
Olalekan Ayo-Yusuf	2005	Vanessa Sousa	2016
Luigi Nibali	2005	Min Gyu Kwak	2016
Rahena Akhter	2005	Preethi Prajod	2017
Michael Passineau	2006	Jeong-Hyun Kang	2017
Daichi Chikazu	2006	Cameron Stewart	2017
Ayodeji Esan	2006	Vasiliki Koidou	2017
Diep Hong Ha	2006	Mor Shlezinger	2017
Maximiliano Cenci	2006	Roger Junges	2017
Haiping Tan	2006	Ali Alsharif	2018
Anshula Deshpande	2007	Soraya León	2018
Michiko Makino	2007	Dono Kahharova	2018
Xiuli Sun	2007	Kassapa Ellepola	2018
Sergio Uribe	2007	Dina Moussa	2018
Anita Bhavnani	2007	Yasir Siddiqui	2018
Francesco D’Aiuto	2007	Mohammed Nadeem Bijle	2019
Juliane Guerreiro-Tanomaru	2008	Shayan Darvish	2019
Jason Armfield	2008	Nicholas Fischer	2019
Thomas Postma	2008	Joshua Jenkins	2019
Seok-Mo Heo	2008	Tatiana Martini	2019
Jennifer Crowe	2008	Kenneth Sims	2019
Chaminda J. Seneviratne	2008	Letícia Capalbo	2020
Anastasia Papapostolou	2009	Farzana Chowdhury	2020
Juliano Pessan	2009	Mahmoud Elashiry	2020
Yoav Neumann	2009	Ting Sang	2020
Linda Okoye	2009	Jingyang Zhang	2020
		Li Zhou	2020

**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 2020 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		

**IADR Innovation in Oral Care Awards**

(supported in 2020 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, S.A.R. 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, The 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, 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, ON, Canada) and co-investigator Eli Sone	2013
Marlise Klein (University of Rochester, New York, 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, Mass. USA) and co-investigators Qisheng Tu and Lily Dong	2013
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, New York, USA) and co-investigator Vyacheslan Korshunov	2016
Nicholas Jakubovics (Newcastle University, Newcastle Upon Tyne, England, UK) and co-investigators Michael Hall, Philip Preshaw and Grant Burgess	2016
Nihal Bandara (University of Queensland, Australia) and co-investigators Lakshman Samaranayake and Hugh David Charles Smyth	2016
Mikako Hayashi (Osaka University, Japan) and co-investigators Takayoshi Nakano and Reo Uemura	2017
Grayson Marshall (University of California, San Francisco, USA) and co-investigators Stefan Habelitz, Sally Marshall and Kuniko Saeki	2017
Petros Papagerakis (University of Saskatchewan, Saskatoon, Canada) and co-investigators Nikos Chronis and Silvana Papagerakis	2017
Luiz Eduardo Bertassoni (Oregon Health and Science University Portland, OR) and co-investigator Gaurav Sahay	2018
Prasanna Neelakantan (The University of Hong Kong Hong Kong, SAR China) and co-investigators Celine Levesque, Frederic Cuisinier, Pierre-Yves Collart Dutilleul, Chu Chun Hung, Lakshman Samaranayake 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	2018
Shan Jiang (The University of Hong Kong, 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 Kaerberlein	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

**IADR KULZER Travel Awards**

(supported in 2020 by KULZER)

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

**IADR Lion Dental Research Award**

(supported in 2020 by the Lion Corporation)

Yuichi Kitasako (Cariology)	2001
Khristine Marie Carino (BSHSR)	2001
Yael Hourri-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
Özğür 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 Zarić (Microbiology/Immunology)	2013
Donniwat 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

**IADR Regional Development Program**

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

### Pinborg Prize

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

(Discontinued)

### Basic Research in Biological Mineralization Award

Melvin Glimcher	1964	Colin Robinson	1993
William Neuman	1965	Adele Boskey	1994
Wallace Armstrong	1966	Barbara Boyan	1995
Reidar Sognnaes	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		

### Research in Periodontal Disease Award

(supported in 2020 by Colgate-Palmolive Company)

Jens Waerhaug	1965	Sigmund Socransky	1978
Irving Glickman	1966	Rolf Attstrom	1979
Helmut Zander	1967	Per Brandtzaeg	1980
Sigurd Ramfjord	1968	Robert Genco	1981
Harald Löe	1969	Stephan Mergenhagen	1982
Fermin Carranza	1970	Giorgio Cimasoni	1983
Sigmund Stahl	1971	Norton Taichman	1984
Hubert Schroeder	1972	Richard Ranney	1985
Max Listgarten	1973	Jan Egelberg	1986
Paul Goldhaber	1974	Henning Birkedal-Hansen	1987
Jan Lindhe	1975	Sture Nyman	1988
Tom Lehner	1976	Jaro Sodek	1989
Roy Page	1977	Jorgen Slots	1990

Thorkild Karring	1991	Ann Progulsk-Fox	2006
Niklaus Lang	1992	Richard Darveau	2007
Raul Caffesse	1993	Koji Nakayama	2008
Martin Addy	1994	Lior Shapira	2009
Anne Haffajee	1995	Martin Taubman	2010
Kenneth Kornman	1996	Eric Reynolds	2011
Gregory Seymour	1997	Denis Kinane	2012
Hiroshi Okada	1998	Shinya Murakami	2013
Steven Offenbacher	1999	Dana Graves	2014
Jeffrey Ebersole	2000	P. Mark Bartold	2015
Thomas Van Dyke	2001	Kazuhisa Yamazaki	2016
Yoji Murayama	2002	Panos Papananou	2017
Harvey Schenkein	2003	Iain Chapple	2018
Aubrey Soskolne	2004	Andrea Mombelli	2019
Michael Curtis	2005	Anton Sculean	2020

### Behavioral, Epidemiologic and Health Services Research Award

(formerly Behavioral Sciences/Health Services Research Award, supported in 2020 by DentaQuest Partnership for Oral Health Advancement)

Lois Cohen	1996	Philippe Hujoel	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		

### Craniofacial Biology Research Award

(supported in 2020 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		

### Geriatric Oral Research Award

(supported in 2020 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		

### Global Oral Health Research Award

(supported in 2020 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	Poul Erik Petersen	2018
Wagner Marcenes	2016	Newell Johnson	2019
Marco Peres	2017	Richard G. Watt	2020

### H. Trendley Dean Memorial Award

(supported in 2020 by Colgate-Palmolive Co.)

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		

### Isaac Schour Memorial Award

(supported in 2020 by an endowment provided by Dr. Bernard G. Sarnat and Rhoda G. Sarnat through the Sarnat Family Foundation)

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

### Oral Medicine and Pathology Research Award

Ian Mackenzie	1995	David Wong	2002
David Williams	1996	Maxine Partridge	2003
Stephen Challacombe	1997	J. Silvio Gutkind	2004
John Sauk	1998	Newell Johnson	2005
Erik Dabelsteen	1999	Peter Poverini	2006
Edward Shillitoe	2000	Bruce Baum	2007
No-Hee Park	2001	Paul Speight	2008

Cun-Yu Wang	2009	Martin Thornhill	2015
Lakshman Samaranyake	2010	Charles Shuler	2016
Deborah Greenspan	2011	Nisha D'Silva	2017
Stephen Sonis	2012	Takashi Takata	2018
Richard Jordan	2013	Graham Ogden	2019
Saman Warnakulasuriya	2014	Kristiina Heikinheimo	2020

### Pharmacology, Therapeutics & Toxicology Research Award

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

### Pulp Biology & Regeneration Award

(formerly Pulp Biology Award, supported in 2020 by Dentsply Sirona)

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

### Research in Oral Biology Award

(supported in 2020 by Church & Dwight Co., Inc.)

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

### Research in Prosthodontics & Implants Award

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

Per-Olof Glantz	1983	Warner Kalk	2002
Kalervo Koivumaa	1984	Bengt Öwall	2003
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-Jørgensen	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

### Salivary Research Award

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

### William H. Bowen Research in Dental Caries Award

(supported in 2020 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		

### Wilmer Souder Award

(supported in 2020 by an endowment provided by the IADR Dental Materials Group)

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

### Young Investigator Award

(formerly Oral Science Research Award, supported in 2020 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		

### 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		Aisha Almulla and Latifah Ibrahim, Kuwait University	

### 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 2019 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		

### IADR Joseph Lister Award for New Investigators

(supported in 2020 by Johnson & Johnson Consumer Inc.)

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

### 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	Yehuda Klein	2019
Hannah Serrage	2018	(No 2020 Winner)	

**IADR Toshio Nakao Fellowship**

(supported in 2019 by GC Corporation)

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

**IADR Unilever Hatton Competitions & Awards**

(Formerly IADR Unilever Hatton – Novice Awards)

(supported in 2020 by Unilever Oral Care and IADR)

<b>Name</b>	<b>Category</b>	<b>Year</b>
John Salley	Novice Awards	1953
Leo Korchin	Novice Awards	1954
Daniel Waite	Novice Awards	1955
C.E. Staley	Novice Awards	1955
Barry Miller	Novice Awards	1956
Robert Smith		1957
J.C. Beck		1958
Richard Hoffman		1959
Reginald Andlaw		1960
Jack Dale		1961
Charles Jerge		1962
Brigit Johansson		1963
Robert Williamson	Post-Doctoral	1964
Robert Zager	Pre-doctoral	1964
Louis Ripa	Post-Doctoral	1965
William Malone	Post-Doctoral	1965
Robert Dolven	Pre-doctoral	1965
Mildred Romans	Pre-doctoral	1965
Arnett Anderson	Post-Doctoral	1966
Arthur Johnson	Post-Doctoral	1966
Murray Nickleborough	Pre-doctoral	1966
Basil Richardson	Pre-doctoral	1966
David Russell	Post-Doctoral	1967
Burton Horowitz	Post-Doctoral	1967
Sherman Sweeney	Pre-doctoral	1967
Stuart White	Pre-doctoral	1967
Dick Lavender	Post-Doctoral	1968
M Kuflinec	Post-Doctoral	1968
Marlin Walling	Pre-doctoral	1968
Ronald Shuler	Pre-doctoral	1968
Yehoshua Shapira	Post-Doctoral	1969
Helen Blaine	Post-Doctoral	1969
Alan Lurie	Pre-doctoral	1969
Benjamin Ciala	Post-Doctoral	1970
Michael Barkin	Pre-doctoral	1970
George Kelly	Pre-doctoral	1970
Mark Piper	Post-Doctoral	1979
Huw Thomas	Post-Doctoral	1979
Christopher Kemp	Pre-doctoral	1979
Mark Fitzgerald	Pre-doctoral	1979
Wayne Colin	Pre-doctoral	1984
William Ng	Pre-doctoral	1984
Richard Finkelman	Post-Doctoral	1985
B. Wells	Post-Doctoral	1985
Mark Fontenot	Pre-doctoral	1985
Leo Kupp	Pre-doctoral	1985
Pamela Den Besten	Post-Doctoral	1986
Larry Swain	Post-Doctoral	1986
Robert Burne	Pre-doctoral	1986
Marjorie Cowan	Pre-doctoral	1986
Christopher Overall	Post-Doctoral	1987

<b>Name</b>	<b>Category</b>	<b>Year</b>
Costas Maniatopolulos	Post-Doctoral	1987
Kurt Schilling	Pre-doctoral	1987
Salvatore Ruggiero	Pre-doctoral	1987
Aaron Weinberg	Post-Doctoral	1988
Junichiro Iida	Post-Doctoral	1988
George Nail	Pre-doctoral	1988
Lucy Lamy	Pre-doctoral	1988
Dymphna Daly	Post-Doctoral	1989
Laurie McCauley	Post-Doctoral	1989
Alan Hing	Pre-doctoral	1989
Gordon MacFarlane	Pre-doctoral	1989
Theresa Madden	Post-Doctoral	1990
Christopher Cutler	Post-Doctoral	1990
Randy Todd	Pre-doctoral	1990
Mikyung Lee	Pre-doctoral	1990
Randy Todd	Post-Doctoral	1991
Thomas Bramanti	Post-Doctoral	1991
Alison O'Mahony	Pre-doctoral	1991
Venkatarama Rao	Pre-doctoral	1991
Brian O'Connell	Post-Doctoral	1992
Michael Ignelzi	Post-Doctoral	1992
Arabelle Clayden	Pre-doctoral	1992
Erez Nasatzky	Pre-doctoral	1992
Joseph Best	Post-Doctoral	1993
Jeng Jjiang-Huei	Post-Doctoral	1993
Keijo Luukko	Pre-doctoral	1993
Angela Painter	Pre-doctoral	1993
Arthur DeCarlo	Post-Doctoral	1994
Bridget Doubleday	Post-Doctoral	1994
Eric Howard	Pre-doctoral	1994
Karen Reese	Pre-doctoral	1994
Amitabha Lala	Post-Doctoral	1995
Natalia Lioubavina	Post-Doctoral	1995
Christine Jackson	Pre-doctoral	1995
Shawn Macauley	Pre-doctoral	1995
Galen Schneider	Post-Doctoral	1996
Nisha D'Silva	Post-Doctoral	1996
Lina Bueno	Pre-doctoral	1996
Gayatri Jayaraman	Pre-doctoral	1996
Lisa Bueno	Pre-doctoral	1996
Amr Moursi	Post-Doctoral	1997
Laila Huq	Post-Doctoral	1997
David Williams	Pre-doctoral	1997
Robin Abbey	Pre-doctoral	1997
Michael Glogauer	Post-Doctoral	1998
Nada Slakeski	Post-Doctoral	1998
Anne-Marie Clancy	Pre-doctoral	1998
Harold Bobier	Pre-doctoral	1998
Jacques Nör	Post-Doctoral	1999
Wendy Turner	Post-Doctoral	1999
Mo Kang	Pre-doctoral	1999
Neil O'Brien-Simpson	Post-Doctoral	2000
Monica Goldenberg	Post-Doctoral	2000
Michael Martin	Pre-doctoral	2000
Judith Parkhill	Pre-doctoral	2000
Wendy Robinson	Junior	2001
Christina Patrianakos	Junior	2001
Fernanda Petersen	Senior	2001
Johanna Laurikkala	Senior	2001
Raj Gopalakrishnan	Post-Doctoral	2001
Tracie Payne-Ferreira	Post-Doctoral	2001
Matthew Abraham	Junior	2002
Owen Addison	Junior	2002
Hiroshi Egusa	Senior	2002
Eben Alsberg	Senior	2002
Juan Dong	Post-Doctoral	2002
Mo Kang	Post-Doctoral	2002
Nader Salib	Junior	2003
Jacob Stern	Junior	2003

**IADR Unilever Hatton Competitions & Awards (cont'd)**

<b>Name</b>	<b>Category</b>	<b>Year</b>
Keisuke Handa	Senior	2003
Mark Morgan	Senior	2003
John Huang	Post-Doctoral	2003
Petros Papagerakis	Post-Doctoral	2003
Justin Barnes	Junior	2004
Adrian DeAngelis	Junior	2004
Andrew Fribley	Senior	2004
Elizabeth Fozo	Senior	2004
Ulrike Schulze-Späte	Post-Doctoral	2004
Silvana Papagerakis	Post-Doctoral	2004
Monique Goris	Junior	2005
Jeremy Horst	Junior	2005
Manish Arora	Senior	2005
Guive Balooch	Senior	2005
Xinqun Jiang	Post-Doctoral	2005
Karen Fong	Post-Doctoral	2005
Jonathan Collier	Junior	2006
Vincenzo D'Antò	Junior	2006
Samantha Byrne	Senior Clinical Science	2006
Chrisovalantou Cheretakis	Senior Clinical Science	2006
Maria Nystrom	Senior Basic Science	2006
Shashidharan Madhavan	Senior Basic Science	2006
Aisling Daly	Junior	2007
Richard Damerou	Junior	2007
Shigeyuki Ozawa	Senior Basic Science	2007
Nan Hatch	Senior Basic Science	2007
Danielle DiCara	Senior Basic Science	2007
Leanne Taylor	Senior Basic Science	2007
Shilpa Raju	Junior	2008
Erica Scheller	Junior	2008
Adriana Perez-Soria	Senior Clinical Science	2008
Lauren Turner	Senior Basic Science	2008
Hugh Kim	Senior Basic Science	2008
Samar Khoury	Senior Clinical Science	2008
Alexander Nee	Junior	2009
Bo Yu	Junior	2009
Jaime Díaz-Zúñiga	Junior	2009
Elham Emami	Senior Clinical Science	2009
Turki Alhazzazi	Senior Basic Science	2009
Sutipalin Suwannakul	Senior Basic Science	2009
Paul Hooi	Junior	2010
Jia Hao	Junior	2010
Niroshani Soysa	Senior Basic Science	2010
Kheng Tan	Senior Basic Science	2010
David Conway	Senior Clinical Research	2010
Maria Athanassiou-		
Papaefthymiou	Senior Clinical Research	2010
Grace Lee	Junior	2011
Katherine O'Donnell	Junior	2011
Nicola Innes	Senior Clinical Science	2011
Maria Villanueva Vilchis	Senior Clinical Science	2011
Luciana Branco-de-Almeida	Senior Basic Science	2011
Jeffrey Kim	Senior Basic Science	2011

<b>Name</b>	<b>Category</b>	<b>Year</b>
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

**IADR GC Centennial Travel Grants**

(supported in 2020 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

**IADR Centennial Travel Award for New Investigators**

Valentim Adelino Ricardo Barão	2020	David Okoye	2020
Renato Casarin	2020	Olubukola Olatosi	2020
Jiewen Dai	2020	Tamara Peric	2020
Chanyuan Jin	2020	Theint Theint Than Way	2020
Angela Quispe-Salcedo	2020	Aybuke Uslu	2020

**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, The University of Hong Kong, SAR, China (Southeast Asian Division)  
Lina Niu, The Fourth Military Medical University, Shaanxi, China (Chinese Division)  
May Lei Mei, The 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, Mass., 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)

**IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration**

(supported in 2020 by Osteology Foundation)

Kasia Gurzawska-Comis, University of Birmingham, England	2020
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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, 2018, 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, 2018, 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’s (FASB) Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The requirements of the ASU have been applied retrospectively to all periods presented. 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, 2017 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 September 14, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2017, 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.  
October 11, 2019

Certified Public Accountants

## Appendix 4 — Independent Auditor's Report for 2018 *(Continued)*

**STATEMENT OF FINANCIAL POSITION**  
**DECEMBER 31, 2018**  
**(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2017)**

Assets	2018	2017
<b>Current Assets</b>		
Cash and Cash Equivalents	\$ 104,612	\$ 969,269
Accounts Receivable	90,509	66,933
Contributions Receivable	352,638	47,500
Due from AADR	207,710	-
Prepaid Expenses and Other Current Assets	265,150	442,756
Total Current Assets	1,020,619	1,526,458
<b>Investments</b>	12,746,452	13,884,127
<b>Deposits</b>	40,376	-
<b>Fixed Assets, Net</b>	442,653	486,155
<b>Investment in Deferred Compensation</b>	207,665	209,789
<b>Total Assets</b>	<b>\$ 14,457,765</b>	<b>\$ 16,106,529</b>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts Payable and Accrued Expenses	\$ 92,661	\$ 320,135
Due to AADR	-	33,666
Refunds and Pass-Through Amounts	295,576	274,538
Deferred Revenue		
Dues	385,690	663,344
General Session	60,650	34,975
Publications	-	4,900
Total Deferred Revenue	446,340	703,219
Total Current Liabilities	834,577	1,331,558
<b>Deferred Compensation Payable</b>	207,665	209,789
Total Liabilities	1,042,242	1,541,347
<b>Net Assets</b>		
Without Donor Restrictions		
Undesignated	12,291,606	13,544,931
Board Designated	306,725	352,810
Total Without Donor Restrictions	12,598,331	13,897,741
With Donor Restrictions		
Purpose Restricted	615,934	466,463
Endowment Funds	201,258	200,978
Total With Donor Restrictions	817,192	667,441
Total Net Assets	13,415,523	14,565,182
<b>Total Liabilities and Net Assets</b>	<b>\$ 14,457,765</b>	<b>\$ 16,106,529</b>

## Appendix 4 — Independent Auditor's Report for 2018 (Continued)

### STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2018 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2017)

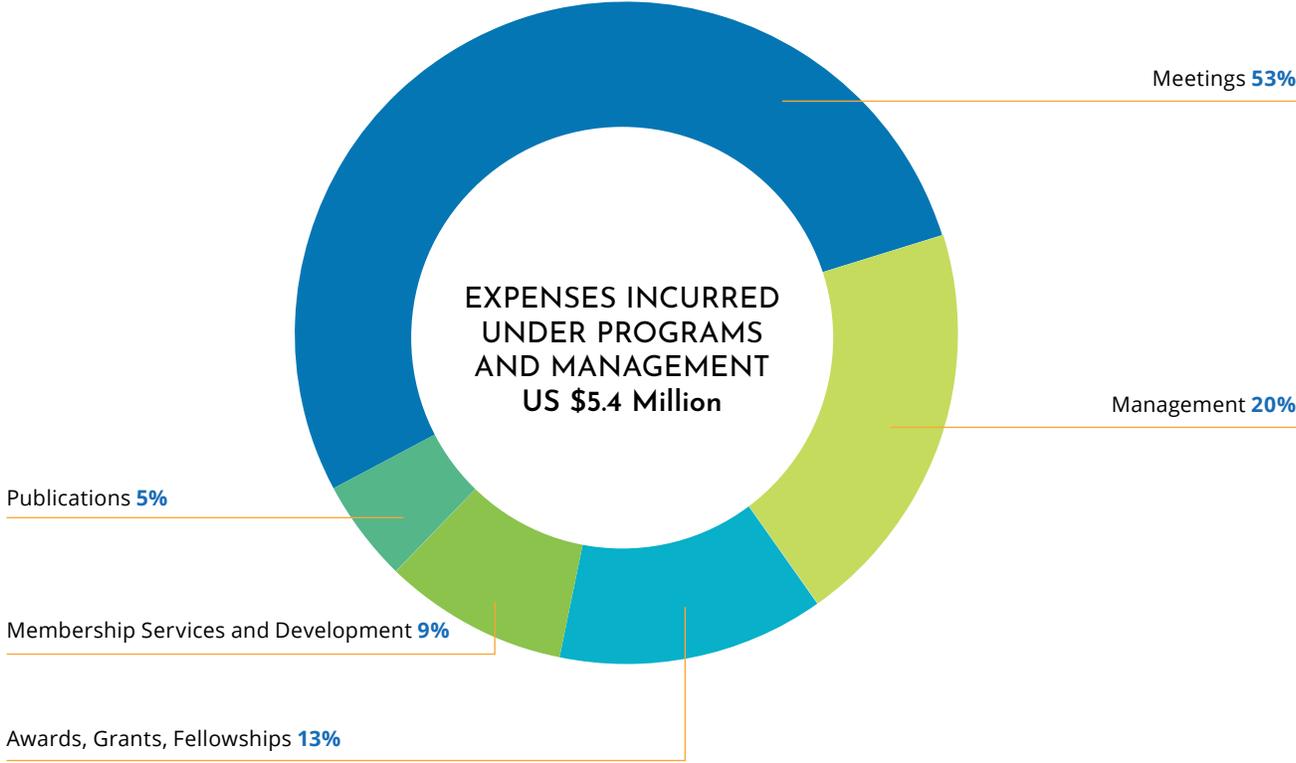
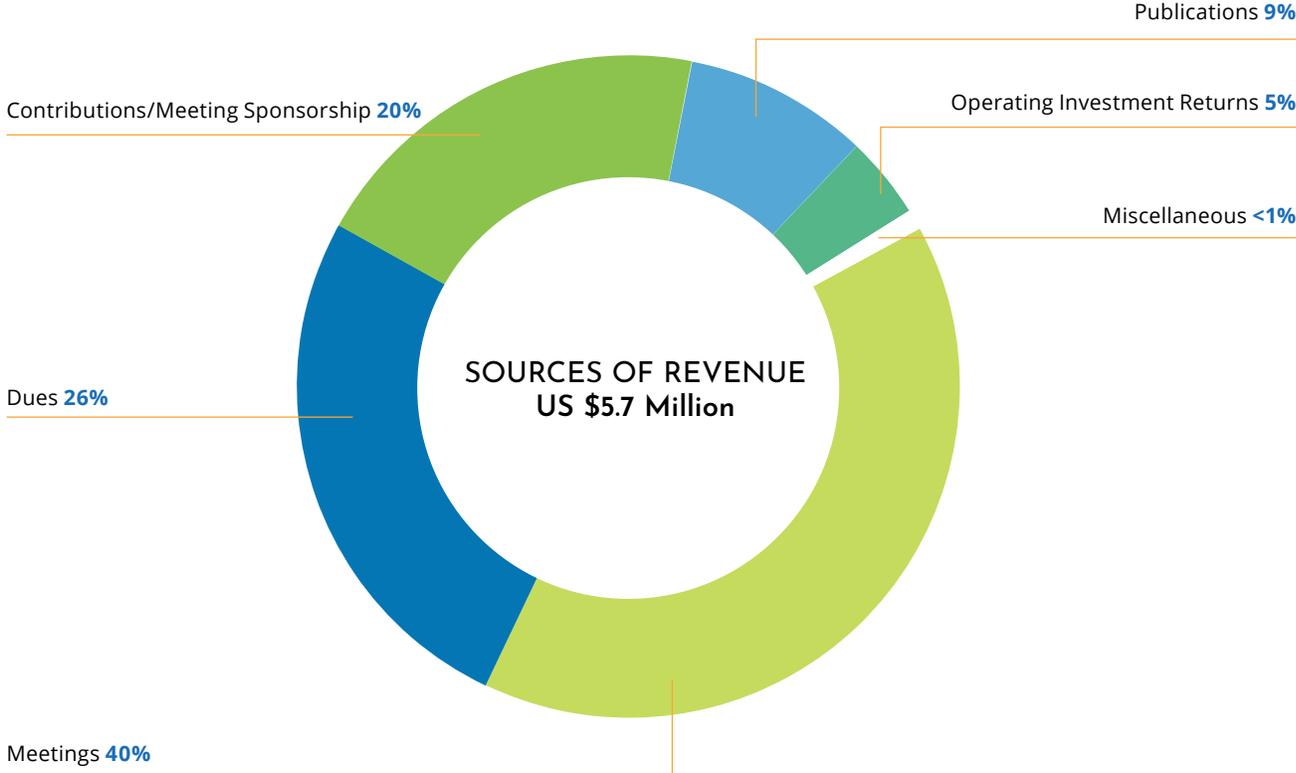
	Without Donor Restrictions	With Donor Restrictions	2018 Total	2017 Total
<b>Revenues</b>				
Conference Registration	\$ 2,026,703	\$ -	\$ 2,026,703	\$ 2,332,579
Membership Dues	1,496,438	-	1,496,438	1,337,363
Exhibitors' Fees	183,311	-	183,311	178,450
Advertising	28,163	-	28,163	25,006
Symposia	24,356	-	24,356	32,035
Contributions and Sponsorships	-	1,130,255	1,130,255	1,778,056
Royalties and Publishing	484,947	-	484,947	476,021
Investment Return Designated for Current Operations	256,925	-	256,925	237,385
Miscellaneous	22,731	-	22,731	16,894
Net Assets Released from Restrictions	962,797	(962,797)	-	-
Total Revenues	5,486,371	167,458	5,653,829	6,413,789
<b>Expenses</b>				
Program Expenses				
Journal of Dental Research and Publishing	256,070	-	256,070	266,742
General Session and Meetings	2,870,919	-	2,870,919	3,239,427
Awards, Grants, and Fellowships	708,773	-	708,773	735,208
Member Services and Other Programs	218,297	-	218,297	233,329
Total Program Expenses	4,054,059	-	4,054,059	4,474,706
Supporting Services				
Management and General Expenses	1,047,942	-	1,047,942	1,110,879
Membership Development	266,970	-	266,970	197,067
Total Supporting Services	1,314,912	-	1,314,912	1,307,946
Total Expenses	5,368,971	-	5,368,971	5,782,652
Change in Net Assets before Investment Income	117,400	167,458	284,858	631,137
Investment (Loss) Gain in Excess of Amounts Designated for Current Operations	(1,416,810)	(17,707)	(1,434,517)	1,604,027
Change in Net Assets	(1,299,410)	149,751	(1,149,659)	2,235,164
Net Assets, Beginning of Year	13,897,741	667,441	14,565,182	12,330,018
<b>Net Assets, End of Year</b>	<b>\$ 12,598,331</b>	<b>\$ 817,192</b>	<b>\$ 13,415,523</b>	<b>\$ 14,565,182</b>

## Appendix 4 — Independent Auditor’s Report for 2018 *(Continued)*

### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2018 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2017)

	<u>2018</u>	<u>2017</u>
<b>Cash Flows from Operating Activities</b>		
Change in Net Assets	\$ (1,149,659)	\$ 2,235,164
Adjustments to Reconcile Change in Net Assets to Net Cash Used in Operating Activities		
Depreciation and Amortization	68,021	69,061
Net Realized and Unrealized Loss (Gain) on Investments	1,414,928	(1,639,850)
<u>(Increase) Decrease in Assets</u>		
Accounts Receivable	(23,576)	22,232
Contributions Receivable	(305,138)	145
Due from AADR	(207,710)	97,433
Prepaid Expenses and Other Current Assets	177,606	(62,137)
Deposits	(40,376)	-
Investment in Deferred Compensation	2,124	(49,241)
<u>Increase (Decrease) in Liabilities</u>		
Accounts Payable and Accrued Expenses	(227,474)	62,995
Due to AADR	(33,666)	33,666
Refunds and Pass-Through Amounts	21,038	(741,021)
Deferred Revenue	(256,879)	(750,249)
Deferred Compensation Payable	(2,124)	49,241
Net Cash Used in Operating Activities	<u>(562,885)</u>	<u>(672,561)</u>
<b>Cash Flows from Investing Activities</b>		
Purchases of Investments	(827,051)	(366,960)
Proceeds from Sales and Maturities of Investments	549,798	125,000
Purchases of Fixed Assets	(24,519)	(72,050)
Net Cash Used in Investing Activities	<u>(301,772)</u>	<u>(314,010)</u>
Net Decrease in Cash and Cash Equivalents	(864,657)	(986,571)
Cash and Cash Equivalents, Beginning of Year	<u>969,269</u>	<u>1,955,840</u>
<b>Cash and Cash Equivalents, End of Year</b>	<u><u>\$ 104,612</u></u>	<u><u>\$ 969,269</u></u>

# 2018 OPERATIONAL HIGHLIGHTS



# Appendix 5 — Chief Executive Officer's Report on the Budgets, 2019-2023

## IADR Budgets

### Overall Assessment

A summary of the IADR operating budget for the period 2019 through 2023 is illustrated in (Table II). For each year in this period, the total income and expenses in each of the programs are displayed with an overall total for each year.

The year-end 2020 operating Net Income is expected to be a (\$1,028,000) deficit as compared to a budgeted surplus of \$24,000. This deficit is primarily due to the expected losses on the cancellation of the joint meeting and Centennial Celebration.

An operating deficit of (\$202,000) is projected for 2021 if the Boston meeting is held virtually. If the meeting is a hybrid (in-person/virtual meeting) the resulting deficit is expected to be \$508,000 greater.

Deficits are preliminarily projected in 2022 & 2023. The 2022 General Session in China is currently budgeted for a \$134,000 surplus which is dependent on very high local attendance.

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

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

### Table II. IADR Summary

	2019 - Actual			2020 - Year-End Estimate			2020 Budget		
	INCOME	EXPENSES	NET INCOME	INCOME	EXPENSES	NET INCOME	INCOME	EXPENSES	NET INCOME
<b>IADR Operations</b>									
General	1,284,803	1,706,383	(421,580)	1,105,255	1,570,530	(465,275)	1,436,107	1,815,084	(378,977)
General Session	3,026,788	2,768,703	258,084	221,858	986,975	(765,118)	2,960,015	2,755,777	204,238
WCPD	0	0	-	0	0	-	0	0	-
<b>Subtotal - IADR Operations</b>	<b>4,311,591</b>	<b>4,475,086</b>	<b>(163,496)</b>	<b>1,327,113</b>	<b>2,557,505</b>	<b>(1,230,393)</b>	<b>4,396,122</b>	<b>4,570,861</b>	<b>(174,739)</b>
<b>Joint Publications</b>									
Journal of Dental Research*	460,022	249,215	210,807	437,694	229,495	208,199	440,116	230,363	209,753
JDR Clinical & Translational Research	49,337	51,684	(2,347)	47,125	52,646	(5,521)	47,863	58,906	(11,042)
<b>Subtotal - Joint Publications</b>	<b>509,359</b>	<b>300,899</b>	<b>208,460</b>	<b>484,819</b>	<b>282,141</b>	<b>202,678</b>	<b>487,980</b>	<b>289,268</b>	<b>198,711</b>
<b>Total - Operations</b>	<b>4,820,949</b>	<b>4,775,985</b>	<b>44,964</b>	<b>1,811,932</b>	<b>2,839,647</b>	<b>(1,027,715)</b>	<b>4,884,101</b>	<b>4,860,129</b>	<b>23,972</b>
Net Income as a Percent of Income			0.9%			-56.7%			0.5%
<b>Award, Fellowship and Grant Programs</b>									
Regional Development Program	61,021	61,021	-	55,000	55,000	-	60,000	60,000	-
Fellowships & Awards**	593,288	535,754	57,534	281,228	481,886	(200,657)	616,469	580,840	35,628
<b>Total - Operations and Awards</b>	<b>5,475,258</b>	<b>5,372,760</b>	<b>102,498</b>	<b>2,148,160</b>	<b>3,376,532</b>	<b>(1,228,372)</b>	<b>5,560,570</b>	<b>5,500,969</b>	<b>59,601</b>

	In-Person & Virtual (Hybrid) 2021 Budget			Virtual Only 2021 Budget			2022 Budget			2023 Budget		
	INCOME	EXPENSES	NET INCOME	INCOME	EXPENSES	NET INCOME	INCOME	EXPENSES	NET INCOME	INCOME	EXPENSES	NET INCOME
<b>IADR Operations</b>												
General	1,361,489	1,932,403	(570,914)	1,361,489	1,932,403	(570,914)	1,491,035	1,944,105	(453,070)	1,520,038	2,007,068	(487,030)
General Session	2,147,435	2,456,806	(309,371)	2,188,930	1,990,293	198,637	2,657,264	2,471,689	185,574	1,970,967	2,374,274	(403,308)
WCPD	0	0	-	0	0	-	0	0	-	0	0	-
<b>Subtotal - IADR Operations</b>	<b>3,508,924</b>	<b>4,389,209</b>	<b>(880,285)</b>	<b>3,550,419</b>	<b>3,922,696</b>	<b>(372,277)</b>	<b>4,148,299</b>	<b>4,415,794</b>	<b>(267,495)</b>	<b>3,491,005</b>	<b>4,381,342</b>	<b>(890,338)</b>
<b>Joint Publications</b>												
Journal of Dental Research*	425,685	243,052	182,632	425,685	243,052	182,632	411,170	233,159	178,011	397,382	237,536	159,845
JDR Clinical & Translational Research	45,342	58,119	(12,777)	45,342	58,119	(12,777)	44,143	57,432	(13,288)	43,005	58,767	(15,763)
<b>Subtotal - Joint Publications</b>	<b>471,026</b>	<b>301,171</b>	<b>169,855</b>	<b>471,026</b>	<b>301,171</b>	<b>169,855</b>	<b>455,314</b>	<b>290,591</b>	<b>164,723</b>	<b>440,387</b>	<b>296,304</b>	<b>144,083</b>
<b>Total - Operations</b>	<b>3,979,950</b>	<b>4,690,380</b>	<b>(710,430)</b>	<b>4,021,445</b>	<b>4,223,867</b>	<b>(202,422)</b>	<b>4,603,612</b>	<b>4,706,385</b>	<b>(102,773)</b>	<b>3,931,391</b>	<b>4,677,646</b>	<b>(746,255)</b>
Net Income as a Percent of Income			-17.9%			-5.0%			-2.2%			-19.0%
<b>Award, Fellowship and Grant Programs</b>												
Regional Development Program	60,000	60,000	-	60,000	60,000	-	60,000	60,000	-	60,000	60,000	-
Fellowships & Awards**	535,308	553,331	(18,022)	535,308	553,331	(18,022)	537,524	546,203	(8,679)	523,075	544,023	(20,947)
<b>Total - Operations and Awards</b>	<b>4,575,258</b>	<b>5,303,711</b>	<b>(728,453)</b>	<b>4,616,753</b>	<b>4,837,198</b>	<b>(220,444)</b>	<b>5,201,136</b>	<b>5,312,587</b>	<b>(111,452)</b>	<b>4,514,467</b>	<b>5,281,669</b>	<b>(767,202)</b>

\* JDR & JDR-CTR are split 50/50 between IA and AA.

\*\* Due to typical fluctuations in Awards, Fellowships & Grants, net income can vary greatly from year to year and, therefore, this category is reported separately from the Total Operations budgets.

\*\*\* 2021 includes an increase to all dues rates. Without this incr. the operating income would be \$34,000 less. 2022 also includes increases to all dues rates. Without this incr. operating income would be \$34,000 less.

## Table I2. General Operations

Table I2. International Association for Dental Research  
General Operations

	ACTUAL 2019	YTD 9/30/2020	Year-End Estimate 12/31/2020	BUDGET 2020	Proposed BUDGET 2021	Preliminary BUDGET 2022	Preliminary BUDGET 2023
<b>REVENUE</b>							
Institutional & Corporate dues	160,000	178,600	180,000	180,000	180,000	180,000	180,000
Membership Dues	1,052,610	881,974	878,255	1,204,162	1,134,324	1,263,870	1,292,929
Award Admin Fees	36,271	1,166	35,000	41,942	37,162	37,162	37,106
Miscellaneous	35,922	9,285	12,000	10,000	10,000	10,000	10,000
<b>TOTAL REVENUE</b>	<b>1,284,803</b>	<b>1,071,025</b>	<b>1,105,255</b>	<b>1,436,107</b>	<b>1,361,489</b>	<b>1,491,035</b>	<b>1,520,038</b>
<b>EXPENSES</b>							
Employee salaries	836,351	629,389	868,033	895,245	943,554	949,664	997,147
Employee benefits	236,365	187,162	245,268	250,679	262,319	265,906	279,201
Overhead Allocation	225,172	222,942	297,256	269,261	288,316	283,347	282,314
Merchant Fees/Bank Charges	51,157	18,188	24,251	52,598	49,944	54,867	55,971
Shipping & Courier	2,218	771	3,271	10,300	10,300	10,609	10,927
Board Costs - Travel, Mtg & Admin	200,094	6,995	9,495	199,000	185,000	185,000	185,000
Regional Board Member Support	2,928	0	0	13,000	13,390	13,792	14,205
Division/Section/Region Services	0	0	0	5,000	5,150	5,305	5,464
Travel - Staff	18,869	2,168	2,168	23,000	24,000	24,000	24,000
International Advocacy	4,500	7,007	7,007	6,000	6,180	6,365	6,556
Miscellaneous	16,060	12,693	16,924	20,000	20,600	21,218	21,855
Media & Public Relations	9,459	11,858	11,858	11,000	12,750	13,133	13,526
Member Retention	82,794	78,276	80,000	25,000	75,900	75,900	75,900
Member Recruitment	20,416	2,417	5,000	35,000	35,000	35,000	35,000
<b>TOTAL EXPENSES</b>	<b>1,706,383</b>	<b>1,179,866</b>	<b>1,570,530</b>	<b>1,815,084</b>	<b>1,932,403</b>	<b>1,944,105</b>	<b>2,007,068</b>
<b>Net Income</b>	<b>(421,580)</b>	<b>(108,841)</b>	<b>(465,275)</b>	<b>(378,977)</b>	<b>(570,914)</b>	<b>(453,070)</b>	<b>(487,030)</b>

Budget assumptions	ACTUAL 2019	YTD 6/30/2020	YTD 12/31/2020	BUDGET 2020	BUDGET 2021	BUDGET 2022	BUDGET 2023
Members - High Income	4,623	3,529	3,868	4,961	4,623	4,577	4,531
Worldbank High Income Rate	\$ 180.00	\$ 180.00	\$ 180.00	\$ 185.00	\$ 190.00	\$ 195.00	\$ 200.00
Members - Middle Income	1,378	983	1,078	1,587	1,378	1,850	1,850
Worldbank Mid Income Rate	\$ 108.00	\$ 108.00	\$ 108.00	\$ 111.00	\$ 114.00	\$ 117.00	\$ 120.00
Members - Lower Income	417	240	263	468	417	413	409
Worldbank Lower Income Rate	\$ 63.00	\$ 63.00	\$ 63.00	\$ 64.00	\$ 66.00	\$ 68.00	\$ 70.00
Affiliate Members	66	35	37	106	66	70	70
	\$ 144.00	\$ 144.00	\$ 144.00	\$ 148.00	\$ 152.00	\$ 156.00	\$ 160.00
Members - Retired	144	140	140	144	144	144	144
	\$ 54.00	\$ 54.00	\$ 54.00	\$ 55.00	\$ 57.00	\$ 58.00	\$ 60.00
Student Members	2,895	2,214	2,375	3,240	2,895	3,866	3,866
	\$ 54.00	\$ 54.00	\$ 54.00	\$ 55.00	\$ 57.00	\$ 58.00	\$ 60.00

### 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 decreased by about 19% in 2020. As a result, membership revenue is expected to fall short of the budgeted amount by about \$326,000. We are optimistic that the Membership levels will return to 2019 levels in 2021. Memberships are budgeted to increase by 3% per year in 2022 and 2023.

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 2019, 2020 and 2021 are 38.2%, 40.3% and 40.0% respectively. Overall 2020 expenses are expected to be \$245,000 less than budgeted, due to lower than expected Board and staff travel and member recruitment costs, partially offset by higher than budgeted member retention costs.

Future year budgets assume Officer travel will continue to be high due to the increased size of the Board and due to two Officers residing in Australia.

#### Overall

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

# Table I3. General Session

	ACTUAL 2019	YTD 9/30/2020	Year-End Estimate 12/31/2020	BUDGET 2020	Virtual (Hybrid)	Virtual Only	Chengdu Preliminary BUDGET 2022	Bogota Preliminary BUDGET 2023
					Joint - Boston	Joint - Boston		
					Proposed BUDGET 2021	Proposed BUDGET 2021		
<b>REVENUE</b>								
Registration	2,240,174	0	0	2,331,348	1,811,855	1,794,930	2,009,053	1,412,512
Exhibition Fees	160,088	15,468	15,468	184,815	103,620	103,620	210,930	194,685
Sponsorship & Advertising	427,348	121,390	121,390	268,385	229,660	155,660	305,170	290,170
Miscellaneous	29,977	0	0	5,250	2,300	2,300	5,750	3,250
<b>IADR REVENUE (Before Mtg Div)</b>	<b>2,857,587</b>	<b>136,858</b>	<b>136,858</b>	<b>2,789,798</b>	<b>2,147,435</b>	<b>2,056,510</b>	<b>2,530,964</b>	<b>1,900,617</b>
Meeting Dividend Collections	169,201	-	-	170,217	-	132,420	126,360	70,350
<b>ADJUSTED TOTAL REVENUE</b>	<b>3,026,788</b>	<b>136,858</b>	<b>136,858</b>	<b>2,960,015</b>	<b>2,147,435</b>	<b>2,188,930</b>	<b>2,657,264</b>	<b>1,970,967</b>
<b>EXPENSES</b>								
Employee Salaries	535,130	406,916	550,418	526,667	555,070	555,070	397,876	417,770
Employee Benefits	144,703	105,047	140,063	147,469	158,493	158,493	111,405	116,976
Overhead Allocation	153,217	131,153	174,871	158,400	176,018	176,018	115,899	114,798
Personnel	131,260	81,652	81,652	133,424	185,489	62,270	273,101	223,999
Merchant Fees/Bank Charges	86,003	76,603	76,603	77,760	52,118	49,911	69,939	51,923
Meeting Venue	57,251	77,053	77,053	190,540	334,290	206,229	405,100	498,500
Scientific Program	701,120	281,150	281,150	706,460	876,400	196,950	720,909	644,359
Exhibition	64,518	30,700	30,700	68,600	93,250	2,000	68,800	68,800
Networking Opportunities	219,749	5,517	5,517	157,400	262,250	25,000	132,750	97,750
Meeting Promotion	46,876	40,060	40,060	49,251	68,800	68,800	44,550	64,050
Miscellaneous	859	59,600	59,600	6,500	4,000	4,000	5,000	5,000
<b>TOTAL EXPENSES</b>	<b>2,140,686</b>	<b>1,295,451</b>	<b>1,517,686</b>	<b>2,222,470</b>	<b>2,766,177</b>	<b>1,504,741</b>	<b>2,345,329</b>	<b>2,303,924</b>
<b>Net Income (prior to Div distributions)</b>	<b>886,102</b>	<b>(1,158,594)</b>	<b>(1,380,829)</b>	<b>737,545</b>	<b>(618,742)</b>	<b>684,189</b>	<b>311,934</b>	<b>(332,958)</b>
Meeting Dividend Distributions	169,201	-	-	170,217	-	132,420	126,360	70,350
Division Share	143,380	-	-	113,466	-	110,354	37,115	-
Developing Regions Grant	57,352	-	-	45,386	-	44,142	14,846	-
AADR Profit Share (per 2005 MOU)	258,084	(579,297)	(690,414)	204,238	(309,371)	198,637	-	-
<b>FINAL IADR NET INCOME</b>	<b>258,084</b>	<b>(579,297)</b>	<b>(690,414)</b>	<b>204,238</b>	<b>(309,371)</b>	<b>198,637</b>	<b>133,614</b>	<b>(403,308)</b>
<b>Prior Period Adjustments</b>								
<b>Net Income (After Adjustments)</b>								

## Budget Assumptions

	2019				2020 Projected		
	Actual Attendees	Budgeted Attendees	Reg. Fees	Reg. Income Budget	Budgeted Attendees	Reg. Fees	Reg. Income Budget
Member Registration(Pre-reg)	1,593	1,400	580	730,800	1,355	590	719,505
Member Registration(onsite)	116		680			690	
Member Registration - 5-Year Member	1,067	1,400	520	655,200	1,355	530	646,335
Member Registration-Local Region LMIC Rate (Pre-reg)	21	25	290	6,525	20	295	5,320
Member Registration-Local Region LMIC Rate (Onsite)	2		390			395	
Non-Member Registration(pre-reg)	208	265	960	239,030	303	975	277,548
Non-Member Registration(onsite)	47		1,060			1,075	
Student Registration(pre-reg)	1,645	1,775	290	514,750	1,620	295	477,900
Student Registration(onsite)	22		340			345	
Student Registration-Local Region LMIC Rate (Pre-reg)	20	30	220	6,600	20	220	4,400
Student Registration-Local Region LMIC Rate (Onsite)	2		270			270	
Student Non-Member Reg(pre-reg)	113	265	480	127,200	298	485	144,530
Student Non-Member Reg(onsite)	5		530			535	
Retired Members(pre-reg)	75	40	290	11,600	62	295	18,290
Retired Member(onsite)	6		340			345	
Accomp. Persons	279	270	55	14,850	329	55	18,095
	5,221	5,470		2,306,555	5,362		2,311,923
Lunch & Learning	202	225	65	14,625	225	25	5,625
Meet-a-mentor lunch	67	80	25	2,000	60	25	1,500
IADR Academy - Member	40	40	115	4,600	40	120	4,800
IADR Academy - Non-Member	3	0	215	0	0	225	0
IADR Academy - Student/Local Member	31	60	90	5,400	60	95	5,700
Exhibits	44	39	3,800	152,260	45	3,990	184,815

	2021 Projected			2022 Projected			2023 Projected		
	Budgeted Attendees	Reg. Fees	Reg. Income Budget	Budgeted Attendees	Reg. Fees	Reg. Income Budget	Budgeted Attendees	Reg. Fees	Reg. Income Budget
Member Registration(Pre-reg)	2,000	600	1,080,000	650	600	351,000	325	630	184,275
Member Registration(onsite)		700			710			710	
Member Registration - 5-Year Member	130	540	63,180	650	540	315,250	325	565	165,263
Member Registration-Local Region LMIC Rate (Pre-reg)	20	300	5,400	1,650	300	445,500	1,000	315	284,000
Member Registration-Local Region LMIC Rate (Onsite)		400			405			405	
Non-Member Registration(pre-reg)	80	990	74,400	46	1,040	45,034	55	1,090	56,485
Non-Member Registration(onsite)		1,090			1,095			1,095	
Student Registration(pre-reg)	1,360	300	408,000	330	300	99,000	396	315	124,740
Student Registration(onsite)		350			355			355	
Student Registration-Local Region LMIC Rate (Pre-reg)	10	225	2,250	2,310	225	519,750	1,800	235	423,000
Student Registration-Local Region LMIC Rate (Onsite)		275			280			280	
Student Non-Member Reg(pre-reg)	140	495	69,300	36	470	16,920	45	495	22,275
Student Non-Member Reg(onsite)		545			545			545	
Retired Members(pre-reg)	40	300	12,000	8	300	2,400	10	315	3,150
Retired Members(onsite)		350			355			355	
Accomp. Persons	60	60	3,600	33	60	1,980	40	65	2,600
	3,840		1,718,130	5,713		1,796,834	3,996		1,265,788
Abstract Submission Fees	3,100	25	77,500	4,571	25	114,275	3,195	25	79,875
Lunch & Learning	120	65	7,800	70	65	4,550	70	65	4,550
Meet-a-mentor lunch	64	25	1,600	20	25	500	0	25	0
IADR Academy - Member	12	125	1,500	12	125	1,500	12	125	1,500
IADR Academy - Non-Member	0	230	0	0	230	0	0	235	0
IADR Academy - Student/Local Member	20	100	2,000	20	100	2,000	35	100	3,500
Exhibits	22	varies	103,620	47	varies	210,930	42	varies	194,685

Note: Member and Non-Member registration rates above include the Meeting Dividend which is 10% of the Member rate. For example, in 2019 \$58 of the total registration rate paid by Members and Non-Members is passed on to the Divisions. The remainder is IADR Meeting Revenue.

## 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. And beginning in 2019, reduced registration rates were offered to Members who have retained their membership for at least five consecutive years.

### 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, 2020, and 2021 these costs are 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

The expected overall loss on the cancelled joint meeting that was scheduled for March in Washington DC is \$1,381,000. IADR shares equally in this loss with AADR, so IADR's share of the loss is expected to be \$690,000.

A surplus is budgeted if the 2021 joint meeting scheduled for Boston is held virtually, but if the meeting has both in-person and virtual components (hybrid) a deficit is projected due to the additional costs of supporting both types of attendance. The 2022 meeting in China will require strong local attendance to achieve the modest surplus budgeted. The 2023 meeting in Bogota, Columbia is conservatively budgeted for a deficit given the high preliminary venue costs.

## Table I3a. Centennial Celebration

	YTD 9/30/2020	Year-End Estimate 12/31/2020	Proposed BUDGET 2020
<b>REVENUE</b>			
Registration	-	-	37,500
Sponsorship	85,000	85,000	180,000
Investment Allocation	-	-	187,464
<b>TOTAL REVENUE</b>	<b>85,000</b>	<b>85,000</b>	<b>404,964</b>
<b>EXPENSES</b>			
Merchant Fees	0	0	985
Centennial Plenary Speakers	170	170	20,000
Centennial Lunches	3,736	3,736	160,000
Centennial Lunch A/V Labor	-	-	1,979
Centennial Lapel Pins	-	-	20,000
Legal	1,925	1,925	-
100th Anniversary Gala Dinner	153,873	153,873	202,000
<b>TOTAL EXPENSES</b>	<b>159,704</b>	<b>159,704</b>	<b>404,964</b>
<b>Net Income</b>	<b>(74,704)</b>	<b>(74,704)</b>	<b>0</b>

## Table 15. Regional Development Program

	ACTUAL 2019	YTD 9/30/2020	Year-End Estimate 12/31/2020	Proposed BUDGET 2020	Proposed Preliminary BUDGET 2021	Preliminary Preliminary BUDGET 2022	Preliminary Preliminary BUDGET 2023
<b>REVENUE</b>							
IAGS Meeting Surplus	57,352	0	0	45,386	0	14,846	0
Contributions	0	0	0	0	0	0	0
Board Designated Funds	1,021	0	0	0	0	0	0
Allocation from Investments	2,648	0	55,000	14,614	60,000	45,154	60,000
<b>TOTAL REVENUE</b>	<b>61,021</b>	<b>0</b>	<b>55,000</b>	<b>60,000</b>	<b>60,000</b>	<b>60,000</b>	<b>60,000</b>
<b>EXPENSES</b>							
Grants - RDP Committee	60,000	0	55,000	60,000	60,000	60,000	60,000
Grants - Board Designated	1,021	0	0	0	0	0	0
<b>TOTAL EXPENSES</b>	<b>61,021</b>	<b>0</b>	<b>55,000</b>	<b>60,000</b>	<b>60,000</b>	<b>60,000</b>	<b>60,000</b>
<b>Net Income</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Surplus from Previous Year	0	0	0	0	0	0	0
<b>Ending Balance</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 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.

#### Comments

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 2019	YTD 6/30/2020	Year-End Estimate 12/31/2020	BUDGET 2020	Proposed BUDGET 2021	Preliminary BUDGET 2022	Preliminary BUDGET 2023
<b>REVENUE</b>							
Contributions	466,694	119,180	166,228	475,475	426,775	426,775	426,775
Board Alloc - Unrestricted	0	0	0	0	0	0	0
IADR Portfolio Allocation	34,546	0	115,000	90,782	61,754	61,636	61,752
Total Return On Investment	92,048	8,571	0	50,212	46,779	49,112	34,548
<b>TOTAL REVENUE</b>	<b>593,288</b>	<b>127,751</b>	<b>281,228</b>	<b>616,469</b>	<b>535,308</b>	<b>537,524</b>	<b>523,075</b>
<b>EXPENSES</b>							
Awards/Fellowships	483,513	405,538	435,181	521,361	498,561	491,361	491,361
Plaques	3,168	5,026	5,745	5,286	5,286	5,286	5,286
Miscellaneous	10,055	6,782	7,009	9,912	9,912	9,912	9,912
Admin Fees	36,271	1,166	30,120	41,942	37,162	37,162	37,106
Investment Fees	2,747	2,873	3,831	2,340	2,410	2,482	357
<b>TOTAL EXPENSES</b>	<b>535,754</b>	<b>421,385</b>	<b>481,886</b>	<b>580,840</b>	<b>553,331</b>	<b>546,203</b>	<b>544,023</b>
<b>Net Income</b>	<b>57,534</b>	<b>(293,634)</b>	<b>(200,657)</b>	<b>35,628</b>	<b>(18,022)</b>	<b>(8,679)</b>	<b>(20,947)</b>
Balance from Previous Year	950,385	1,007,919	1,007,919	968,057	1,003,685	985,663	976,984
<b>Balance at Year End</b>	<b>1,007,919</b>	<b>714,285</b>	<b>807,262</b>	<b>1,003,685</b>	<b>985,663</b>	<b>976,984</b>	<b>956,036</b>

### Fellowships and Awards (Table 16)

In 2020, IADR is expects to distribute a smaller amount of awards dues to the complications associated with COVID-19.

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.

Two award programs were created for 2020 to coincide with the IADR Centennial. Centennial Travel Awards of about \$30,000 will be issued along with \$100,000 for the Emerging Leaders Awards. These awards will be almost entirely paid from the IADR investment spending policy.

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 expense 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 JP2. JDR Clinical & Translational Research

	ACTUAL 2019	YTD 9/30/2020	Year-End Estimate 12/31/2020	BUDGET 2020	Proposed BUDGET 2021	Preliminary BUDGET 2022	Preliminary BUDGET 2023
<b>REVENUE</b>							
Member subs	2,866	2,540	3,444	3,608	3,969	4,366	4,802
Student subs	432	360	488	488	537	591	650
Less: Subscription Rev to SAGE	(3,637)	(2,900)	(3,932)	(4,096)	(4,506)	(4,957)	(5,452)
Miscellaneous	449	117	250	250	250	250	250
Advertising Share	0	0	0	0	0	0	0
Editorial Stipend	42,500	30,000	40,000	42,500	42,500	42,500	42,500
Royalty Income	56,063	50,456	54,000	52,977	47,933	45,537	43,260
<b>TOTAL REVENUE</b>	<b>98,673</b>	<b>80,573</b>	<b>94,250</b>	<b>95,727</b>	<b>90,683</b>	<b>88,287</b>	<b>86,010</b>
<b>EXPENSES</b>							
Employee salaries	42,247	31,597	40,689	41,965	44,257	44,298	46,513
Employee benefits	10,986	8,282	11,504	11,758	12,391	12,404	13,024
Overhead Allocation	12,405	11,174	14,899	13,781	14,989	13,547	13,369
Merchant Fees	118	38	51	127	140	154	169
Marketing	2,171	0	1,500	10,000	1,500	1,500	1,500
Editorial expenses/Ed Board	35,365	34,992	35,650	38,150	41,460	41,460	41,460
Legal	0	0	1,000	1,000	1,000	1,000	1,000
Miscellaneous	75	0	0	1,030	500	500	500
<b>TOTAL EXPENSES</b>	<b>103,367</b>	<b>86,083</b>	<b>105,293</b>	<b>117,811</b>	<b>116,237</b>	<b>114,863</b>	<b>117,535</b>
<b>Net Income</b>	<b>(4,694)</b>	<b>(5,510)</b>	<b>(11,043)</b>	<b>(22,084)</b>	<b>(25,554)</b>	<b>(26,577)</b>	<b>(31,525)</b>
<b>Budget Assumptions</b>	<b>ACTUAL 2019</b>	<b>YTD 9/30/2020</b>	<b>Year-End Estimate 12/31/2020</b>	<b>Budget 2020</b>	<b>Budget 2021</b>	<b>Budget 2022</b>	<b>Budget 2023</b>
Member Print							
Rate	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Number of	164	127	172	180	198	218	240
	3,280	2,540	3,444	3,608	3,969	4,366	4,802
Student Subs Print							
Rate	\$12	\$12	\$12	\$12	\$12	\$12	\$12
Number of	37	30	41	41	45	49	54
	444	360	488	488	537	591	650

### JDR Clinical & Translational Research (Table JP2)

Created in 2016, the *Journal of Dental Research Clinical & Translational Research* is jointly owned by the International and American Associations for Dental Research 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/AADR, 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/AADR during the membership renewal process and all subscription revenue is then forwarded to SAGE. IADR/AADR 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 2020.

Royalty income has exceeded the budgeted estimate every year. However, a 2020 financial estimate has not yet been received

from SAGE, so the current year estimate assumes only the budgeted royalty revenue. To be conservative, future year royalty income is budgeted to decline by 5% per year.

#### Expenses

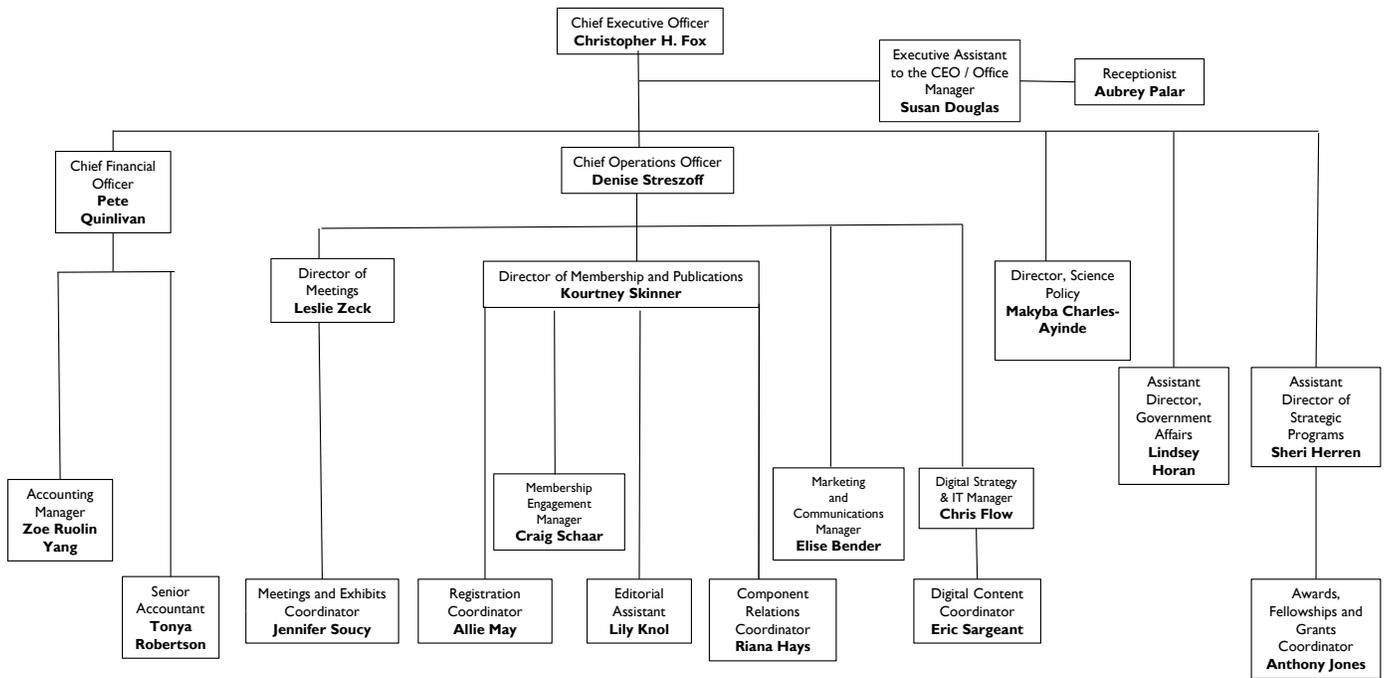
IADR/AADR is responsible for paying editorial costs and various management and overhead costs.

2020 expenses are expected to be lower than budget primarily due to a lower marketing costs. Future year budgets are planned at similar amounts to the 2020 budget. However, modest increases in editorial expenses are included in 2021-2023 which reflect a new agreement with the Editor in Chief.

#### Comments

- 2020 net income is expected to exceed budget by about \$10,000
- 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/AADR Global Headquarters Organization Chart



As of 12/31/2020

## Appendix 7 — 2020-2021 IADR Board of Directors and Committees

### Board of Directors

Pamela Den Besten, President  
Eric Reynolds, President-elect  
Brian O'Connell, Vice-president  
Paula Moynihan, Immediate Past President  
Nisha D'Silva (2021), Treasurer  
Lijian Jin (2021), RBM (Asia/Pacific)  
Margaret Wandera (2021), RBM (Africa/Middle East)  
Gottfried Schmalz (2022), RBM (Pan European)  
S. Aida Borges-Yáñez (2023), RBM (North America)  
María del Carmen López Jordi (2023), RBM (Latin America)  
Dagmar Else Slot (2021), Young Investigator Representative  
Kimon Divaris (2022), Young Investigator Representative  
Nicholas Stephen Jakubovics (2025), *JDR* Editor-in-Chief  
Jocelyne Feine (2024), *JDR CTR* Editor-in-Chief  
Christopher H. Fox (2024), Chief Executive Officer

### Annual Session

Walter Siqueira (2021), (Canada), Chair  
Tamanna Tiwari (2021), (USA)  
Kimon Divaris (2021), (USA)  
Cui Huang (2022), (China)  
David Bartlett (2022), (England)

### Constitution

Karl Lyons (2021), (New Zealand), Chair  
Erin Lynn Ealba Bumann (2021), (USA)  
Margarete Ribeiro Dasilva (2021), (USA)  
Omolara Uti (2022), (Nigeria)  
Gaetano Isola (2022), (Italy)  
Madhan Balasubramanian (2022), (India)  
Hai Ming Wong (2023), (Hong Kong)  
Satoru Yamada (2023), (Japan)  
Alvaro Della Bona (2023), (Brazil)

### Distinguished Scientist Awards

Marco Peres (Global Oral Health), (Australia), Chair  
Jonathan Timothy Newton (BEHSR), (UK)  
Michael Paine (Bio. Mineralization), (USA)  
Ophir Klein (Cranio. Biology), (USA)  
Daniel Fried (Bowen Award/Caries Res.), (USA)  
Harold Sgan-Cohen (H. Trendley Dean), (Israel)  
Edward Lo (Geriatric Oral Res.), (Hong Kong)  
Charles Shuler (Oral Med.&Pathology), (Canada)  
Antonio Nanci (Research in Oral Bio.), (Canada)  
Kazuhisa Yamazaki (Res. in Periodontal Research Group Disease), (Japan)  
Keith Kirkwood (PTT, Mineralized, STAR), (USA)  
David Bartlett (Res. in Pros. & Implants), (USA)  
Chunlin Qin (Pulp Biology Research), (USA)  
Gary Weisman (Salivary Research), (USA)  
Jill Helms (Isaac Schour), (USA)  
J. Robert Kelly (Wilmer Souder), (USA)  
Alvaro Della Bona (2021), (Young Investigator)

### Ethics in Dental Research

Flavia Lakschevitz (2021), (USA), Chair  
Wasif Qayyum (2021), (Canada)  
Effie Ioannidou (2022), (USA)  
Maha Abbas (2022), (Iraq)  
Tazuko K. Goto (2023), (Japan)

### FDI Representative

Christopher H. Fox, Chief Executive Officer

### FDI Science Committee Representative

Helen Whelton (2023), (Ireland)

### Fellowships

Guy Tobias (2021), (Israel), Chair  
Mark Roger Darling (2021), (Canada)  
Aldo Squassi (2021), (Argentina)  
Vesna Miletic (2022), (Serbia)  
Ana Paula Dias Ribeiro (2022), (USA)  
Chaminda Seneviratne (2022), (Iraq)

### IADR/AADR William J. Gies Award

Chung How Kau (2021), (USA), Chair  
Daniel Harrington (2022), (USA)  
George Taylor (2022), (USA)  
Petros Papagerakis (2022), (Canada)  
Arvind Babu Rajendra Santosh (2022), (Jamaica)  
Gianrico Spagnuolo (2022), (Italy)  
Deepak Saxena (2022), (USA)  
Alastair J. Sloan (2023), (England)  
Quan Yuan (2023), (China)

### Awards Review

Bruno Cavalcanti (2021), (USA), Chair  
Masaki Honda (2022), (Japan)  
Saul Paiva (2022), (Brazil)  
Katherine Leung (2022), (Hong Kong)  
Maria Grazia Piacino (2022), (Italy)  
Oyinkansola Sofola (2022), (Nigeria)  
Vijay Prakash Mathur (2023), (India)  
Ling Ye (2023), (China)  
Cristina Vidal (2023), (USA)  
Fabian Cieplik (2023), (Germany)

### Honorary Membership

Yoshimitsu Abiko (2021), Chair  
Helen Whelton (2022), (Ireland)  
Jukka Meurman (2023), (Finland)  
Angus Walls (2024), (Scotland)  
Rena D'Souza (2025), (USA)

### Membership and Recruitment

Armelia Sari Widyarman (2021), (Indonesia), Chair  
Prabhat Chaudhari (2021), (India)  
Rosemary Shinkai (2022), (Brazil)  
James Rudolf Collins (2022), (Dominican Republic)  
Mohd Masood (2022), (Australia)  
Kiyoshi Ohura (2022), (Japan)  
Jie-Fei Shen (2022), (China)  
Abdul Naser Fahmi Tamim (2022), (UAE)  
Gianrico Spagnuolo (2023), (Italy)  
Carolina Cucco (2023), (USA)  
Barry Francis Quinn (2023), (England)

### Nominating

Paulo Cesar (2021), (Brazil), Chair  
Rena D'Souza (2021), (USA)  
Edmond H.N. Pow (2021), (Hong Kong)  
Keiji Moriyama (2022), (Japan)  
Effie Ioannidou (2022), (USA)  
Alastair J. Sloan (2023), (Wales)  
Yan-Fang Ren (2023), (USA)

### **IADR/AADR Publications**

Maria Emanuel Ryan, (2021), (USA), Chair  
Rena D'Souza (2021), (USA)  
Kimon Divaris, AADR Rep (2021), (USA)  
Jens Kreth, AADR Rep (2023), (USA)  
Flavia Teles, AADR Rep (2022), (USA)  
Georgios Belibasakis, IADR Rep (2021), (Sweden)  
Min-Quan Du, IADR Rep (2022), (China)  
Kazuhisa Yamazaki, IADR Rep (2021), (Japan)  
Nick Jakubovics, Editor-in-Chief (2025), *Journal of Dental Research* (England, British Division), *ex officio*  
Jack Ferracane, Associate Editor, *Journal of Dental Research* (USA, AADR), *ex officio*  
Dana Graves, Associate Editor, *Journal of Dental Research* (USA, AADR), *ex officio*  
Jacques Nör, Associate Editor, *Journal of Dental Research* (USA, AADR), *ex officio*  
Joy Richman, Associate Editor, *Journal of Dental Research* (Canada, Canadian Division), *ex officio*  
Gustavo Garlet, Associate Editor, *Journal of Dental Research* (Brazil, Brazilian Division), *ex officio*  
Falk Schwendicke, Associate Editor, *Journal of Dental Research*, (Germany, Continental European Division), *ex officio*  
Jocelyne Feine, Editor-in-Chief (2024), *JDR Clinical & Translational Research* (Canada, Canadian Division), *ex officio*  
Effie Ioannidou, Associate Editor, *JDR Clinical & Translational Research* (USA, AADR), *ex officio*  
Christopher H. Fox, IADR/AADR Chief Executive Officer (USA, AADR), *ex officio*

### **Regional Development**

Margaret Wandera (2021), (Uganda), Chair  
Lijian Jin (2021), (Hong Kong)  
Gottfried Schmalz (2022), (Germany)  
S. Aida Borges-Yáñez (2023), (Mexico)  
María del Carmen López Jordi (2023), (Uruguay)  
Silvana Papagerakis (2022), (Canada)  
Arvind Babu Rajendra Santosh (2022), (Jamaica)  
Lucas Abreu (2022), (Brazil)  
Olawunmi Adedoyin Fatusi (2023), (Nigeria)  
Seiji Nakamura (2023), (Japan)

### **IADR/AADR Tellers**

Zrinka Tarle (2021), (Croatia), Chair  
Isabela Pordeus (2022), (Brazil)  
Sheri Adamson Brownstein (2023), (USA)

### **Young Investigator Award**

Alvaro Della Bona (2021), (Brazil), Chair  
Omolara Uti (2022), (Nigeria)  
Ariadne Letra (2022), (USA)  
Santosh Kumar Tadakamadla (2022), (Australia)  
Kazuhisa Yamazaki (2022), (Japan)  
Oleh Andrukhov (2023), (Austria)  
Cinthia Tabchoury (2023), (Brazil)  
Patricia Miguez (2023)  
Deepak Saxena (2023), (USA)

### **Innovation in Oral Care Awards**

Sharanbir Sidhu (2021), (England), Chair  
Alireza Moshaverinia (2021), (USA)  
Peter Zilm (2021), (Australia)  
Frank Lippert (2022), (USA)  
Silvana Papagerakis (2022), (Canada)  
Marco Tatullo (2022), (Italy)  
Cristiane Mengatto (2023), (Brazil)  
Paulo Cesar (2023), (Brazil)  
Akihiro Yoshihara (2023), (Japan)

### **KULZER Travel Award**

Ana Botta (2021), (USA), Chair  
Vesna Miletic (2022), (Serbia)  
Daniel Harrington (2022), (USA)  
Saja Muhsin (2022), (Iraq)  
Takuya Matsumoto (2023), (Japan)  
Mohannad Nassar (2023), (UAE)

### **Academy of Osseointegration Innovation in Implant Sciences Award**

Clark Stanford (USA), Chair  
Maninder Kaur (2022), (India)  
Liran Levin (2022), (Israel)  
Vivek Thumbigere (2022), (USA)  
Qiming Jin (2022), (USA)  
Jamil Shibli (2023), (Brazil)  
Kazunori Ikebe (2023), (Japan)

### **Science Information**

Manu Mathur (2021), (India), Chair  
Peter Mossey (2021), (Scotland)  
Michael Kowolik (2021), (USA)  
Marco Tatullo (2021), (Italy)  
Gerald John McKenna (2022), (Ireland)  
Anna Dongari-Bagtzoglou (2022), (USA)  
Sharukh Khajotia (2023), (USA)  
Keiji Moriyama (2023), (Japan)  
Debora Heller (2023), (Brazil)

### **Joseph Lister Award for New Investigators**

Nailê Damé-Teixeira (2021), (Brazil), Chair  
Seunghee Cha (2021), (USA)  
Santosh Tadakamadla (2022), (Australia)  
Dong Mei Deng (2022), (Netherlands)  
Thuy Do (2022), (England)

# Appendix 8 — 2020-2021 IADR Region/Division/Section Officers

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

## Appendix 8 (continued) — 2020-2021 IADR Group/Network Officers

IADRGroup	President	President-elect	Vice President	Secretary/ Treasurer	Councilor	Immediate Past President
<b>Behavioral Epidemiologic and Health Services Research</b>	Daniel W. McNeil, Georgios Tsakos		Kimon Divaris	Cameron L. Randall	Joana Cunha-Cruz	Daniel W. McNeil
<b>Cariology Research</b>	Susan Higham	Rodrigo A. Giacaman	Simone Duarte	Aline de Almeida Neves	Aylin Baysan	Marilia Afonso Rabelo Buzalaf
<b>Clinical and Translational Science Network</b>	Anna Elisabet Edlund	Jin Xiao	Mutlu Özcan	Shaoping Zhang	Paul C. Dechow	
<b>Craniofacial Biology</b>	James L. Borke	Jeffrey C. Nickel	Shankar Rengasamy Venugopalan	Xiaofang Wang	L-Bruno Ruest	Sundaralingam Prem Premaraj
<b>Dental Anesthesiology and Special Care Research</b>	Charlotte Catrina Currie	Michelle Franz-Montan	Katsuhisa Sunada	Carilynne Yarascavitch	Paul Coulthard	Takao Ayuse
<b>Dental Materials</b>	Carmem Silvia Pfeifer	Marco Ferrari	Salvatore Sauro	Marcelo Giannini	Sibel Antonson	Marco Cicero Bottino
<b>Diagnostic Sciences</b>	Peggy Lee	Veeratrishul Allareddy	Satyashankara Aditya Tadinada	Mina Mahdian	Ralf Kurt Willy Schulze	Peggy Lee
<b>Education Research</b>	Kim Mary Piper		Tracy Lynn de Peralta	Leonardo Marchini	Jorge Tricio	Barry Francis Quinn, Kim Mary Piper
<b>e-Oral Health Network</b>	Sergio Uribe		Mohammed Shorab	Janneke Francisca Maria Scheerman	Harsh Priya	Fernando Neves Hugo
<b>Evidence-based Dentistry Network</b>	Mona Nasser	Tanya Walsh	Analia Veitz Keenan	Shahnava Abdul Raheman Khijmatgar	Fang Hua	Silvia Spivakovsky
<b>Geriatric Oral Research</b>	Gerald John McKenna	Linda Marie Slack-Smith	Paul Brocklehurst	Xi Chen	Mario A Brondani	Martin Schimmel
<b>Global Oral Health Inequalities Research Network</b>	Peter Mossey	Marco Aurelio de Anselmo Peres	Jennifer E. Gallagher	Manu Raj Mathur	Lisa M. Jamieson	Lone Schou
<b>Implantology</b>	Rafael Arcesio Delgado-Ruiz		Georgios Kotsakis	Katleen Vandamme	John Mitchell	Georgios Romanos
<b>INFORM</b>		Michail Koutris	Birgitta Haggman-Henrikson	Flavia P. Kapos		Justin Durham
<b>Microbiology/Immunology</b>	Jose A. C. Lemos	Hui Wu	Jennifer E. Kerr	Shannon M Wallet	Anna Dongari-Bagtzoglou	Hansel M. Fletcher
<b>Mineralized Tissue</b>	Catherine Chaussain	Yongbo Lu	Stefan Habelitz	Brian L Foster	Xianghong Luan	Amjad Javed
<b>Network for Practice-based Research</b>	Madhan Balasubramanian		Richard Wierichs	Pathik Mehta	Paul Anthony Brunton	N.J.M. Opdam
<b>Neuroscience</b>	Daniela Godoi Gonçalves	Anibal Diogenes	Nikolaos Nikitas Giannakopoulos	Yoshizo Matsuka	Somsak Mitirattanakul	Maria Pigg
<b>Nutrition Research</b>		Jennifer H. Ahn-Jarvis	Corrado Paganelli	Kirsten Lampi	Diana Cassi	
<b>Oral &amp; Maxillofacial Surgery</b>	Anh Le	Marco Dolci	Simon Young	Sung-Kiang Chuang		Anh Le
<b>Oral Health Research</b>	Ralf E. Adam	Olivia Magda Teresa Marchisio	Alyson Axe	Patricia A. Lenton	Deborah Lyle	Marianne Zsiska
<b>Oral Medicine &amp; Pathology</b>	Raj G Nair	Andrew Fribley	Saman Warnakulasuriya	Diana Messadi	Faizan Alawi	Raj G Nair
<b>Orthodontics Research</b>	Cristina Teixeira	Jung-Wei Chen	Conchita Martin	Guy Willems	Mani Alikhani	David Suárez – Quintanilla
<b>Pediatric Oral Health Research</b>	Yasmi O Crystal	Shogo Takashiba	Martha Ann Keels	Duangporn Duangthip	Dorte Haubek	Rebecca Lynn Slayton
<b>Periodontal Research</b>	David Herrera		Philippe Bouchard	Magda Feres	Evanthia Lalla, Andreas Stavropoulos	Nagihan Bostanci
<b>Pharmacology/Therapeutics/ Toxicology</b>	Edward Lynch	Asma A. Khan	Sonia Regina Bordin-Aykroyd	Ramiro Mendonca Murata	W. Peter Holbrook	Edward Lynch
<b>Prosthodontics</b>	Joke Antoinette Duyck	Lindsay Richards	Kenneth Kurtz	David Bartlett	Edmond H.N. Pow	
<b>Pulp Biology &amp; Regeneration</b>	Nikita B. Ruparel	Paul Roy Cooper	Bruno N. Cavalcanti	Nadia Chugal	Imad About	Fionnuala T Lundy
<b>Salivary Research</b>	Isabelle Lombaert	Derk Hendrik Jan Jager	Michael Passineau	Kihoon Nam	Debora Heller	Jill M Kramer
<b>Stem Cell Biology</b>	Marco Tatullo	Yang Chai	Brad A. Amendt	Ling He	Gianrico Spagnuolo	Paul Sharpe
<b>Student Training and Research (STAR) Network</b>	Anne George		Sardar Fattahi	Kathryn Mary Dunn	Hope M Amm	
<b>Women in Science Network</b>	Luciana Machion Shaddox		Grace M De Souza	Patricia Almeida Miguez	Tamanna Tiwari	Effie Ioannidou

## 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 (2000-2001)
Theodore B. Beust (1935-36)	John B. Macdonald (1968-69)	Graham Embery (2001-2002)
William G. Skillen (1936-37)	Clifton O. Dummett (1969-70)	John Clarkson (2002-2003)
Paul C. Kitchin (1937-38)	Gordon H. Rovelstad (1970-71)	Stephen Challacombe (2003-2004)
Thomas J. Hill (1938-39)	Frank J. Orland (1971-72)	Paul Robertson (2004-2005)
William J. Gies (1939-40)	Gunnar Ryge (1972-73)	Takayuki Kuroda (2005-2006)
Wilmer Souder (1940-41)	Mogens R. Skougaard (1973-74)	Stephen Bayne (2006-2007)
Isaac Schour (1941-42)	James K. Avery (1974-75)	Deborah Greenspan (2007-2008)
Charles F. Bodecker (1942-43)	David B. Scott (1975-76)	J.M. ("Bob") ten Cate (2008-2009)
Philip Jay (1943-44)	Harold M. Fullmer (1976-77)	David M. Williams (2009-2010)
H. Trendley Dean (1944-45)	George S. Beagrie (1977-78)	Maria Fidela de Lima Navarro (2010-2011)
Wallace D. Armstrong (1945-46)	Finn Brudevold (1978-79)	E. Dianne Rekow (2011-2012)
Samuel W. Chase (1946-47)	Harald Løe (1979-81)	Mary MacDougall (2012-2013)
Harold C. Hodge (1947-48)	John A. Gray (1980)	Helen Whelton (2013-2014)
Allan G. Brodie (1948-49)	Marie U. Nysten (1981-82)	Yoshimitsu Abiko (2014-2015)
J. Roy Blayney (1949-50)	Antony H. Melcher (1982-83)	Marc Heft (2015-2016)
Basil G. Bibby (1950-51)	Robert M. Frank (1983-84)	Jukka Meurman (2016-2017)
Leonard S. Fosdick (1951-52)	A. Richard Ten Cate (1984-85)	Angus William G. Walls (2017-2018)
Maynard K. Hine (1952-53)	Paul Goldhaber (1985-86)	Rena D'Souza (2018-2019)
Francis A. Arnold (1953-54)	Ivar A. Mjör (1986-87)	Paula Moynihan (2019-2020)
George C. Paffenbarger (1954-55)	Roy C. Page (1987-88)	
Paul E. Boyle (1955-56)	William D. McHugh (1988-89)	

## Past Treasurers of the IADR

1927-1933	William Rice, Tufts College (Boston, Mass., USA)	<i>(The position of Treasurer was established as a Council appointment.)</i>
1933-1941	Bissell B. Palmer, Fifth Avenue Hospital (New York, N.Y., USA)	
1941-1957	Edward H. Hatton, Northwestern University (Chicago, Ill., USA)	
	<i>(The position was re-named "Secretary/Treasurer".)</i>	
1957-1961	Dan Y. Burrill, Northwestern University (Chicago, Ill., USA)	
1961-1964	Joseph C. Muhler, Indiana University (Indianapolis, Ind., USA)	
1964-1967	Gordon H. Rovelstad, National Naval Medical Center (Bethesda, Md., USA)	
1967-1977	Arthur R. Frechette, IADR Central Office (Chicago, Ill., USA)	
	<i>(The elected position was eliminated, and the position of Secretary/Treasurer was made a Council appointment.)</i>	
1977-1979	Daniel B. Green, IADR Central Office (Chicago, Ill., USA/Washington, D.C., USA)	
	<i>(The position was re-named "Executive Director".)</i>	
1979-1982	John W. Hein, Forsyth Dental Center (Boston, Mass., USA)	
1982-1988	William H. Bowen, University of Rochester (Rochester, N.Y., USA)	
1988-1994	Ian R. Hamilton, University of Manitoba (Winnipeg, MB, Canada)	
1994-1997	Ole Fejerskov, Aarhus University (Aarhus, Denmark)	
1997-2001	John W. Stamm, University of North Carolina (Chapel Hill, N.C., USA)	
2001-2004	Edwin Yen, University of British Columbia (Vancouver, BC, Canada)	
2004-2009	Angus W.G. Walls, University of Newcastle (Newcastle, UK)	
2009-2012	Brian O Connell, Dublin Dental School and Hospital (Dublin, Ireland)	
2012-2015	Edward C.M. Lo, University of Hong Kong (Pok Fu Lam, Hong Kong)	
2015-2018	Ana Wintergerst, Universidad Nacional Autonoma de Mexico (Mexico City, Mexico)	
2018-2021	Nisha D'Silva, University of Michigan (Ann Arbor, Mich., 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. Waugh). The first elected Vice President is recorded for the 1927-28 Association year, but there is no record of additional nominees until 1965-66. Officers were nominated by Council and elected by the membership at the annual General Session. Vice-presidents apparently did not always automatically advance to the office of President-elect.

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

1927	Russell W. Bunting	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. Hatton	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 Samaranyake
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. Nylén, Harald A. Löe*	2010	Mary MacDougall*, Jukka Meurman, Lakshman Samaranyake
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 Nylén*, 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 Thuyakitpisal, 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		
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. Sognnaes	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

## 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)	2001-2002	Susan Reisine (American), Gunnar Bergenholtz (Scandinavian), Hector Lanfranchi (Argentine)
1960-61	Genevieve Roth (North American), Lucien A. Bavetta (North American)	2002-2003	Susan Reisine (American), Gunnar Bergenholtz (Scandinavian), Hector Lanfranchi (Argentine)
1961-62	Clifton O. Dummett (North American), Ralph L. Ireland (North American)	2003-2004	Susan Reisine (American), Hector Lanfranchi (Argentine), Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific)
1962-63	Josse de Wever, Clifton O. Dummett (North American)	2004-2005	Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific), José Luis Lage-Marques (South America), Richard Ellen (North America)
1963-64	C.R. Castaldi, C.D. Mohammed	2005-2006	Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific), José Luis Lage-Marques (South America), Richard Ellen (North America)
1964-65	Clifton O. Dummett (North American), John B. Macdonald (North American)	2006-2007	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)
1965-66	Otto Backer-Dirks (CED), Louis Baume (CED)	2007-2008	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)
1966-67	Wayne Wantland, Doran Zinner (North American)	2008-2009	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)
1967-68	S. Wah Leung, Clifton O. Dummett (North American)	2009-2010	Paul Brandt (Africa/Middle East), Jukka Meurman (European), Ana Maria Acevedo (Latin America), Brian Clarkson (North America), Wendell Evans (Asia Pacific)
1968-69	Wayne Wantland, Doran Zinner (North American)	2010-2011	Harold Sgan-Cohen (Pan European), Ana Maria Acevedo (Latin America), Brian Clarkson (North America), Paul Brandt (Africa/Middle East) and Wendell Evans (Asia/Pacific)
1969-70	Wayne Wantland, Doran Zinner (North American)	2011-2012	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)
1970-71	Wayne Wantland, Doran Zinner (North American)	2012-2013	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)
1971-72	K.J. Paynter, T.E. Bolden (North American)	2013-2014	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)
1972-73	K.J. Paynter, T.E. Bolden (AADR)	2014-2015	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)
1973-74	Israel T. Kleinberg (AADR), Doran D. Zinner (AADR)	2015-2016	Eyitope O. Ogunbodede (Africa/Middle East), Bian Zhuan (Asia/Pacific), Erik Dreyer (Latin America), Timothy Watson (Pan European) and Peter J. Polverini (North America)
1974-75	Hans R. Mühlemann (CED), S.B. Finn	2016-2017	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)
1975-76	Ivor R.H. Kramer (British), Howard M. Myers (AADR)	2017-2018	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)
1976-77	Howard M. Myers (AADR), Mogens R. Skougaard (ScADR)	2018-2019	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)
1977-78	Lois K. Cohen (AADR), Ole Fejerskov (ScADR)	2019-2020	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)
1978-79	William Bowen (AADR), Peter C. Reade (ANZ)	2020-2021	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)
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 (AADR), Hector Orams (ANZ)		
1984-85	Robert Genco (AADR), 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 (AADR), 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)		
2000-2001	Takayuki Kuroda (Japanese), Teo Choo Soo (Southeast Asian), Susan Reisine (American)		

### SUGAR-SWEETENED BEVERAGES

#### Policy statement

The International Association for Dental Research (IADR) and the American Association for Dental Research (AADR) 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 10<sup>th</sup> among most common global conditions, while tooth loss ranked 36<sup>th</sup>. 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 AADR have established healthy meetings policies that exclude the use of IADR and AADR funds to purchase SSBs. Both IADR and AADR 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 AADR 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 AADR 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 Research (AADR) 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 10<sup>th</sup> among most common global conditions, while tooth loss ranked 36<sup>th</sup>. 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.<sup>1, 2</sup> Due to their high health and economic burdens, steps must be taken to prevent all dental diseases, including dental caries. Both IADR and AADR have established healthy meetings policies that exclude the use of IADR and AADR funds to purchase SSBs.<sup>3, 4</sup> Both IADR and AADR 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.<sup>5</sup>

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.<sup>6, 7</sup> 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.<sup>8</sup> From 2009-2014, SSB sales increased in low and middle income regions such as North Africa and the Middle East while they declined elsewhere.<sup>9</sup> 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.<sup>10, 11</sup>

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.<sup>12</sup> 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.<sup>13</sup> *Streptococcus mutans*, abbreviated *S. mutans*, is one of the most studied and well-understood caries-related bacteria.<sup>14</sup> 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.<sup>15</sup> 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.<sup>16</sup>

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.<sup>6, 17</sup> 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.<sup>18, 19</sup> 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,”<sup>20</sup> 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.<sup>21, 22</sup>

Both IADR and AADR support the use of fluoride for the prevention of dental caries,<sup>23-27</sup> 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.<sup>17</sup> 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.<sup>28, 29</sup> 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.<sup>30-33</sup> 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.<sup>6, 32, 34-36</sup>

IADR and AADR 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.<sup>20, 37-41</sup> Subsequently, SSBs should continue to be avoided at all ages as they provide little nutritive or health benefit. At the most, daily intake of calories from free sugars should not exceed 10% of total calories, and reduction to less than 5% likely has added benefits. Secondly, governments should implement evidence-based policies that reduce consumption of SSBs such as pricing policies, public health campaigns, improving promotion and access to healthy beverage alternatives, restriction of SSB purchases in government food programs<sup>42</sup> 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 AADR also support addressing research gaps to establish the link between pricing policies to reduce SSB consumption and oral health outcomes in developing countries; investigate the effectiveness of proposed interventions such as policies affecting marketing and advertising, food production, portion size regulations, etc. for which there is currently limited

evidence<sup>42</sup> and to strengthen understanding of the role of SSB consumption in the development of other NCDs.<sup>31</sup>

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 AADR 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.<sup>1</sup> Dental amalgam is less expensive<sup>2</sup> 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.<sup>3</sup> 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.<sup>2, 4-6</sup>

#### *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.<sup>7</sup> 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.<sup>8</sup> 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.<sup>9</sup>

#### *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.<sup>9</sup> 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.<sup>10</sup> The U.S. Environmental Protection Agency (EPA) derived a similar risk estimate of 6 micrograms per day.<sup>11; 2</sup>

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.<sup>8, 10</sup> Urine levels of mercury increase by approximately 1-2 units in adults for

every 10 amalgam fillings placed.<sup>12</sup> Furthermore, the amount of mercury released from amalgam fillings decreases over time.<sup>13-15</sup>

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

#### *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;<sup>13</sup> 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.<sup>8, 9</sup>

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.<sup>15, 17</sup> 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.<sup>5, 6, 15</sup> 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.<sup>17</sup> 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;<sup>18, 19</sup> no statistically significant association between maternal amalgam restorations and stillbirth after accounting for maternal parameters such as age and smoking, among others;<sup>20</sup> higher maternal

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

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”).<sup>9</sup>

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

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 21<sup>ST</sup> CENTURY

### A Call for Action

The 8<sup>th</sup> 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 the IADR/AADR/CADR General Session & Exhibition as well as the consequences for unacceptable behavior.

We expect all participants of the IADR/AADR/CADR General Session & Exhibition to create safe and positive experiences for everyone. "Participant" in this policy refers to anyone present at the IADR/AADR/CADR General Session & Exhibition, including staff, contractors, vendors, exhibitors, venue staff, members and all attendees.

## 2. Expected Behavior

We expect all participants at the IADR/AADR/CADR General Session & Exhibition (attendees, members, vendors, exhibitors, contractors, staff and venue staff) to abide by this IADR Professional Conduct at Meetings Policy in all venues at the IADR/AADR/CADR General Session & Exhibition, 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/AADR/CADR General Session & Exhibition, at all related events and in one-on-one communications carried out in the context of the IADR/AADR/CADR General Session & Exhibition. The IADR/AADR/CADR 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/AADR/CADR General Session & Exhibition. 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 participant at the IADR/AADR/CADR General Session & Exhibition, 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/AADR/CADR 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 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/AADR/CADR General Session & Exhibition.

## 6. Addressing Grievances

If you feel you have been falsely or unfairly accused of violating this IADR Professional Conduct at Meetings 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.

## HEALTHY MEETINGS POLICY

### 1. Purpose

As the leading professional association dedicated to dental, oral and craniofacial research, the International Association for Dental Research (IADR) 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 IADR 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 IADR meetings.

### 2. IADR Healthy Meeting Policy Overview

IADR will implement the following policies at IADR-funded meetings and events to encourage healthy behavior at our meetings. In doing so, IADR 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 IADR meetings is intended to encompass nutrition, tobacco-free space, physical activity and sustainability. IADR staff will negotiate available options with each destination and venue, as needed. Furthermore, IADR will periodically evaluate its healthy meeting policies and adjust them as needed to reflect acceptability of policies or to enhance the healthfulness of choices.

\*IADR 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 IADR meetings and events.

#### a. Sugar-Sweetened Beverage Policy

Research has shown that the consumption of sugars has a direct impact on a person's oral and overall health. Sugar intake—particularly in the form of sugar-sweetened beverages—has a correlation to a range of health issues, including dental caries, energy levels, obesity, and Type 2 diabetes, among others.

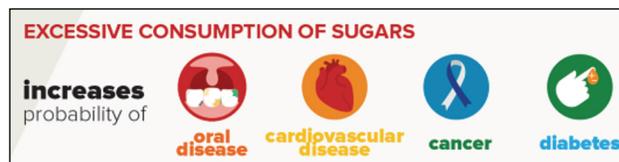


Image Source: FDI World Dental Federation

#### Implementation:

- Sugar-sweetened beverages will not be purchased by IADR for meetings, including IADR-funded events, such as receptions and luncheons.
- Fluoridated water will be served at all water stations throughout IADR meetings, where available.
- IADR will ensure that low-fat and non-fat milk are served with coffee and tea in addition to half and half.
- IADR will encourage other groups holding ancillary meetings during the IADR Annual Meeting to adopt a similar policy.

#### b. Water Refilling Stations

IADR will provide water refilling stations whenever possible and will encourage attendees to carry personal water bottles. When available, IADR will provide fluoridated water.

#### c. 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, IADR 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.

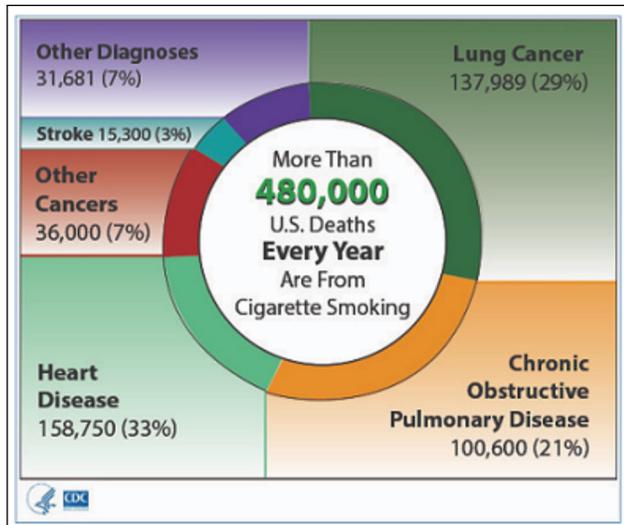
#### Implementation:

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

#### d. Smoking Policy

Smoking and inhaling secondhand smoke are hazardous to individuals' health. In addition to the role that smoking and secondhand smoke inhalation play in causing cardiovascular disease and lung cancer, cigarettes and chewing tobacco are also harmful to oral health, resulting in negative possible impacts, such as gum disease and oral cancer. Similarly, vaping, the act of inhaling and exhaling the

aerosol produced by e-cigarettes or similar devices, is still being evaluated for health risks, though a growing body of evidence indicates that the chemicals may be dangerous.



Implementation:

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

e. 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:

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

f. Sustainability Policy

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

IADR 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 IADR Annual Meeting program book in hard copy.

Implementation:

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

*Healthy Meeting Toolkit*, National Alliance for Nutrition and Activity.

Available here: <https://cspinet.org/sites/default/files/attachment/Final%20Healthy%20Meeting%20Toolkit.pdf>

# Appendix I4 — Code of Ethics

(adopted May 2009)

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 and their institutions. 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

All members of the IADR shall:

- (1) act with honor and in accordance with the highest standards of professional integrity;
- (2) conduct work with objectivity;
- (3) communicate in an honest and responsible manner;
- (4) show consideration and respect for all components of and individuals associated with the research process;
- (5) cultivate an environment whereby differences in perspective, experience and culture are recognized and valued;
- (6) maintain appropriate standards of accuracy, reliability, credit, candor and confidentiality in all research and scholarship activities;
- (7) use all resources prudently, taking into account appropriate laws and regulations.

## BEST PRACTICE IN RESEARCH AND SCHOLARSHIP

The prevention of misconduct in research is best achieved through the education of all individuals involved in research. It is a recommendation that all researchers should participate in appropriate educational activities, which is mandatory in some institutions. Of critical importance is maintaining up to date knowledge of best practices and the mentoring of colleagues and students.

## HUMAN RESEARCH

The Declaration of Helsinki is a statement of ethical principles for research involving human participants, including research on identifiable human material and data, which is subject to ethical standards that promote respect for all human participants and protect their health and rights (<http://www.wma.net/e/policy/b3.htm>).

Research must adhere to the fundamental principles that respect the needs for autonomy, beneficence and justice as well as veracity, fidelity, anonymity and nonmaleficence.

Human participant research comprises, but is not limited to, investigative clinical research, clinical trials, studies using tissue samples and records. Biogenetics, using stem cells and utilizing tissue banks requires complete transparency in all aspects of consenting and confidentiality. It is imperative that investigators remain up to date as these areas are more likely to be subject to legislative change.

## ANIMAL RESEARCH

By definition, animal research committees provide and approve the informed consent by proxy. An investigator using animals in research should strive to advance understanding of basic principles and/or to contribute to the improvement of human or animal health and welfare. Laws and regulations notwithstanding, an animal's overall protection depends upon the scientist's appropriate stewardship.

Every effort must be made: (a) to replace the use of live animals by non-animal alternatives; (b) to reduce the number of animals used in research to the minimum required for meaningful results; and (c) to refine the procedures so that the degree of suffering is kept to a minimum (<http://royalsociety.org/landing.asp?id=1222>).

## INTERNATIONAL COLLABORATIVE RESEARCH

It is incumbent on all participating investigators and their colleagues to conduct any research to the highest standards of ethical practice, with due consideration of any local legislation and regulations. Ethical committee approval must be obtained for all sites and written informed consent provided by study participants in the language of each participating site.

Where the population may be vulnerable to exploitation it is important to respect their human rights and ensure that the research has relevance and potential benefit to their well-being (Shapiro and Meslin, 2001).

## CONFLICTS OF INTEREST

Each individual is expected to behave in an ethical way to avoid conflict in terms of decision making, publication of data and post-study investigator responsibility. The appearance of a conflict of interest, such as the potential for financial and personal gain, can often be as damaging as an actual act of conflict of interest. Full disclosure of any potential conflict of interest must be made to the investigator's institution or to the Associations as applicable (<http://www.charity-commission.gov.uk/supportingcharities/conflicts.asp#2>).

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 at the outset of the project by the investigators, their institutions and/or any other external body, such as a sponsoring company.

## DISSEMINATION OF INFORMATION

Most scientific journals ask authors to make declarations at submission about the integrity of their research. Many journals have experienced plagiarism (Smith, 2008), so that editors of journals need to develop policies to minimize the publication of articles containing evidence of scientific misconduct.

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:

- not inappropriately fragment data into several different publications;

- credit sources of funding;
- adhere to predetermined guidelines regarding qualification and order of authorship;
- read the final manuscript and agree to its submission for review and publication.
- Emphasis should be on quality rather than quantity of research as a criterion for recognition of scholarship.
- Appropriate written permission must be obtained to publish any type of image, which should not identify the participant.

## REPORTING MISCONDUCT AND SANCTIONS

The IADR reserves the right to sanction members for scientific misconduct. In the event of any observed or perceived episodes of research misconduct, it is a professional obligation to inform the appropriate authority. IADR membership may be suspended or terminated “for proven scientific misconduct” (IADR Constitution, Article VI, Section 3(B), 1992). Any reporting on violations of the Code of Ethics will be kept confidential by the administrators and staff of the IADR, and by the Editors of IADR’s publications, except as otherwise provided in this document. Sanctions will not be implemented without prior approval of the IADR Board of Directors.

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

## Definitions

- (a) Conflict of interest is any situation in which personal interest, or interests which an individual owes to another body, and those of the organization arise simultaneously or appear to clash.
- (b) Error: The inadvertent or unrecognized omission of a result or experimental detail, or the misinterpretation of data. (A clear distinction must be made between error and fraud. The former can be tolerated, but once recognized must be corrected. The latter cannot be condoned under any circumstances.)

- (c) Fraud indicates deliberate fabrication, falsification, or omission of data. It constitutes deception and therefore undermines the scientific enterprise from every aspect.
- (d) Plagiarism is the representation of another’s work in any form as one’s own without appropriate acknowledgment.
- (e) Misconduct is the fabrication, falsification, plagiarism, or other serious deviation from accepted practices in proposing, carrying out, or reporting results from research. It is the failure to comply with international, national, local and institutional requirements for the protection of researchers, human participants, the public and also to ensure the welfare of laboratory animals. It is also the failure to meet other legal requirements governing research.

Examples of misconduct:

1. submission of the same article simultaneously to more than one journal without informing the editors concerned;
  2. a lack of consent by co-authors (co-authorship of an article indicates that all individuals who have genuinely participated in research, in either a conceptual or practical sense, have full knowledge of, and are in total agreement with, the content of the article);
  3. a lack of acknowledgments of financial support; and
  4. premature release of scientific data prior to presentation or publication in a peer-reviewed forum.
- (f). “Whistle-Blowing” is the disclosure by an individual of confidential information, which relates to some fraud, danger or other illegal or unethical conduct connected with research. A “whistleblower” is a person who alleges misconduct. Whistleblowing may be seen as a means to deter wrongdoing, promote transparency and good governance, underpin regulation and maintain professional and public confidence.

## References

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- Illinois Institute of Technology. Center for the Study of Ethics in the Professions. Codes of Ethics online. (See <http://ethics.iit.edu/codes>).
- A Guide To Conflicts of Interest For Charity Trustees (Version 03/04). (See [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/636091/CC29.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/636091/CC29.pdf)).

## Appendix 15 — IADR Corporate Support

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- 3M for being a Gold Level General Session Donor
- Bisco, Inc. for being a Silver Level General Session Donor
- Church & Dwight in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Diamond 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 AADR Student Research Fellowships and as a IADR *Journal of Dental Research* Centennial Advances Supporter
- Dentsply Sirona for being a gold level general session donor sponsor and in support of IADR Distinguished Scientist Awards, SCADA and AADR Student Research Fellowships
- GC Corporation in support of the IADR GC Centennial Travel Grants
- GlaxoSmithKline in support of IADR Innovation in Oral Care Awards, IADR Distinguished Scientist Awards, AADR Distinguished Scientist Award and AADR Student Research Fellowships
- J. Morita in support of the IADR/AADR 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 Award
- Kuraray America for being a Silver Level General Session Donor
- LION Corporation in support of the IADR Lion Dental Research Award
- P&G Professional Oral Health, Crest + Oral-B) for being a diamond level general session donor and in support of the AADR Procter & Gamble Underrepresented Faculty Research Fellowship, AADR Student Research Fellowships, AADR William Clark Fellowship, and IADR Young Investigator Award and an IADR *Journal of Dental Research* Centennial Advances Supporter
- Scanco Medical for being a Silver Level General Session Donor
- SHOFU Inc. for being a Gold Level General Session Donor
- Sunstar for being a Gold Level General Session Donor
- Unilever Oral Care in support of the IADR Unilever Hatton Competition and Awards
- Zimmer Biomet Dental in support of the Implantology Research Group Meeting

## Appendix 16 — IADR Institutional Support

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- Academy of Osseointegration in support of the IADR Academy of Osseointegration Innovation in Implant Sciences Award
- The ADA Science & Research Institute for being a Diamond Level General Session Donor
- American Academy of Periodontology in support of the AADR Student Research Fellowships
- The American Dental Association for being a Gold Level General Session Donor
- The Borrow Foundation in support of the IADR E.W. Borrow Memorial Award
- DentaQuest Partnership for Oral Health Advancement in support of an IADR Distinguished Scientist Award
- The Henty 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 AADR Student Research Fellowships
- The National Institute of Dental and Craniofacial Research in support of the AADR 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
- The University of Alabama at Birmingham for being a Gold Level General Session Donor

## Appendix 17 — In Memoriam (IADR Members who passed January 2020 – November 2020)

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Rafael Lee Bowen  
Sebastian Ciancio  
Eduardo Couve  
Robert Frank  
Jay Gershen

Henry Gremillion  
Marc Heft  
Marjorie Jeffcoat  
Mortimer Lorber  
Denis Lynch

William Maixner  
Sonia Makhija  
Antony Melcher  
Seamus O’Hickey  
Richard J. Oliver

Roy Page  
Leo M. Sreebny  
Yoshiaki Tani  
Anthony Volpe  
Stephen Wei

## CONSTITUTION

*Adopted March 24, 1957; Revised through June 22, 2019*

### 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 1. ELIGIBILITY

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

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

### Section 3. SUSPENSION OR TERMINATION.

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

## ARTICLE VII. OFFICIALS

**Section 1. OFFICERS.** The Officers of the Association shall be a President, President-elect, Vice-president, Immediate Past President, Treasurer, Chief Executive Officer, and Editor-in-Chief of the *Journal of Dental Research*. The Chief Executive Officer will also serve as Secretary of the Association. The Vice-president shall be elected from among the active members by ballot of the membership. The incumbent President-elect and Vice-president shall be advanced automatically to the next higher office at the end of their then-current terms of office. The Chief Executive Officer, the Treasurer, and the Editors-in-Chief shall be appointed by the Council.

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

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

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

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

## ARTICLE VIII. NOMINATIONS AND ELECTIONS

**Section 1. NOMINATIONS BY THE COUNCIL.** One or more nominations for Vice-president shall be made by the Council, and announcement of the nomination(s) shall be mailed to each member of the Association not fewer than four months before the date of the next annual General Session, and in a form to indicate that other nominations may be made by petition.

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

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

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

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

## ARTICLE IX. COUNCIL

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

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

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

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

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

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

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

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

## ARTICLE X. FINANCES

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

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

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

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

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

## ARTICLE XI. MEETINGS

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

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

### Section 3. SPECIAL.

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

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

## ARTICLE XII. QUORUM

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

## ARTICLE XIII. JOURNAL

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

## ARTICLE XIV. AMENDMENTS TO THE CONSTITUTION

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

**Section 2. VOTING PROCEDURE.** The Chief Executive Officer shall mail to each member of the Association not less than two months before the next annual General Session of the Association: (a) a copy of the amendment, (b) the stated reasons

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

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

## ARTICLE XV. BY-LAWS

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

### BY-LAWS

*Adopted March 24, 1957; Revised through March 17, 2020*

#### 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 Editor(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) 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

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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

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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

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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 49<sup>th</sup> Annual Meeting of the AADR

The 49<sup>th</sup> Meeting of the AADR, in conjunction with the 98<sup>th</sup> General Session & Exhibition of the IADR and the 44<sup>th</sup> Meeting of the CADR, was unfortunately canceled due to the COVID-19 pandemic. It was a disappointment to not be able to meet in person or celebrate the IADR Centennial. Many generous members and sponsors donated their registration fees and sponsorships to assist in defraying the costs for the canceled General Session.

The highlight of announcing awards and competitions at the Opening Ceremonies was missed, however the award competitions were carried out virtually and winners were announced via a video provided to the membership. IADR members are able to view over 20 hours of content through IADR CE On Demand, including symposia, IADR Centennial plenaries and Distinguished Lecture Series speakers. Over 750 oral, ePoster and poster sessions are also available in the IADR Abstracts Archive.

The Distinguished Lecture Series speakers were:

## Otis W. Brawley

Johns Hopkins University  
Bloomberg Distinguished Professor of Oncology and Epidemiology  
Bethesda, Md.

*“Cancer Control in the 21<sup>st</sup> Century”*

## Janine Austin Clayton

National Institutes of Health  
Professor, Microbiology-Infectiology and Immunology  
Director, Office of Research on Women’s Health  
Bethesda, Md.

*“Sex and Gender Influences Across the Biomedical and Dental Research Continuum: A Value Added Proposition”*

Mark Herzberg was installed as IADR’s 49<sup>th</sup> President in March 2020. titled “Through the Looking Glass: The AADR and the Wow of Science,” was published in the November 2020 issue of the *Journal of Dental Research*.

AAADR thanks the following for their support of AADR programs and activities:

- 3M for being a Gold Level General Session Donor
- Academy of Osseointegration in support of the IADR Academy of Osseointegration Innovation in Implant Sciences Award
- The ADA Science & Research Institute for being a Diamond Level General Session Donor
- American Academy of Periodontology in support of the AADR Student Research Fellowships
- The American Dental Association for being a Gold Level General Session Donor
- The Borrow Foundation in support of the IADR E.W. Borrow Memorial Award
- Bisco, Inc. for being a Silver Level General Session Donor

- Church & Dwight in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Diamond 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 AADR Student Research Fellowships and as a IADR *Journal of Dental Research* Centennial Advances Supporter
- DentaQuest Partnership for Oral Health Advancement in support of an IADR Distinguished Scientist Award
- Dentsply Sirona for being a Gold Level General Session Donor sponsor and in support of IADR Distinguished Scientist Awards, SCADA and AADR Student Research Fellowships
- GC Corporation in support of the IADR GC Centennial Travel Grants
- GlaxoSmithKline in support of IADR Innovation in Oral Care Awards, IADR Distinguished Scientist Awards, AADR Distinguished Scientist Award and AADR 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 AADR Student Research Fellowships
- J. Morita in support of the IADR/AADR 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 Award
- Kuraray America for being a Silver Level General Session Donor
- LION Corporation in support of the IADR Lion Dental Research Award
- The National Institute of Dental and Craniofacial Research in support of the AADR 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 Diamond Level General Session Donor and in support of the AADR Procter & Gamble Underrepresented Faculty Research Fellowship, AADR Student Research Fellowships, AADR 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
- Scanco Medical for being a Silver Level General Session Donor
- SHOFU Inc. for being a Gold Level General Session Donor
- Sunstar for being a Gold Level General Session Donor
- Unilever Oral Care in support of the IADR Unilever Hatton Competition and Awards
- The University of Alabama at Birmingham for being a Gold Level General Session Donor
- Zimmer Biomet Dental in support of the Implantology Research Group Meeting

# Proceedings of the AADR Council Meeting

Wednesday, March 18, 2020, 10 a.m. – 12 p.m. • Virtual Council Meeting

**AADR BOARD OF DIRECTORS:** President, Tim Wright; President-elect, Mark Herzberg; Vice President, Jacques Nör; Immediate Past President, Maria Ryan; Treasurer, Olga Baker; Members-at-Large: Brenda Heaton, Effie Ioannidou and Carmem Pfeifer; Patient Advocate Representative, Mary Fete; Board Member, Don White; Student Representatives: Natalie Atyeo and Tanner Godfrey; JDR Editor-in-Chief, William Giannobile; JDR CTR Editor-in-Chief, Jocelyne Feine; Chief Executive Officer, Christopher Fox.

**AADR SECTIONS:** Alabama, *No representative present*; Arizona, John Mitchell; Baltimore, Vivek Thumbigere-Math; Boston, Yu Yau-Hua; Buffalo, Lisa Yerke; Chicago, Linda Kaste; Cincinnati, Malgorzata Klukowska; Colorado, Jeffrey W. Stansbury; Columbus, *No representative present*; Connecticut, Rajesh Lalla; Dallas, Paul Dechow; Florida, Margaret Rebeiro-Dasilva; Georgia, *No representative present*; Houston, Mary Farach-Carson; Indiana, Anderson Hara; Iowa, *No representative present*; Kansas City, Mary P. Walker; Kentucky, Luciana Shaddox; Lincoln-Omaha, *No representative present*; Long Island, Ying Gu; Louisville, Lawrence Gettleman; Memphis, *No representative present*; Michigan, *No representative present*; Minnesota, Sheila Riggs; Nashville, Jacinta Leavell; New Jersey, *No representative present*; New Orleans, *No representative present*; New York, Sarah Alansari; North Carolina, *No representative present*; Oklahoma, Fernando Luis Esteban Florez; Philadelphia, Shuying Yang; Pittsburgh, *No representative present*; Portland, Carmem Pfeifer; Puerto Rico, Sona Rivas-Tumanyan; Richmond, Oonagh Loughran; Rochester, *No representative present*; San Antonio, Brij Singh; San Francisco, *No representative present*; Seattle, Lisa Heaton; Southern California, Sotirios Tetradis; Utah, *No representative present*; Washington, DC, *No representative present*; 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, Anderson Hara; Clinical and Translational Science Network, Jin Xiao; Craniofacial Biology, L-Bruno Ruest; Dental Anesthesiology Research, *No representative present*; Dental Materials, Carmem Pfeifer; Diagnostic Sciences, Peggy Lee; Education Research, *No representative present*; e- Oral Health Network, *No representative present*; Evidence-based Dentistry Network, Paul Dechow; Geriatric Oral Research, Athena S. Papas; Global Oral Health Inequalities Network, *No representative present*; Implantology, John C. Mitchell; International Network for Orofacial Pain and Related Disorders Methodology (INFORM), *No representative present*; Microbiology/ Immunology, *No representative present*; Mineralized Tissue, Xianghong Luan; National Student Research Group, Tanner Godfrey; Network for Practice-based Research, *No representative present*; Neuroscience, Anibal Diogenes; Nutrition Research, *No representative present*; Oral & Maxillofacial Surgery, *No representative present*; Oral Health Research, Marianne Zsiska; Oral Medicine & Pathology, Diana Messadi; Orthodontics Research, *No representative present*; Pediatric Oral Health Research, Yasmi Crystal; Periodontal Research, Alpdogan Kantarci; Pharmacology/ Therapeutics/Toxicology, Jennifer Gibbs; Prosthodontics, Stephen Rosenstiel; Pulp Biology and

Regeneration, Jacques Nör; Salivary Research, Jill Kramer; STAR Network, Hope Amm; Stem Cell Biology, *No representative present*; Women in Science Network, Luciana Shaddox.

**NON-VOTING OBSERVERS AND GUESTS:** Incoming AADR Vice President, Jane Weintraub; Incoming AADR Board Member Joe Oxman; Incoming AADR Student Representative Alexandra Oklejas.

**GLOBAL HEADQUARTERS (GHQ) STAFF:** Chief Operating Officer, Denise Streszoff; Chief Financial Officer, Darin Walsh; Director of Meetings, Leslie Zeck; Director, Science Policy and Government Affairs, Seun Ajiboye; Assistant Director of Government Affairs, Lindsey Horan; Director, Membership and Publications, Kourtney Skinner; Exhibits, Sponsorship and Meetings Manager, Christopher Flow.

## Administrative

Dr. Wright called the meeting to order at 10 a.m. and welcomed Council participants, thanking them for participating in this new meeting format in order to allow for the business of the Association to progress during the COVID-19 pandemic. He extended to both Councilors and members a wish to stay healthy and safe during this unprecedented event.

### I. Administrative Remarks

#### I.1. Council Attendees

It was ascertained that a quorum was present.

#### I.2. Approval of Agenda

**Motion 1:** That the March 18, 2020 AADR Council meeting agenda be approved.

Moved: Dr. Mitchell

Seconded: Dr. Ruest

The motion passed unanimously.

#### I.3. Approval of Council Meeting Minutes (June 19, 2019)

**Motion 2:** That the June 19, 2019 AADR Council minutes be approved with one change. It will be noted that the Long Island representative, Ying Gu, was present.

Moved: Dr. Amm

Seconded: Dr. Ioannidou

The motion passed unanimously.

Dr. Gu requested that the minutes be changed to show that he was present at the meeting in Vancouver as the representative of the Long Island Section.

### 2. Board Operations Committee(BOC)

#### 2.1 Nominations for AADR Vice President

**Motion 3:** That Yang Chai, Anh Le and Alex Vieira be the slate of candidates for the election of AADR Vice-president 2021-2022.

Moved: Dr. Klukowska

Seconded: Dr. Dechow

The motion passed with one abstained.

Dr. Fox clarified, in response to several questions from Councilors, that this was not a vote on individual candidates, rather it is to approve the slate of candidates for the election by membership in the fall.

## 2.2 AADR Member-at-Large (2019–2022)

Dr. Wright noted that Council will elect one of the three Councilors recommended by the Board for Member-at-Large: Fernando Esteban Florez, Luciana Shaddox and Vivek Thumbigere-Math, and that the vote would be taken through the polling function. Dr. Wright asked if there were any additional nominations from the floor, but no other nominations were made. He invited comments on the three candidates. Several Councilors made comments on behalf of the candidates, after which the vote was held. Staff revealed that Luciana Shaddox had the plurality of the votes.

**Motion 4:** That Council approve the selection of Luciana Shaddox as AADR Member-at-Large for 2020–2023.

Moved: Dr. Ruest

Seconded: Dr. Ebersole

The motion passed unanimously.

## 2.3 AADR Representative to the IADR/AADR Publications Committee

**Motion 5:** That Andrew Fribley, Carmem Pfeifer and Yu Zhang be the slate of candidates for election of AADR Representative to the IADR/AADR Publications Committee 2021–2024.

Moved: Dr. Nör

Seconded: Dr. Mitchell

The motion passed with one abstained.

One Councilor noted that it would be helpful if candidates would highlight their publications. Dr. Wright noted that this could be included on the ballot in the fall. Dr. Fox pointed out that the candidates have provided abbreviated CVs but agreed it would be helpful to have publications listed.

**ACTION I: The fall ballot for the candidates for AADR Representative to the Publications Committee will include a list of candidate publications.**

## 2.4 Approval of Committee Appointments

**Motion 6:** That the 2020–2021 AADR Committee Appointments be approved as presented (see Attachment III).

Moved: Dr. Crystal

Seconded: Dr. Papas

The motion passed unanimously.

Dr. Wright noted that the Board considered expertise and diversity in making these appointments.

## 2.5 AADR Constitutional Change: Expanded Association Name

Dr. Wright noted that during the Vancouver Council meeting Councilors raised questions about the science first approach and the need for a name change, and the Board hopes to now answer those questions. As a part of this process, the Board reached out to many Councilors and plans to continue this outreach in an

ongoing effort to improve the science at meetings and reverse the membership decline.

Dr. Wright explained that following the Vancouver Council meeting, the Board sought additional membership feedback and continued to develop a plan for being fully engaged with the best science. The strategy for promoting science includes improving Board engagement with Council, targeting scientists who publish in the *JDR* and *JDR CTR* but who are not yet members, modifying the style and content of meetings to attract the best scientists, supporting additional meetings such as the Fall Focused Symposium and expanding the Association's name to broaden its scope and be more inclusive, in keeping with the mission and vision statements adopted in 2019.

The sense of the membership included on the fall ballot, showed that most respondents agreed or strongly agreed with including "oral" and "craniofacial" in the Association name to attract members. Dr. Fox added that the sense of the membership had a very strong response rate of 40%. Dr. Wright reviewed the rollout plan for this science first approach and emphasized that the time for change is now. He reminded Council that the action before them is not to change the name, rather to approve putting a constitutional change to expand the Association name on the 2020 fall membership ballot. Dr. Wright then asked for discussion.

In the discussion that followed, several Councilors expressed skepticism that the name change would increase membership. Dr. Wright reiterated that the proposed name change is one small part of the overall objective to provide value to those in the oral and craniofacial research world. By way of example, Dr. Ryan pointed out that she recently met with osteopaths at the Arizona Section meeting who felt they did not fit in to the AADR because they are not strictly involved in the dental field.

Dr. Pfeifer suggested that Scientific Groups and Networks be a part of the process and Dr. Ebersole concurred, noting that the Groups are increasingly siloed and may no longer reflect 21<sup>st</sup> century science and its intersection with precision medicine. Dr. Wright agreed and noted that this is an area that Board members explored during calls with Councilors. This will be an ongoing process and data will be collected from changes implemented at the Boston meeting to determine what added value and next steps.

Dr. Ebersole asked whether, during the focus groups, AADR asked non-dental school-funded researchers what besides a name change would appeal to them. Dr. Fox indicated that this particular question was not asked, but he added that AADR has been reaching out to this group of researchers for the last five years in a variety of ways, for example to be DLS speakers, and in the process it has been clear that they believe AADR is solely in the dental realm. In this regard, the current Association name is a barrier. While the name expansion alone is not the only answer, it will open the door to new members.

Dr. Shaddox agreed that the first step is for the Association to be more inclusive. She asked if any consideration had been given to removing the word “dental” from the name. Dr. Wright indicated that was not a popular idea even though “craniofacial” by itself incorporates dental and oral. Dr. Fox added that AADR should retain the word “dental” in its name, since that is a large part of AADR’s history and removing it might alienate longstanding members. He added that Dr. Slavkin considered a similar move when NIDR was going through a name change and decided to keep “dental” in the new NIDCR name.

Dr. Herzberg indicated that the conversations which the Board initiated with Councilors have been very important and that this engagement must continue. He recommended creating a Task Force for the revitalization project.

In response to the question whether a name change was discussed at IADR Council, Dr. Wright indicated that IADR Council did not discuss a name change. However, IADR is considering options to elevate the science at meetings and while it was not possible to discuss this during the recent Virtual IADR Council meeting, the topic is being examined.

Dr. Wright indicated that the 2020 fall ballot proposal for a constitutional change to expand the Association’s name will provide membership with the same background materials that were provided to Council. Dr. Wright thanked Council for the good discussion and encouraged Councilors to continue providing valuable input in what will be an ongoing effort. Dr. Riggs asked to call the question.

**Motion 7:** To approve a Constitutional change reflecting the expanded Association name of American Association for Dental, Oral and Craniofacial Research be included on the fall 2020 membership ballot.

Moved: Dr. Kantarci

Seconded: Dr. Ryan

The motion passed with 42 in favor, six opposed and one abstained.

### 3. Performance Monitoring/Audit Committee(PMAC)

#### 3.1 AADR 2018 Independent Auditors’ Report

Dr. Ryan reported that the 2018 Audit Report gave the Association’s financial statements an Unqualified Opinion, which is the best possible outcome and means that there are no changes or modifications needed. Dr. Ryan reviewed the Association assets and noted they are made up primarily of the investment portfolio. Liabilities are small compared with the assets and at the end of 2018 net assets stood at about \$8.4 million, which was down about \$1.1 million from 2017. Overall, AADR’s financial position is very strong. Dr. Ryan then reviewed AADR’s revenue sources which are primarily from meetings, dues and publications and AADR expenses, which are primarily from the meeting,

government affairs, publications and management costs. Net assets from operating activities showed a \$206,000 deficit but when combined with investment loses mostly from the 4<sup>th</sup> quarter of 2018, net assets were down \$1.1 million.

Dr. Ryan reviewed a chart which showed net assets over the period 2013–2018 and noted that because investments make up such a large part of the Association’s assets, changes in net assets are most dramatically affected by investment returns. Net assets at the end of 2018 were more than twice what they were at the market low in 2008 when net assets were just under \$4 million.

**Motion 8:** That the AADR 2018 Independent Auditors’ Report be approved.

Moved: Dr. Papas

Seconded: Dr. Ruest

The motion passed with one abstained.

### 4. Member/Stakeholder Relations Committee(MSRC)

4.1 Approval of Joint IADR and AADR Policy and Position Statements on Sugar-sweetened Beverages Dr. Nör indicated that the statements were requested by the Boards to support the Associations’ divestment of sugar-sweetened beverages from their investment portfolios. Dr. Nör advised that the Science Information Committee (SIC) worked with subject-matter experts in drafting the statements, which he then briefly reviewed. He added that both the IADR and AADR Boards have approved the statements and recommend their adoption.

Dr. Fox noted that the IADR Council approved the statements with no changes at its meeting on March 17, 2020.

Dr. Chaffee pointed out that on page 121, something is missing from the sentence “Both IADR and AADR have established healthy meetings policies that exclude the use of IADR and AADR funds to purchase.” Dr. Fox agreed that there is a typo and that the “SSBs” should have been added to the end of the sentence and he confirmed that the statement would be corrected.

**Motion 9:** That the Joint IADR/AADR Policy and Position Statements on Sugar-sweetened Beverages be approved with the addition of “SSBs” at the end of the sentence “Both IADR and AADR have established healthy meetings policies that exclude the use of IADR and AADR funds to purchase...” in the Policy statement.

Moved: Dr. Papas

Seconded: Dr. Florez

The motion passed with two abstained.

Dr. Nör thanked the SIC for its work on the statements.

## 5. Strategic/Operational Planning Committee(SOPC)

### 5.1 2020 AADR Budgets and Joint IADR/AADR Budgets

Dr. Herzberg noted that only the 2020 budget would be approved at this meeting. Dr. Herzberg indicated that AADR typically needs an investment allocation every other year, so it is unusual to see them projected for each year 2019–2022. However, AADR reserves are more than enough to absorb these allocations. Also, AADR had seven straight years of surpluses from 2011 to 2017, during which time no investment allocations were needed. Dr. Herzberg added that the losses expected by the cancellation of the 2020 meeting can be absorbed by the organization. The meeting cancellation could lead to a deficit of up to \$1.3 million, but GHQ is disputing \$500,000 in cancellation fees. Dr. Herzberg also noted that some meeting registrants have offered to donate their meeting registration fees and he encouraged Councilors to consider doing this.

Dr. Herzberg reviewed the budgets and discussed the budget summary for 2020–2022:

Prior to cancelling the Annual Meeting, a balanced budget was expected to be achievable through use of \$101,000 from the association's investment spending policy.

#### Gen Ops:

- With the centennial celebration in 2020, AADR is optimistic that Membership will return to 2017 levels.
- Most expenses maintained the same budget level or increased only slightly from 2019.

**Annual Meeting:** High A/V and Legal costs are keeping the overall costs high for the Washington, DC Annual Meeting (Joint with IADR). The revenue and expenses related to the Centennial Plenary Lunches and the Gala celebration will be accounted for separately by IADR. New this year, IADR is offering childcare in the hopes that more parents will be able to attend the meeting while their children are cared for onsite. Although IADR initially anticipated high attendance, abstract submissions were closer to average for a North American meeting. AADR's portion of the budgeted surplus is expected to be similar to the amount received in 2017. *UPDATE: Since the budget was approved by the Board in December 2019, the COVID-19 outbreak has resulted in cancellation of the Annual Meeting. Although the exact financial impact is difficult to estimate, there will be a sizable deficit due to the canceled meeting. Staff is in the process of raising revenue and disputing expenses in an attempt to mitigate the financial effects.*

**Fall Focused Symposium:** Costs continue to be somewhat high creating deficits in future years (due to high A/V, catering, and speaker travel). However, to reduce costs, publication costs have been eliminated. Registration fees are preliminarily budgeted to remain at 2019 rates for the next few years. The

budgeted deficits approximate the staff and GHQ costs allocated to this symposium. Assuming these budget results are achieved, eliminating the FFS would not eliminate these costs or improve AADR's overall operating net income.

**GHQ:** Costs are increasing by 6.2%, which is somewhat higher than the typical rate. Depreciation costs will be elevated over the next 5 years as AADR depreciates the costs of a redesign of the GHQ interior which is intended to increase space efficiency. Additionally, a website overhaul is planned for 2020 (last upgraded in 2016) which will be depreciated over the next 3 years. Telephone expenses (which include internet fees) are also increasing as the Association increases the broadband capacity of the office to improve office functionality and A/V quality.

**JDR:** Surplus continues to be high. As has been typically done, to be conservative, a 5% reduction in Royalty income is budgeted. Editorial Stipend increased more than usual in 2019 per the terms of the new contract with SAGE. However, the contract stipulates the same amount for each year of the contract term going forward. Editorial expenses are budgeted to increase at the beginning of the next contract term for the Editor in Chief (EiC) in April, 2020.

**JDR CTR:** Revenue changes are budgeted according to the new contract with SAGE and with similar budget assumptions as JDR. Expenses are budgeted similarly to 2019, but with an increase in EiC compensation beginning with the new contract term. A small deficit is expected, though the journal has exceeded budgeted expectations every year.

Dr. Herzberg noted that approval of the budgets would include approval of the AADR dues and meeting registration rate increases shown in the Council materials.

**Motion 10:** That the AADR Council approves the 2020 AADR and Joint IADR/AADR Budgets.

Moved: Dr. Ryan

Seconded: Dr. Florez

The motion passed with two abstained.

Dr. Fox noted that the budget that is being presented for approval is the budget that was presented to and approved by the Board in December. It is too early to know how the meeting cancellation will impact the meetings portion of the budget. GHQ is reviewing the contracts, working with legal counsel on the Force Majeure clauses, and won't know for some time what the outcome will be. Dr. Fox noted it would have been impossible to hold the meeting given the current restrictions on travel, so GHQ anticipates that the Force Majeure clause will work in the Association's favor for any services not yet completed. He noted that many other groups are facing the same issues for meetings they canceled. GHQ will be able to provide an update on the budget at next year's Council meeting.

Ms. Streszoff provided information on the communication that was sent to members about donating all or a portion of their meeting registration fees and asked that anyone interested in this do so by March 20, after which registration fees will be automatically refunded.

Councilors recommended that GHQ consider using online meetings and virtual meetings on a smaller scale in the future, and Dr. Fox indicated this is being seriously considered. Dr. Herzberg recommended that AADR Section officers gather those from their regions who would have presented at the meeting and organize a Section meeting once campuses have reopened to present their science. Sections can also incorporate research day presentations that had to be canceled.

A suggestion was also made to contact Dental School deans to ask their faculty to donate.

Dr. Kantarci asked what contingencies are being made for future meetings, specifically the 2021 meetings in Boston and China. Dr. Fox advised that this topic would be discussed by the Board at its May meeting and added that virtual meeting platforms will certainly play an increasing role in the future.

## 5.2 AADR Meeting Bylaws

Dr. Herzberg explained the rationale for the Bylaws change to allow for a Virtual Council meeting to be held when the Annual Meeting cannot be held. If approved, this change will go into effect at the end of this Council meeting.

**Motion II:** That the AADR Bylaws Section C be updated to stipulate that in cases when the Annual Meeting cannot be held that a Virtual Council meeting will be held instead.

Moved: Dr. Pfeifer

Seconded: Dr. Florez

The motion passed unanimously.

Dr. Wright thanked all the Councilors for joining this meeting under these unusual circumstances in order to work through the business of the Association.

## 6. In Memoriam

Dr. Wright led Council members in observing a moment of silence in honor of AADR members who have passed during the preceding year.

Dr. Wright then asked Dr. Fox to update Council on what steps GHQ is taking following the cancellation of the 2020 General Session and Annual Meeting.

Dr. Fox noted that for both the Hatton and the SCADA awards, the students have been asked to video record their presentations and send those to GHQ so that the judges can review them. Ms. Herren will manage this effort, and while it is not the same as a regular meeting, GHQ felt it was important to identify and recognize the winners. The AADR Hatton winners will go on to the IADR Hatton competition.

Dr. Fox also noted that much of the Centennial meeting programming will be carried forward throughout the year. The IADR Centennial website will be kept open and will feature presentations that were planned for the Opening Ceremony and throughout the meeting. Distinguished Scientist awardees and other awards and scholarships will be recognized on the website. Dr. Fox added that a great recommendation was made by Dr. Wright to have local institutions or Sections hold ceremonies to recognize their awardees, however these events will likely be delayed due to the pandemic. Dr. Herzberg has been asked to record his opening ceremony speech at his university so that it can be posted to the website. Dr. Fox said that this is a very fluid situation and as GHQ continues its work, more plans are sure to unfold in the coming weeks. He encouraged Councilors to share their ideas about how to move forward.

Dr. Giannobile encouraged attendees to read the Centennial Celebration paper which is now available in the online *JDR*. There was also a comment made that GHQ should visit the EuroPerio website for ideas on how to conduct local meetings. In response to a question on how the Publications Committee meeting will be conducted, Dr. Fox confirmed that a virtual meeting is being planned and that a communication will be sent to Committee members. Dr. Kantarci noted that the 2022 meeting in Atlanta could be a celebration of the 100<sup>th</sup> IADR meeting and Dr. Wright added that 2022 will also be the 50<sup>th</sup> anniversary of AADR.

Dr. Wright thanked all those in attendance and thanked the Board members whose terms have concluded for their service. Dr. Giannobile was recognized for serving as *JDR* Editor-in-Chief for the last 10 years. He will be replaced by Nick Jakobovics on April 1, 2020. Dr. Wright welcomed Dr. Herzberg as the new AADR President.

As there were no additional items for discussion, the AADR Council meeting was adjourned at 11:45 a.m.

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

**Mark C. Herzberg**

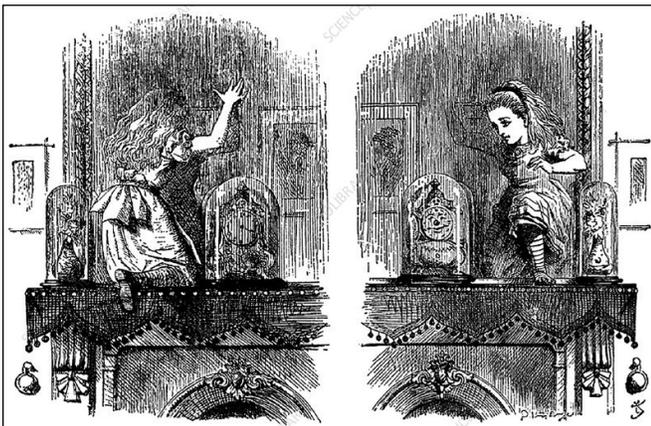
University of Minnesota, Minneapolis

## ***Through the Looking Glass: The AADR and the Wow of Science***

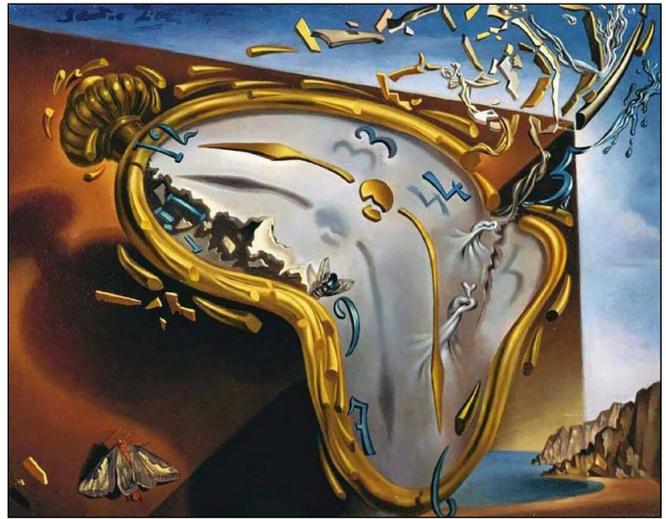
In *Through the Looking Glass*, Lewis Carroll uses a 2-way mirror as a metaphor for seeing ourselves existing in reality while also transporting into our imaginations (Fig. 1). In our imaginations, research and discoveries have no boundaries. After engaging our imaginations, we cross back through the looking glass to answer questions firmly based in reality.

Coexisting in reality and in our imaginations is fundamental to our history and scholarly traditions. As we celebrate the 100<sup>th</sup> anniversary of the International Association for Dental Research (IADR), we are reminded of William J. Gies’s insight that “research is the mainspring in the chronometer of science,” as written on the first page of the first volume of the *Journal of Dental Research* (Gies 1919). Seeing “research” as the “mainspring” of a clock triggers the flight of imagination, as suggested by the surrealist artist, Salvador Dali (Fig. 2).

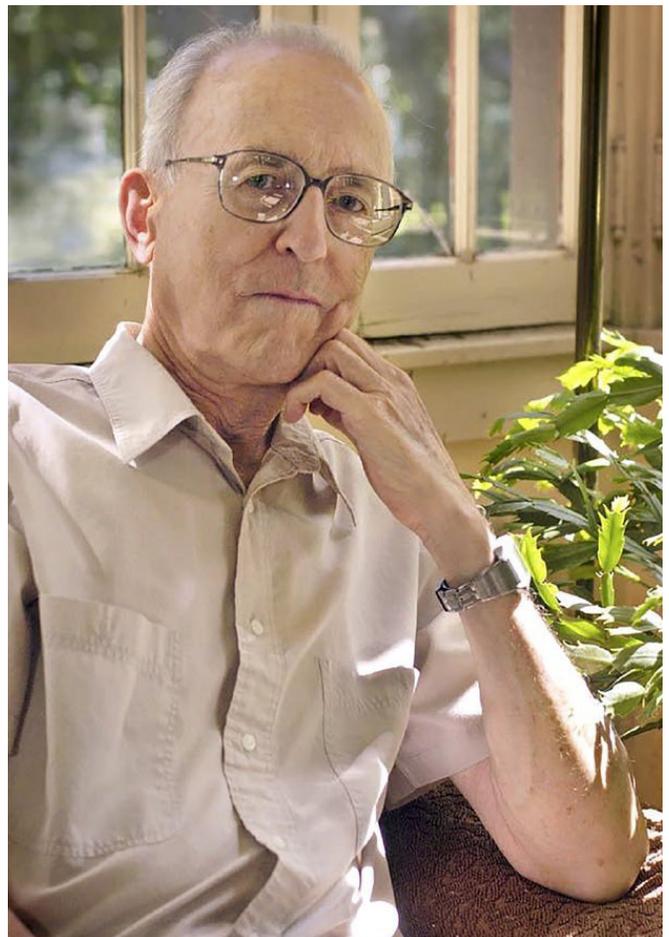
“My kind of science is based on chance and serendipity. Something will turn up,” Eville Gorham (Fig. 3) told one interviewer. “And so my view is, I think this might be interesting, let’s get some data and see what they tell us” (Bright 2020). Eville Gorham passed away on January 14, 2020, at the age of 94. A member of the US National Academy of Sciences and other esteemed societies, his landmark research in environmental ecology contributed to the Nuclear Test Ban Treaty in 1963 and to the Clean Air Act Amendment of 1990. Gorham recognized that “the world needs generalists who can see and evaluate the big picture,” [who] broadly pursue interdisciplinary studies, and “if possible become a recognized expert in a subfield” (Gorham 2015).



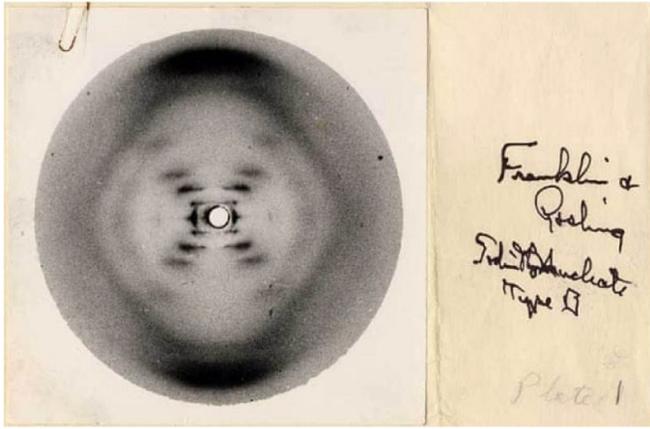
**Figure 1.** Alice pushes through the mirror. Illustrator: Sir John Tenniel. <https://www.sciencephoto.com/media/995913/view/through-the-looking-glass-alice-pushes-through-the-mirror>. Used in compliance with Section 107 of the Copyright Act (fair use). From: *Through the Looking Glass* by Lewis Carroll (1871).



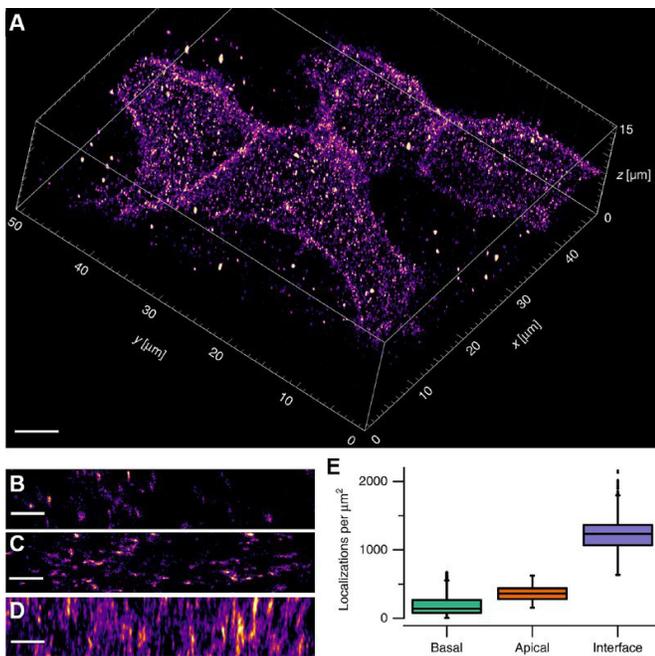
**Figure 2.** Clock explosion, Salvador Dali (1954). [www.dalipaintings.com](http://www.dalipaintings.com). Used in compliance with Section 107 of the Copyright Act (fair use).



**Figure 3.** Eville Gorham, PhD (October 15, 1925, to January 14, 2020). <https://www.mprnews.org/story/2020/01/15/prominent-acid-rain-researcher-eville-gorham-dies>. Used in compliance with Section 107 of the Copyright Act (fair use).



**Figure 4.** First X-ray diffraction image of DNA. Rosalind Franklin's photo 51. Reprinted by permission from Springer Nature Customer Service Centre GmbH: Springer Nature, Franklin, R., Gosling, R. Molecular configuration in sodium thymonucleate. Nature. 1953;171:740–741, © The Authors, <https://doi.org/10.1038/171740a0>.

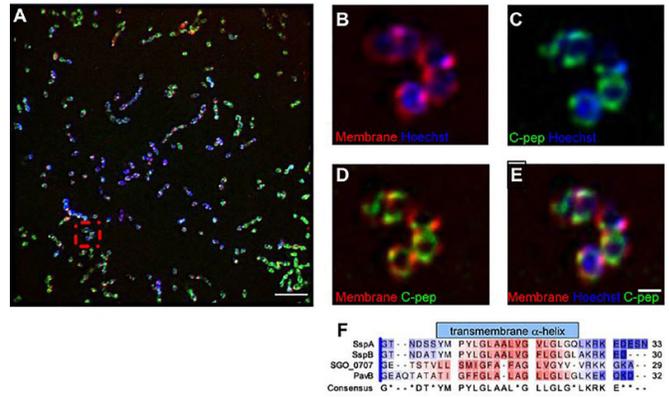


**Figure 5.** Whole-cell imaging of plasma membrane receptors by 3-dimensional lattice light sheet dSTORM. (A) Surface topography of cells decorated with fluorescent CD56. (B–D) Sagittal tomographic slices showing that most CD56 is found at membrane interfaces. (E) Quantification of localized CD56. From: Wäldchen, F et al. Nat Commun. 2020;11:887. Republished as per the Creative Commons license: <http://creativecommons.org/licenses/by/4.0/>.

So, as the American Association for Dental Research (AADR) in partnership with IADR welcomes you to our annual meeting, we recognize that this forum is developed from the viewpoint of Science First! Our meetings report science that is broadly interdisciplinary and yet includes presentations that are suitable for the learned subspecialist.

And what can we see when we look through the looking glass?

Perhaps the first macromolecule that was imaged indirectly was DNA (Fig. 4). DNA was imaged by a scientist who trained to analyze the crystal structure of coal using X-ray



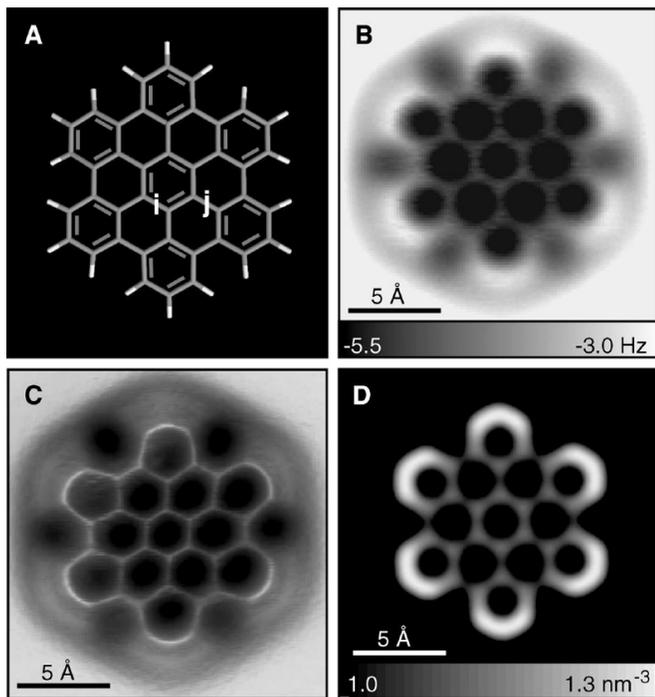
**Figure 6.** Colocalization of *Streptococcus gordonii* LPXTG motif proteins C-terminal peptides (C-peps) with the cell membrane. (A) Representative structured illumination microscopy showing a field of *S. gordonii* cells fluorescently to show the cell membrane (FM 4-46FX; red), chromosome (Hoechst 33342; blue), and the Venus-tagged SGO\_0707 C-pep (green). Scale bar: 5  $\mu\text{m}$ . (B–E) Higher-magnification views of the boxed area in (A) showing overlays of the indicated stains. Scale bar: 2  $\mu\text{m}$ .  $n = 3$  independent experiments. (F) ClustalW alignment of SspA, SspB, SGO\_0707, and PavB C-peps showing the conserved hydrophobic transmembrane  $\alpha$  helix. Color coding indicates amino acid hydrophobicity intensity based on the Kyte-Doolittle hydrophobicity scale (red, hydrophobic; blue, hydrophilic). From: Hall JW, et al. Science Signal. 2019 May 7;12(580). Reprinted with permission from the American Association for the Advancement of Science.

diffraction. But Rosalind Franklin transported herself through the looking glass to imagine that X-ray diffraction techniques could be applied to an important biological molecule like DNA (Franklin and Gosling 1953). From the famous photo 51, Franklin used hand-calculated reverse Fourier transforms to infer that DNA exists as a double helix. In doing so, she triggered a scientific revolution, enabling Watson and Crick to model how the linear chains of the 4 bases, A, T, C, and G, could encode the genetic information needed to synthesize polypeptides.

We can now *directly* visualize macromolecules on cells, in this case cancer cells (Fig. 5). As you look at these images, take special note of the bright yellow signals. Each is a molecule of an important receptor (CD56) located on the plasma membrane as visualized using 3-dimensional (3D) lattice light sheet (LLS)–3D single-molecule localization microscopy (dSTORM) (Waldchen et al. 2020). As supported by the quantitative information in the lower right panel, these receptors localize primarily at intercellular junctions.

Advances in super-resolution imaging enabled my group to identify signaling peptides buried within the plasma membrane of bacterial cells (Fig. 6) (Hall et al. 2019). We used structured illumination microscopy (SIM) to visualize red fluorescent bacterial cell membranes surrounding the DNA in blue (Fig. 6B). The signaling peptide, C-pep (green in Fig. 6C), resides within the cell membrane (red in Fig. 6D), where it can engage a previously unknown intramembrane receptor to signal for alternative adhesin gene expression.

I think we all continue to be amazed by advances in the imaging of molecules. Indeed, scientists can *directly* image molecular bonds of simple organic compounds using atomic force microscopy (AFM) (Gross et al. 2012). Here we see a hexabenzocoronene molecule imaged by Leo Gross and



**Figure 7.** Hexabenzocoronene resolved using atomic force microscopy (AFM). (A) Constant-height AFM measurements ( $A = 0.35 \text{ \AA}$ ) on HBC on Cu(111) at (B)  $z = 3.7 \text{ \AA}$  and (C)  $3.5 \text{ \AA}$ . In (C), a pseudo-3-dimensional representation is shown to highlight the local maxima. (D) Calculated electron density at a distance of  $2.5 \text{ \AA}$  above the molecular plane. Note that *i* bonds are imaged brighter (B) and shorter (C) compared with *j* bonds. From: Gross L, et al. *Science*. 2012;337(6100):1326–1329. Reprinted with permission from the American Association for the Advancement of Science.

colleagues at IBM Research in Zurich in 2012 (Fig. 7). Yes, this single molecule is viewed *directly* using noncontact AFM with a microscope tip terminated with a single carbon monoxide molecule. As shown, the calculated bond geometry (Fig. 7A) sums the AFM measurements from the other images (Fig. 7B–D). The hexane rings and carbon-carbon bonds are not only visible, but the distances and forces are also measurable. And many of these super-resolution microscopy techniques use artificial intelligence algorithms, the subject of our IADR Centennial Plenary Presentation by John Laird of the University of Michigan, planned for this meeting, but is now available in the IADR CE On Demand Library on the IADR website.

I encourage you to step through the looking glass and engage your imaginations. Enjoy this annual meeting of the AADR and celebrate the centennial of the IADR. I challenge you to find the exciting advances that are happening across all of the scientific groups of IADR.

### Acknowledgments

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### Editor's Report for the *Journal of Dental Research*, 2020

See page 11

### JDR CTR 2020 Annual Report December 2020 IADR/AADR Board Meeting

See page 13

## Christopher H. Fox Chief Executive Officer

### OVERVIEW

The year presented enormous disruptive changes, but also presented unique opportunities for AADR to improve membership services. While major activities were either canceled or significantly altered due to the COVID-19 global pandemic, AADR was able to launch a number of new programs to keep our members engaged in the new virtual environment thanks to the leadership of the AADR Board of Directors.

In early 2020 the AADR Board, under the leadership of AADR President Mark Herzberg, sprang into action and quickly developed a potential dental, oral and craniofacial research agenda to address the COVID-19 pandemic. A discussion paper was developed (now [published in the JDR CTR](#)), shared with the NIDCR and a webinar between Deans, Research Deans and NIDCR leadership was held in April. This then led to an AADR COVID-19 Webinar Series. The AADR Fall Focused Symposium transitioned from an in-person event to a series of four ninety-minute webinars held over five weeks.

In addition, the IADR launched the [IADR Community](#) in August 2020 and AADR plans the launch of an AADR microsite in November 2020. The IADR Community has afforded a networking platform for members and over 80% of IADR members have maintained at least one Community subscription. The daily digest rate continues to exceed industry standards. With the AADR microsite, AADR members have a workspace to discuss AADR topics and will lead to further refined communities representing the Patient Advocates, Committees and NSRG.

### AADR COVID-19 WEBINARS

AADR and NIDCR hosted a webinar on April 13 titled "[Dental, Oral and Craniofacial Research and COVID-19](#)" featuring Lawrence Tabak, Jonathan Horsford, Lillian Shum, Alicia Dombroski, Lynn King and Mark Herzberg. Additionally, AADR hosted a series of webinars on topics related to COVID-19. The webinars were recorded and are available online at [www.iadr.org/covid19webinarseries](http://www.iadr.org/covid19webinarseries).

#### COVID-19 and Oral Health: Impacts on Care and Early Insights to Pathogenesis

Speaker: Jennifer Webster-Cyriaque, University of North Carolina at Chapel Hill

#### COVID-19 Research Questions and Our Practice From the Wuhan Experience

Speaker: Zhuan BIAN, Wuhan University, China

#### The Scientific Basis for Delivering Oral Health Care During COVID-19

Speaker: Yanfang Ren, University of Rochester Medical Center, N.Y.

#### Dental, Oral and Craniofacial Research in the COVID Era

Moderated by AADR President Mark Herzberg, University of Minnesota, Minneapolis

Speakers:

Gregg H. Gilbert, The University of Alabama at Birmingham  
Stuart A. Gansky, University of California San Francisco  
Vesa Kaartinen, University of Michigan, Ann Arbor  
Shannon M. Wallet, University of North Carolina at Chapel Hill

## AADR FALL FOCUSED SYMPOSIUM: SCIENCE FOR THE NEXT CENTURY: DEEP PHENOTYPING

The AADR continued the [Fall Focused Symposium](#) as a virtual event. The FFS was held as four, ninety-minute webinars.

### Session 1: Wednesday, October 21, 2020

Moderator: J. Timothy Wright, AADR Immediate Past President, University of North Carolina at Chapel Hill

*Genomic Ascertainment With Deep Phenotyping*

Leslie G. Biesecker, National Human Genome Research Institute, Bethesda, Md.

*Caries Phenotype*

Kimon Divaris, University of North Carolina at Chapel Hill

### Session 2: Wednesday, October 28, 2020

Moderator: Jacques Nör, AADR President-elect, University of Michigan, Ann Arbor

*Periodontal Disease Phenotypes*

Jim Beck, University of North Carolina at Chapel Hill

*3D Imaging for Syndrome Diagnosis: Clinical Components*

Ophir Klein, University of California, San Francisco

*Morphometric and Computational Components*

Benedikt Hallgrímsson, University of Calgary, Alberta, Canada

### Session 3: Wednesday, November 4, 2020

Moderator: Jane Weintraub, AADR Vice-president, University of North Carolina at Chapel Hill

*Amelogenesis Imperfecta and Oral Pathology Phenotypes*

J. Timothy Wright, AADR Immediate Past President,

University of North Carolina at Chapel Hill

*Omics and 3D Facial Analysis Phenotyping*

Janice Lee, National Institute of Dental and Craniofacial Research, Bethesda, Md.

### Session 4: Wednesday, November 18, 2020

Moderator: Mark Herzberg, AADR President, University of Minnesota, Minneapolis

*Deep Sequencing of Enterococcus faecalis to Uncover Bacterial Phenotypes Reflecting Native Habitats*

Michael Gilmore, Harvard University, Boston, Mass.

*Multi-omics Approaches to Understanding Caries Microbiology*

Anna Edlund, J. Craig Venter Institute, La Jolla, Calif.

## AADR MENTORING AN INCLUSIVE NETWORK FOR A DIVERSE RESEARCH WORKFORCE OF THE FUTURE (AADR MIND THE FUTURE)

The AADR 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]. Principal Investigators for the grant are David Drake, University of Iowa and the Iowa Institute for Oral Health Research, Iowa City; Christopher H. Fox, CEO, AADR, Alexandria, Va. and Effie Ioannidou, University of Connecticut, Farmington.

The NIH recognizes a unique and compelling need to promote diversity in the NIH funded biomedical, behavioral, clinical and social sciences workforce. 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.

AADR 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. Ten new mentees will be funded per year for the five funding years; and once the mentees complete the program, they will become alumni. The program will offer 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.

The 10 mentees selected for 2020 and their matched mentors are:

Mentees	Mentors
Susana Calderon, University of Iowa, Iowa City	Margherita Fontana, University of Michigan, Ann Arbor
Modupe Coker, Rutgers University, Newark, N.J.	Luciana Shaddox, University of Kentucky, Lexington
Dina Garcia, Virginia Commonwealth University, Richmond, Va.	Raul Garcia, Boston University, Mass.
Cherice Hughes-Oliver, Medical University of South Carolina, Charleston	Mildred Embree, Columbia University, New York, N.Y.
Bruno Lima, University of Minnesota, Minneapolis	David Drake, University of Iowa, Iowa City
Stephanie Momeni, Oregon Health & Science University, Portland	Jorge Frias-Lopez, University of Florida, Gainesville
Indra Mustapha, Howard University, Washington, D.C.	Purnima Kumar, Ohio State University, Columbus
Susana Maria Salazar Marocho, University of Mississippi, Jackson	Jack Ferracane, Oregon Health & Science University, Portland
Tamanna Tiwari, University of Colorado, Denver	Donald Chi, University of Washington, Seattle
Cristina Vidal, University of Iowa, Iowa City	Carmem Pfeifer, Oregon Health & Science University, Portland

## SCIENCE POLICY AND GOVERNMENT AFFAIRS UPDATE

### Federal Agency Updates

#### 2020 Surgeon General's Report on Oral Health

In July 2018, the U.S. Department of Health and Human Services, the Office of the Surgeon General, the National Institutes of Health (NIH) and the U.S. Public Health Service's Oral Health Coordinating Committee commissioned a new Surgeon General's Report on Oral Health.

The Surgeon General's Report on Oral Health — a 20-year update to the initial report released in 2000 — was expected to be released in the fall of 2020, but due to delays brought on by the COVID-19 crisis, plans for the report's release have changed. The report will now be released in two parts: a short highlight

document will be released in 2020 (the exact date has not been confirmed by the U.S. Department of Health and Human Services), with the full report to be released in 2021.

AADR and its members have been actively involved in the report. AADR participated in the Surgeon General's Listening Session on Oral Health in November 2018 and AADR Chief Executive Officer Christopher Fox was selected to serve as one of the report's section reviewers. In addition, several AADR members were selected to contribute to the report, speaking to the breadth and depth of AADR members' expertise.

#### AADR Responses to Agency Requests for Information

Federal agencies' Requests for Information (RFIs) and for public comment are unique opportunities for AADR 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, AADR relies on its members to inform its responses to ensure that multiple perspectives are represented in the process.

In 2020 AADR provided feedback on the following:

- Office of Science and Technology Policy RFI on the American Research Environment
- Office of Science and Technology Policy RFI on Public Access to Peer-Reviewed Scholarly Publications, Data and Code Resulting from Federally Funded Research
- National Institutes of Health RFI on Enhancing Rigor, Transparency, and Translatability to Improve Biomedical Research Involving Animal Models
- Scientific Report of the 2020 Dietary Guidelines Advisory Committee
- Health Resources and Services Administration RFI on the Health Professional Shortage Area Scoring Criteria

## POLICY AND POSITION STATEMENT UPDATES

### Sugar Sweetened Beverages Policy and Position Statement

AADR and IADR collaboratively published a policy and position statement to clearly define its support for avoiding the consumption of sugar-sweetened beverages (SSBs). This policy, adopted in March 2020, is 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 non-communicable chronic diseases. The policy and position statements were promoted during the Global Week for Action on Non-Communicable Diseases (NCD), September 7-13, 2020 hosted by the NCD Alliance. A week-long social media campaign was launched to bring attention

to the consequences of SSBs on the oral cavity and included daily posts relative to the avoidance of SSBs and creation of the [infographic](#) "Why Should I Avoid Sugar-Sweetened Beverages."



## FEDERAL SCIENCE POLICY AND ACTIVITIES

### **Tobacco Cessation Senate Bills**

AADR continues to monitor tobacco legislation and regulations, especially those surrounding cessation initiatives. AADR signed onto letters initiated by the Campaign for Tobacco-Free Kids along with 58 other scientific societies and organizations supporting the Senate bill S. 4524 Quit Because of COVID-19 Act. This bill seeks to expand tobacco cessation coverage to ensure all Medicaid and Children's Health Insurance Program (CHIP) enrollees have access to the full array of proven tobacco cessation treatments for up to two years after the end of the COVID-19 public health emergency. The legislation also ensures that any additional costs from the tobacco cessation coverage would not count toward the Medicaid cap that is imposed on territories.

### **Discussions and Federal Activity Surrounding Fluoride Research**

AADR continues to monitor emerging research on the health effects of fluoride intake. In September 2019, the U.S. Department of Health and Human Services, National Toxicology Program (NTP) in the Office of Health Assessment and Translation of the National Institute of Environmental Health Services and the National Institutes of Health produced a Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects. This monograph is intended to address whether exposure to fluoride could present a potential hazard based on current published literature. The monograph was reviewed by a Committee convened by the National Academy of Sciences, Engineering, and Medicine (NASEM). In September 2020, after the NASEM peer review, the NTP submitted a revised monograph that incorporated changes suggested by the NASEM Committee.

AADR participated in the NASEM Listening Session on the NTP monograph in October 2020 and is pleased that one of its members was selected to contribute to the NASEM Report, that reviewed the 2019 NTP report. AADR also provided written feedback to the NASEM committee after engaging the Science Information Committee for their input. Additionally, AADR will continue to monitor and evaluate fluoride research. Therefore, in response to the ongoing developments in fluoride research, AADR has revamped and relaunched its Fluoride Research Discussion Group to serve as a forum for scientists to understand new fluoride research and how new research should shape policy.

### **2020 Dietary Guidelines Advisory Committee for the 2020-2025 Dietary Guidelines for Americans**

The 2020 Dietary Guidelines Advisory Committee, appointed on February 21, 2019, has produced a review of the evidence on specific nutrition and public health topics to provide independent, science-based advice to the Departments of Agriculture and of Health and Human Services. The review was intended to inform the development of the 2020-2025 Dietary Guidelines for Americans. The Dietary Guidelines for Americans serves as a source for nutrition advice and is the science-based foundation for vital nutrition policies and programs across the United States.

AADR engaged its Science Information Committee and Board of Directors to develop a response to the review that provides input specific to their review of the science relative to dental health. After the engagement of the AADR Science Information Committee, AADR's response advocated for considerations of

sugars and dental caries, malnutrition and dental health, as well as the impact of dental health on mental health.

### **International and American Associations for Dental Research Statement on United States Withdrawal from World Health Organization**

The AADR and IADR are deeply concerned by the Trump administration's decision to terminate the relationship of the United States with the World Health Organization (WHO). AADR and IADR are firm believers in the importance of international scientific collaboration. It is through engagement and robust partnerships with peers around the world that we can more effectively advance knowledge and promote resources that will lead to better health for all. AADR and IADR urge the administration to reconsider its decision to terminate the U.S. relationship with the WHO and to consider the long-term impact that this decision will have on U.S. health and global health.

### **United States Presidential Election**

As of this writing, former U.S. Vice-president Joseph Biden is projected to win the November 3, 2020 presidential election and will be inaugurated on January 20, 2021. The transition team has already announced their plans to rescind the Trump administration's Executive Order to withdraw from the World Health Organization (WHO) and they will have the U.S. rejoin the WHO. The President-elect also plans to repeal the travel bans from many Muslim countries (see below on immigration issues).

## COVID-19 SCIENCE POLICY RESPONSE

### **COVID-19 Updates and Resources Webpage**

The AADR is deeply concerned for the health and safety of people involved in dental, oral and craniofacial research and about the effects of the COVID-19 public health emergency on the research enterprise. The impacts of COVID-19 are rapidly evolving and as such AADR has created a [COVID-19 Updates and Resources page](#) to keep our members up-to-date with U.S. National Institutes of Health funding opportunities supported by the National Institute of Dental and Craniofacial Research (NIDCR), association news (webinar series, blog posts), COVID-19 articles published in the *Journal of Dental Research (JDR)*, *JDR Clinical and Translational Research* as well as other publishers and other useful resources.

### **IADR Survey on the Impact of the COVID-19 Pandemic on Dental, Oral and Craniofacial Research Productivity**

IADR/AADR collaborated with investigators at the University of Connecticut, Farmington, to send out a survey in order to better understand the impact of COVID-19 pandemic on dental, oral and craniofacial research productivity.

## AADR DIVERSITY INITIATIVES

### **AADR/ADEA Virtual Mentorship Initiative**

Each year, the American Dental Education Association (ADEA) holds a "GoDental Virtual Fair." This event is designed to connect prospective dental students with dental school representatives and determine the schools that may be the best match for the student. In 2020, there were over 7,000 registrants with over 4,000 attendees. In 2021, the Committee on Diversity and Inclusion (CDI) hopes to participate in this event by joining the conversation and providing the students with temporary access to the IADR CE On Demand library and other AADR member benefits. The CDI aims to encourage students to explore the option of dental research by attending graduate school.

AADR CDI will also create and implement outreach initiatives that specifically target key Historically Black Colleges and Universities and other Minority Serving Institutions. This will hopefully increase attendance by underrepresented racial and ethnic groups and subsequently increase representation of these underrepresented groups at the faculty level in science and academia.

### **Diversity and Inclusion Policy Statement**

The AADR Committee on Diversity and Inclusion (CDI) has drafted a statement that bolsters our commitment to diversity and inclusion as a core value of AADR. In this statement the CDI emphasized support for individual/organizational diversity and inclusion to advance equity in all facets of dental, oral and craniofacial research. The CDI also expressed AADR's commitment to being an organization that recruits, supports and promotes talented, diverse individuals as employees and stewards a diverse and inclusive workspace that values and celebrates the diversity of people, ideas, cultures and educational backgrounds.

Other steps to enhance our accountability on diversity issues include:

- **Faces of Dental Research**, interview profiles which highlight the diversity of the dental, oral and craniofacial research workforce and brings visibility to the contributions of researchers from underrepresented groups.
- AADR/Procter & Gamble Underrepresented Faculty Research Fellowship, aimed at increasing representation of underrepresented racial and ethnic groups at the early stages of their scientific careers and as science and research-able faculty in academia.
- Diversity within the scientific pipeline by collaborating with federal research partners, such as the National Institute of Dental and Craniofacial Research (NIDCR).
- **AADR MIND the Future**, which promotes diversity in the NIH-funded biomedical, behavioral, clinical and social sciences workforce.

AADR also supports broader endeavors — through our government affairs portfolio — to end inequality and inequity in health care. These AADR initiatives are an important first step, but there is always more that can and should be done: We encourage our members to share their suggestions and raise their concerns.

### **AADR/Procter & Gamble Underrepresented Faculty Research Fellowship**

Bruno Lima, University of Minnesota, Minneapolis, received the second AADR/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 very pleased with the number and quality of applicants it received and looks forward to reviewing applications for 2021.

## **LEGISLATIVE UPDATES**

### **2020 AADR, ADEA and Friends of NIDCR Capitol Hill Day**

While the COVID-19 pandemic required the difficult but necessary step of canceling the 2020 AADR, ADEA and Friends

of NIDCR Capitol Hill Day, AADR still found ways to engage its members in advancing dental, oral and craniofacial research policy priorities on Capitol Hill. Not only did AADR and ADEA shift to a virtual format for Hill Day — creating action alerts that the respective memberships could use to connect with their members of Congress — but AADR also helped initiate an advocacy campaign in support of the RISE Act, which would authorize \$26 billion in funding to U.S. researchers who have been impacted by the pandemic. AADR joined with 22 scientific societies to encourage Congress to pass the RISE Act and AADR members sent nearly 70 messages to lawmakers. Through these efforts, AADR gleaned valuable insight in conducting virtual “Hill” events, which will help inform the 2021 Capitol Hill Day, which will also be virtual.

### **Federal Budget and Appropriations**

The federal budget and appropriations process continues to be a top legislative priority for AADR. Due to the two-year budget deal passed in 2019, AADR was able to focus its attention on fiscal year (FY) 2021 appropriations.

The last omnibus spending bill — the *Further Consolidated Appropriations Act, 2020*, passed in December 2019 for FY 2020 — included many “wins” for health research and public health. Among those wins, research programs were funded at much higher levels than those proposed in the president's budget earlier in the year. The bill included **\$41.7 billion** for the National Institutes of Health (NIH), **\$477.429 million** for the National Institute of Dental and Craniofacial Research (NIDCR) and **\$19.5 million** for the Centers for Disease Control and Prevention's (CDC) Division of Oral Health.

For FY 2021, Congress has passed a continuing resolution (CR) to fund the government through December 11, 2020, setting up another funding fight after the November election. House and Senate leaders have maintained that they would like to pass regular appropriations bills for FY 2021, but getting something passed by December 11 would be an enormous feat given the attention being paid to the election and significant differences between Republicans and Democrats. AADR's Government Affairs Committee has urged their elected officials to pass regular appropriations and not rely on CRs for federal funding.

### **AADR President Provides Outside Witness Testimony to Congress**

AADR Board of Directors President Mark Herzberg submitted outside witness testimony to both the House and Senate Labor-HHS Appropriations Subcommittee detailing the FY 2021 funding requests of AADR and the Friends of NIDCR. Dr. Herzberg recognized the challenges the Subcommittee would face in the midst of the emergency response to COVID-19 but emphasized that the United States cannot afford to underfund federal agencies this coming year, particularly within the context of the coronavirus. He also indicated how NIDCR needs to expand its research portfolio in the public interest to understand how coronavirus locates in salivary and nasal secretions (craniofacial origin) to spread among people as well as how to create lasting immunity, or at least temporary resistance.

### **AADR Engages with Congress and Administration on COVID-19**

There was significant opportunity for AADR in 2020 to weigh in on legislative issues related to the COVID-19 pandemic, including promoting the role of science and science agencies, reaffirming the key role NIDCR has to play in curbing the pandemic and supporting initiatives related to dental offices and dental clinics.

Among its main activities, AADR:

- Sent a letter to congressional leaders requesting that associations, including non-profit groups and other tax-exempt associations, be included in any federal legislation supporting industries impacted by the COVID-19 pandemic. (The CARES Act legislation did include some relief provisions for non-profit groups.)
- Joined with the American Dental Association (ADA) and the American Dental Education Association (ADEA) on a letter to congressional leadership calling attention to the needs of the dental community as it sought to align its research agenda to reflect the new reality of COVID-19 and requesting federal relief for the federal research enterprise. AADR, ADA and ADEA then conducted visits with Hill staff to discuss the needs in greater detail.
- Formally endorsed the Research Investment to Spark the Economy (RISE) Act, which would authorize \$26 billion in funding to U.S. researchers who have been impacted by the pandemic, and joined 22 other scientific societies in initiating a campaign to raise awareness about the importance of restoring the academic research enterprise and calling on members of Congress to support the legislation.
- Spearheaded a community letter from 28 members of a COVID-19 Dental Coordination Group urging U.S. Department of Health and Human Services (HHS) Assistant Secretary for Health, Admiral Giroir, to expand authorization for dental professionals to order and administer COVID-19 vaccinations, once they become available.

AADR also supported several community-wide initiatives by lending its name to sign-on letters and statements. The subjects of those letters and statements ranged from requesting that the U.S. Assistant Secretary for Health expand federal authorization for licensed dentists to conduct point-of-care testing for COVID-19 to supporting the public health officials prioritizing science-based public health strategies to address COVID-19. A list of letters and statements that AADR supported can be found [here](#).

## IMMIGRATION ISSUES

AADR, along with IADR, continues to speak out against immigration policies that could negatively impact students and researchers, and thereby, the scientific enterprise. In 2020, AADR spoke out against several new immigration policies introduced by Congress and the administration.

Of highest profile, in July, U.S. Immigration and Customs Enforcement (ICE) issued new visa rules that would bar international students taking online-only courses from residing in the United States; those students would be required to depart the country or transfer to a school with in-person instruction. AADR immediately opposed this directive and issued a [statement](#) and signed onto a [multi-society letter](#) to the White House, Department of Homeland Security and Department of State requesting that the modifications to the Student and Exchange Visitor Program be withdrawn immediately. In addition, AADR joined 16 other societies on an amicus brief supporting the Harvard University and Massachusetts Institute of Technology lawsuit to block the new visa rules. Fortunately, following backlash from colleges and universities, professional membership associations, advocacy groups and more, the

administration made the important and necessary step to walk back the new policy.

IADR and AADR also released a [joint statement](#) opposing the administration's June 22 Proclamation Suspending Entry of Aliens Who Present a Risk to the U.S. Labor Market Following the Coronavirus Outbreak that suspended the entry of certain foreign workers into the United States. IADR and AADR noted that while the proclamation was intended to temporarily block foreign workers entering the United States on H-1B, H-2B, J and L visas, the consequences of such a move will be long-lasting.

## STUDENT ADVOCACY ENGAGEMENT

### 2020-2021 AADR Gert Quigley Government Affairs Fellowship

The Gert Quigley Government Affairs Fellowship is designed to familiarize graduate-level students with the federal legislative process in the context of dental, oral and craniofacial research and the oral health care delivery system. Part of the experience — in addition to roles on the AADR Government Affairs Committee and National Student Research Group (NSRG) — involves a six- to eight- week work stay at AADR Global Headquarters in Alexandria, Va. over the summer.

Due to the evolving situation with COVID-19 during summer 2020, AADR could not offer an in-person fellowship experience for a student. Fortunately, the 2019 AADR Gert Quigley Fellow, Mrs. Alexandra Rogers-DeCotes, agreed to continue serving in her capacity on the Government Affairs Committee and NSRG for another year.

### 2020 Student Advocate of the Year Award

Ms. Erica Siismets was selected as the 2020 Student Advocate of the Year. Ms. Siismets, a dual-degree D.D.S./Ph.D. student at the University of Michigan School of Dentistry, Ann Arbor, became passionate about advocacy during the 2019 AADR and Friends of NIDCR Advocacy Day on Capitol Hill, where she first met with policymakers. Since that time, Ms. Siismets has shown a drive and passion for advocacy by engaging in advocacy efforts to champion federal appropriations and the importance of NIH funding for research and education, participating in her state dental association's lobby day, raising awareness about the importance of advocacy among her peers and enrolling in health economics and U.S. health policy courses to gain a better understanding of the structure, financing and delivery of health care in the United States.

## IADR AND AADR PAST PRESIDENT RENA D'SOUZA SWORN IN AS NIH NIDCR DIRECTOR



The NIH Director, Francis S. Collins, confirmed IADR and AADR Past President Rena D'Souza, University of Utah, Salt Lake City, as the next NIH NIDCR Director in a virtual ceremony on October 13, 2020. D'Souza served as the 41<sup>st</sup> President of the AADR (2012-13) and the 95<sup>th</sup> President of the IADR (2018-19).

## ADA/AADR EVIDENCE-BASED DENTISTRY (EBD) FACULTY AWARD

The American Dental Association (ADA) and AADR recognized the winners of the 2020 ADA/AADR EBD Faculty and Practice Awards at a virtual booth hosted by the ADA Science and Research Institute at the 2020 ADA FDC Virtual Connect Conference, a joint meeting of the ADA and Florida Dental Association. These awards acknowledge dental school faculty and/or a practitioner who have made significant contributions to implementing and advancing evidence-based dentistry. The 2020 winners are: Rajesh V. Lalla, University of Connecticut, Farmington, for the for the Accomplished Faculty Award, Sathesh Elangovan, University of Iowa, Iowa City, for the Mid-Career Faculty Award and Christopher Smiley, Grand Rapids, Michigan, for the 2020 Practitioner Award.

## MEMBERSHIP

As of September 30, 2020, AADR had 2,967 members, which is 36% of the IADR membership of 8,308 members. AADR membership decreased by 4.8% versus the end of 2019. AADR continues to work with other association partners, such as ADA, ADEA, HDA and NDA to exhibit and promote IADR/AADR membership. The GHQ also continues to work with AADR 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 AADR microsite discussion boards are enhancing the value of membership. At the end of Q# 2020, AADR had 6 Corporate Section members and 107 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.

## AADR FELLOWS PROGRAM

This year AADR installed its fifth class of AADR Fellows. This program is designed to recognize leaders of AADR and individuals who have served AADR in various ways throughout their careers. The AADR Fellows Program is open to active AADR members. Applicants who are accepted into the AADR Fellows Program will receive the following benefits upon induction: recognition at AADR Annual Meeting Opening Ceremonies, recognition in AADR *Science Advocate*, an AADR Fellows Program lapel pin and opportunities to network with other Fellows at the Fellows Lounge at the AADR Annual Meeting. Twenty-four AADR Fellows were accepted in the inaugural class of 2016, 19 for 2017, three for 2018, 11 in 2019 and five in 2020.

## MARKETING

### **New IADR Community!**

Online interaction has become paramount in 2020. To help our members engage with each other throughout the year, IADR launched the IADR Community in August 2020 and the AADR microsite in November 2020. Members can now discuss hot topics, share insights and post resources while building their worldwide professional network. Within the overall IADR Community, each



IADR Scientific Group and Network has their own separate subcommunity which allows members to further connect within their specialty area of dental, oral and craniofacial research.

### **Launch of IADR Webinar Connect Platform**



In October 2020 IADR launched the [IADR Webinar Connect platform](#). This new platform allows users to participate in upcoming live webinars and view the growing list of webinars on demand. Content on the IADR Webinar Connect platform includes the 2020 AADR Fall Focused Symposium webinar series and the AADR COVID-19 Webinar Series. To help expand our IADR Webinar Connect content, IADR and AADR 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 AADR committee.

### **IADR/AADR Membership Video and Webpage Redesign**

The IADR and [AADR membership homepages](#) and membership benefits pages were revamped for the 2021 membership



renewal season. This redesign features branded iconography and includes a membership promotional video that is being used on the website, in emails and via social media.

### **Social Media**

Social media has become an increasingly important tool for communicating Association news. AADR continues to grow its social media presence with an increased number of posts, active tagging and the use of media, such as branded images or videos, within the posts. In July 2020, IADR/AADR launched a *Journal of Dental Research* Twitter account to further expand the IADR/AADR presence online.

### **IADR CE On Demand**

The IADR CE On Demand library houses recordings of cutting-edge presentations from past IADR and AADR meetings. At the conclusion of each recorded session a brief quiz may be completed for ADA CERP credit. The IADR CE On Demand library now houses content from 2016, 2017, 2018, 2019 and 2020 meetings. IADR/AADR continues to promote this as a valuable member benefit.

## **AADR 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, AADR 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. The AADR Board continues to support the MRSP as this collaborative, multidisciplinary training experience will help launch the next generation of biomedical dental scientists.

## **AADR SUPPORT FOR STUDENT RESEARCH**

AADR encourages academic institutions involved in dental, oral and craniofacial research to apply for the AADR 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. The award consists of pre-paid meeting registration and a monetary prize of \$500 to assist in travel to the next AADR Annual Meeting or IADR/AAADR General Session. Awardees are highlighted in the AADR Annual Meeting or IADR/AAADR General Session Program Book. To date, 24 dental schools are participating in the AADR Student Research Day Award.

## **SCADA: STUDENT COMPETITION FOR ADVANCING DENTAL RESEARCH AND ITS APPLICATION**

For the third year, AADR 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 2020 SCADA event. Although the IADR/AAADR/CADR General Session & Exhibition was cancelled, a virtual competition took place in two categories: Clinical Science/Public Health Research and Basic and Translational Science Research.

## **PUBLICATIONS**

### **2019 Journal of Dental Research Impact Factor**

The *Journal of Dental Research (JDR)* continues to rank #1 of 91 journals in the "Dentistry, Oral Surgery & Medicine" category in *Eigenfactor* with a score of 0.019860. The 2019 *JDR* 2-year Impact Factor is 4.914. The *JDR* ranks as #2 of 91 in Article Influence with a score of 1.627 and #3 in Impact Factor of 91 journals, #2 without self-citations. The *JDR*'s 5-year Impact Factor remained above 5 for the fifth year at 5.844 — ranking #2 of 91 journals. With over 20,000 citations, the *JDR* also boasts the most citations in the "Dentistry, Oral Surgery & Medicine" category, over 3,500 citations above the 2<sup>nd</sup> ranked journal in the field.

### **New JDR Editor-in-Chief**

In March 2020, William Giannobile, University of Michigan, Ann Arbor, ended his 10-year term as Editor-in-Chief of the *JDR*. Nicholas Jakubovics, Newcastle University, England, was named the new *JDR* Editor-in-Chief. Jakubovics began his term on April 1, 2020.

### **JDR Special Issue on the Oral Microbiome**

The June 2020 *JDR* Special Issue is a collection of the latest research on the oral microbiome, including new tools for analyzing microbial communities and cultivating microbial species, the structure and function of the human oral microbiome in connection with dental caries, periodontitis or medication-related osteonecrosis of the jaw and evidence that the oral microbiome is involved in oral cancer and diabetes mellitus.

### **JDR Now on Twitter**

In July 2020, IADR/AAADR launched a *JDR* Twitter account. Follow the *JDR* at [@JDentRes](https://twitter.com/JDentRes) to get the latest updates from the journal.

### **JDR Special Issue Call for Papers: Interface Between Materials and Oral Biology**

The *JDR* announced a special issue call for papers on the "Interface Between Materials and Oral Biology." This special issue, anticipated for winter of 2021, will highlight the latest scientific advances in research on the interaction between materials and biological systems within the dental, oral and craniofacial complex. The deadline to submit papers for the special issue is January 31, 2021.

### **JDR Clinical & Translational Research**

The *JDR Clinical & Translational Research*, 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 Clinical & Translational Research* 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.

### **JDR and JDR CTR COVID-19 Manuscript Submissions**

The *JDR* and *JDR CTR* continue to actively seek manuscript submissions on COVID-19. Manuscripts on this topic are prioritized for peer review. The article "Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine," as well as other articles published in the *JDR* and *JDR CTR*, have had a profound impact.

Most-read *JDR* and *JDR CTR* COVID-19 papers (as of October 19, 2020) include:

#### **JDR:**

#### **Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine. L.**

Meng, F. Hua, Z. Bian. *J Dent Res* 99: 5.

Views & downloads: 136,304

Citations: 257

**COVID-19 Transmission in Dental Practice: Brief Review of Preventive Measures in Italy.** R. Izzetti, M. Nisi, M. Gabriele, F. Graziani. *J Dent Res* 99: 9.  
Views & downloads: 36,209  
Citations: 43

**Salivary Glands: Potential Reservoirs for COVID-19 Asymptomatic Infection.**  
J. Xu, Y. Li, F. Gan, Y. Du, Y. Yao. *J Dent Res* 99: 8.  
Views & downloads: 20,704  
Citations: 43

#### **JDR CTR:**

**Dental Care and Oral Health under the Clouds of COVID-19.** Y.F. Ren, L. Rasubala, H. Malmstrom, E. Eliav. *JDR CTR* 5: 3.  
Views & downloads: 9,579  
Citations: 10

**COVID-19: Perspective of a Dean of Dentistry.** E. Emami. *JDR CTR* 5: 3.  
Views & downloads: 1,550  
Citations: 3

## **FINANCE**

The 2019 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 as of December 31, 2019, 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, 2019, AADR’s total assets were \$10.3 million (up \$1.3 million from 12/31/18), with \$9.2 million of those assets in reserves. The statement of activities for 2019 shows total operating expenses at \$2.1 million and net assets at the end of year at \$9.5 million.

On Dec 31, 2019, the AADR portfolio was estimated at \$9.2 million, up 16.1% from 2018. Cambridge Associates continues to provide investment advice to AADR and the portfolio has met our benchmarks for the last several years despite the market volatility. Although unaudited, the AADR portfolio as of Q3 2020 was \$8.2 million, up 5.8% YTD. Preliminary latest estimates for 2020 show AADR ending the year with a balanced budget after using only a \$1.1 million investment allocation (\$900K below budget due to cancellation of the annual meeting and other COVID-19 impacts).

## **AADR FUNDRAISING ACTIVITIES UPDATE**

As of September, 2020, AADR has received over \$1 million in donations, pledges and estate gifts. The AADR Board agreed to match endowment funds up to \$1 million at the start of AADR fundraising. In addition to the \$166,000 that AADR has matched thus far, there is another approximate \$134,934 in contributions received that will be matched when those funds reach endowment levels.

AADR 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.)

Other updates include:

- Regular communications and appreciation have been sent to AADR donors during COVID-19.
- A mailed solicitation letter 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 2020.
- A new fund was set up after the cancellation of the IADR/AADR General Session: IADR/AADR General Session Fund, which raised \$44,887 from donated meeting sponsorships and individuals.
- Registered attendees were asked if they wanted to donate their registration fees and more than \$50,000 was donated to help offset the costs of the meeting.
- There are four endowments created by the AADR 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 fourth Fellowship was given in 2020.
- Since fundraising staff cannot travel to meet with donors, other forms of communication are being used to keep in touch and thank donors such as handwritten notes, emails and letters.
- The AADR Development Committee is a committee of seven members to consult on strategic planning for philanthropic efforts and assist in executing fundraising initiatives. The committee continues to hold quarterly conference calls with AADR staff.
- AADR is still an AmazonSmile participant where shoppers can designate AADR as their charitable organization and AADR receives a portion of the proceeds. AADR has not received any significant funds from this program, but will continue to advise AADR members about the program.

## **AADR BLOC TRAVEL GRANT**

The National Institutes of Health (NIH) National Institute of Dental and Craniofacial Research (NIDCR) awarded AADR an AADR Bloc Travel Grant for Dental Students and NIDCR Supported Trainees for 2020. The AADR Bloc Travel Grant is available to dental students enrolled in accredited U.S. dental schools who are citizens or non-citizen nationals of the United States and NIDCR-supported Trainees. In 2020, 48 award recipients were notified that they had received the grant.

Unfortunately, the 2020 General Session & Exhibition of the IADR/AADR/CADR in Washington, D.C. was cancelled. However, NIDCR agreed to still support non-refundable costs associated with the AADR Bloc Travel Grant, due to COVID-19. AADR has applied for funding for the AADR Bloc Travel Grant for Dental Students and NIDCR Supported Trainees for 2021. AADR Bloc Travel Grant recipients are selected to receive funds based on the quality of an abstract accepted for presentation at the meeting.

## **2020 IADR/AADR/CADR GENERAL SESSION & EXHIBITION**

The 2020 AADR Annual Meeting, to be held in conjunction with the IADR General Session was unfortunately canceled due to the COVID-19 pandemic. It was a disappointment to not be

able to meet in person or celebrate the IADR Centennial. Many generous members and sponsors donated their registration fees and sponsorships to assist in defraying the costs for the canceled General Session. Members donated \$50,577 in registration fees and sponsors donated \$40,467. The sponsors who donated include: ADA Science & Research Institute, Bisco, Inc., Bruker BioSpin, Kuraray, America, Inc., Scanco Medical, Shofu Dental Corporation and SUNSTAR. We are thankful to all of our donors.

The highlight of announcing awards and competitions at the Opening Ceremonies was missed, however the award competitions were carried out virtually and [winners were announced via a video](#) provided to the membership. IADR/AADR members are able to view over 20 hours of content through IADR CE On Demand, including symposia, Centennial plenaries and Distinguished Lecture Series speakers. Over 750 oral, ePoster and poster sessions are also available in the IADR Abstracts Archive.



IADR Centennial tote bags were transformed into hygiene kits for families in need.

The cancellation also provided IADR/AADR an opportunity for good: IADR/AADR donated all 5,000 conference bags to Good360, a leader in product philanthropy. The bags, filled with tubes of toothpaste and other dental items that could no longer be used as originally intended, were transformed into hygiene kits that also included undergarments, socks and other wellness products for the homeless.

## FUTURE MEETINGS

### IADR/AADR/CADR Annual Meeting & General Session Combined Hybrid Meeting: July 21-24, 2021

The 50<sup>th</sup> Meeting of the AADR, held in conjunction with the 99<sup>th</sup> General Session of the IADR and the 45<sup>th</sup> Meeting of the CADR, will be held in Boston, Mass., from July 21-24, 2021. The 2021 IADR/AADR/CADR General Session & Exhibition will be a hybrid meeting, offering both a virtual and in-person meeting experience in Boston, Mass., USA. Attendees can present their cutting-edge research and view top-notch scientific programming, including poster presentations, oral presentations, symposia and Distinguished Lecture Series plenary sessions online or onsite.

The 51<sup>st</sup> Annual Meeting & Exhibition of the AADR and the 46<sup>th</sup> Annual Meeting of the CADR will take place March 23-26, 2022 in Atlanta Ga. The IADR Chengdu, China meeting, originally scheduled for June 2021, will be postponed until 2022 and will remain the IADR/APR General Session for that year. The 52<sup>nd</sup> Annual Meeting & Exhibition of the AADR and the 47<sup>th</sup> Annual Meeting of the CADR will take place March 15-18, 2023 in Portland, Ore. The 2024 IADR/AADR/CADR General Session & Exhibition will take place March 13-16, 2024 in New Orleans, La.

## IN MEMORIAM

### Marc Heft

Marc Heft, 92<sup>nd</sup> President of the IADR (2015-16) and 36<sup>th</sup> President of the AADR (2007-08) passed away on February 8, 2020. Heft also served as AADR Treasurer (2000-04) and on numerous IADR and AADR Committees both before and after his officer terms. As a Past President, there is a [tribute in the Journal of Dental Research](#).

### Leo M. Sreebny

Longtime AADR/IADR member Leo M. Sreebny passed away at the age of 98 on April 5, 2020 from complications caused by COVID-19. A former Dean (1975-79) and faculty member (1975-2005) of Stony Brook School of Dental Medicine, N.Y., Sreebny was a passionate advocate for research and innovation and was the recipient of the IADR Isaac Schour Memorial Distinguished Scientist Award in 1968. Sreebny encouraged discovery for hundreds within the State University of New York community through his establishment and generous support of the annual Leo and Mickey Sreebny Lectureship and Stony Brook School of Dental Medicine Research Symposium. He was known for his warmth and his backing of students and their academic pursuits, particularly in the name of research — his legacy will live on within the Stony Brook School of Dental Medicine.

### Rafael Lee Bowen

Rafael Lee Bowen, a dental materials researcher, passed away in April at the age of 94. Bowen was a member of IADR/AADR (1958-2018) and winner of the 2014 AADR Distinguished Scientist Award. In 1962, Bowen developed Bis-GMA, a methacrylate monomer used in most modern composite resin restorative materials, while working at the American Dental Association (ADA) Research Unit at the National Bureau of Standards. Bis-GMA has been the most-used resin in dental restoration for the past 50 years. Bowen retired from the ADA in 2018 after 62 years with the organization.

### Anthony R. Volpe

IADR/AADR member Anthony R. Volpe passed away on October 8, 2020. Volpe retired in 2012 as Vice President of Clinical Research and Scientific Affairs at Colgate-Palmolive Company at its Technology Center in Piscataway, N.J. An icon in the industry, Volpe had more than five decades of experience in clinical dental research, preventive dentistry and dental scientific affairs with over 250 scientific publications and presentations worldwide, as well as several U.S. patents in dental science. Volpe was a member of the IADR Pharmacology/Therapeutics/Toxicology Research Group and won the 2017 IADR Distinguished Scientist Award for Pharmacology/Therapeutics/Toxicology Research. Volpe was a noted philanthropist and contributed to many institutions and causes, including the AADR, supporting the AADR Student Research Fellowship, the AADR Mission and the AADR Anne D. Haffajee Fellowship.

### Sonia Makhija

IADR/AADR member Sonia Makhija, Associate Professor in the Department of Clinical and Community Sciences at the University of Alabama at Birmingham, USA, passed away on October 6, 2020. Makhija was currently serving as an AADR Representative to the IADR/AADR Publications Committee. Since joining IADR/AADR in 2003, Makhija held several roles. She served on the AADR Fellowships Committee and was serving as the Councilor for the AADR Alabama Section and the North American Director for the IADR Behavioral,

Epidemiologic and Health Services and Research Scientific Group (BEHSR). Makhija was a member of the IADR Evidence-based Dentistry Network and the IADR BEHSR.

### **Seb Ciancio**

Longtime IADR/AADR member Sebastian Ciancio passed away on October 17, 2020. Ciancio, served as Chair of the Department of Periodontics & Endodontics at the State University of New York at Buffalo since 1969, has been a member of the IADR/AADR since 1965 and has been active in various activities within AADR. Ciancio served as Executive Director of the Task Force on the Design and Analysis of Oral Health Research since 2004. Over the years the Task Force has supported AADR through awarded fellowships and most recently in support of the 2018 Fall Focused Symposium on Advances in Precision Oral Health held in collaboration with the NIDCR. Under his leadership the organization has sponsored various symposia, published a number of papers in the *Journal of Dental Research*, *JDR CTR* and *Advances in Dental Research*, provided travel grants for dental students to attend scientific conferences and updated the Task Force's strategic plan which emphasizes interaction with research organizations such as the IADR/AADR. Ciancio also served as the President of the IADR Pharmacology, Toxicology and Therapeutics Group, he was awarded the 2003 Distinguished Scientist Award in Pharmacology Award in 2003 and the 2019 AADR Presidential Citation. He has published 142 peer-reviewed papers, 152 abstracts and 34 book chapters.

### **Roy Christopher Page**

Roy Christopher Page, 11<sup>th</sup> President of the AADR (1982-83) and 64<sup>th</sup> President of the IADR (1987-88), passed away on October 29, 2020. Page has made unique and transforming research contributions to the understanding of the pathogenesis

and clinical management of the periodontal diseases. He joined the University of Washington, Seattle, USA, in 1967, established the Regional Dental Research Center in 1990 and received more than \$40 million in funding over the course of his fifty-year career. Page's journey of discovery has addressed critical questions about the biology of the periodontium and disease processes that adversely affect periodontal integrity. In 2001 he received the AADR Distinguished Scientist Award. As a Past President, there will be a tribute in the *Journal of Dental Research*.

### **William Maixner**

William Maixner, the Joannes H. Karis, M.D., Professor of Anesthesiology at Duke University, Durham, N.C., was a world-renowned pioneer in pain research. He dedicated his life-long career to unraveling the mysteries of chronic pain and was committed to translating basic discoveries into novel diagnostics and treatments to positively impact research, education and patient care. Maixner was the Program Director on the National Institute of Dental and Craniofacial Research's \$19 million, seven-year OPPERA study to examine pain produced by temporomandibular joint and muscle disorders. Maixner and his team was awarded an additional \$16 million in funding to support the study (called OPPERA II) for an additional five-year period. Maixner served as President of the IADR Neuroscience Scientific Group, was a speaker at many IADR and AADR meetings and received the AADR Distinguished Scientist Award in 2018.

## **CLOSING**

Despite the challenges that arrived in 2020, AADR quickly adapted to fit the needs of the dental, oral and craniofacial research community and our members. In closing, I would like to thank the leadership of Tim Wright and Mark Herzberg, the AADR Board of Directors, the AADR GHQ staff and all the AADR volunteer leaders.



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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, 2018, 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, 2018, 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.

## Independent Auditor's Report (continued)

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To the Council and Members  
American Association for Dental Research

### *Emphasis of Matter*

As discussed in Note 2 of the financial statements, the Association adopted Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The requirements of the ASU have been applied retrospectively to all periods presented. 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, 2017, 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 September 14, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2017, 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.  
October 11, 2019

Certified Public Accountants

# Independent Auditor's Report (continued)

**STATEMENT OF FINANCIAL POSITION**  
**DECEMBER 31, 2018**  
**(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2017)**

<b>Assets</b>	<b>2018</b>	<b>2017</b>
<b>Current Assets</b>		
Cash and Cash Equivalents	\$ 8,756	\$ 780,352
Accounts Receivable	82,468	99,700
Contributions Receivable	58,334	50,275
Due from IADR	-	33,670
Prepaid Expenses and Other Current Assets	90,896	123,533
Total Current Assets	240,454	1,087,530
<b>Investments</b>	8,088,314	8,802,609
<b>Fixed Assets, Net</b>	439,740	488,157
<b>Deferred Compensation Investment</b>	207,665	209,789
<b>Total Assets</b>	<b>\$ 8,976,173</b>	<b>\$ 10,588,085</b>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts Payable and Accrued Expenses	\$ 66,152	\$ 116,256
Due to IADR	207,710	-
Deferred Revenue		
Dues	99,947	424,740
Annual Meeting	-	325,041
Publications	-	4,900
Total Deferred Revenue	99,947	754,681
Total Current Liabilities	373,809	870,937
<b>Deferred Compensation Payable</b>	207,665	209,789
Total Liabilities	581,474	1,080,726
<b>Net Assets</b>		
Without Donor Restrictions		
Undesignated	7,873,030	8,850,765
Board Designated	169,822	193,911
Total Without Donor Restrictions	8,042,852	9,044,676
With Donor Restrictions		
Purpose Restricted	86,337	214,618
Endowment Funds	265,510	248,065
Total With Donor Restrictions	351,847	462,683
Total Net Assets	8,394,699	9,507,359
<b>Total Liabilities and Net Assets</b>	<b>\$ 8,976,173</b>	<b>\$ 10,588,085</b>

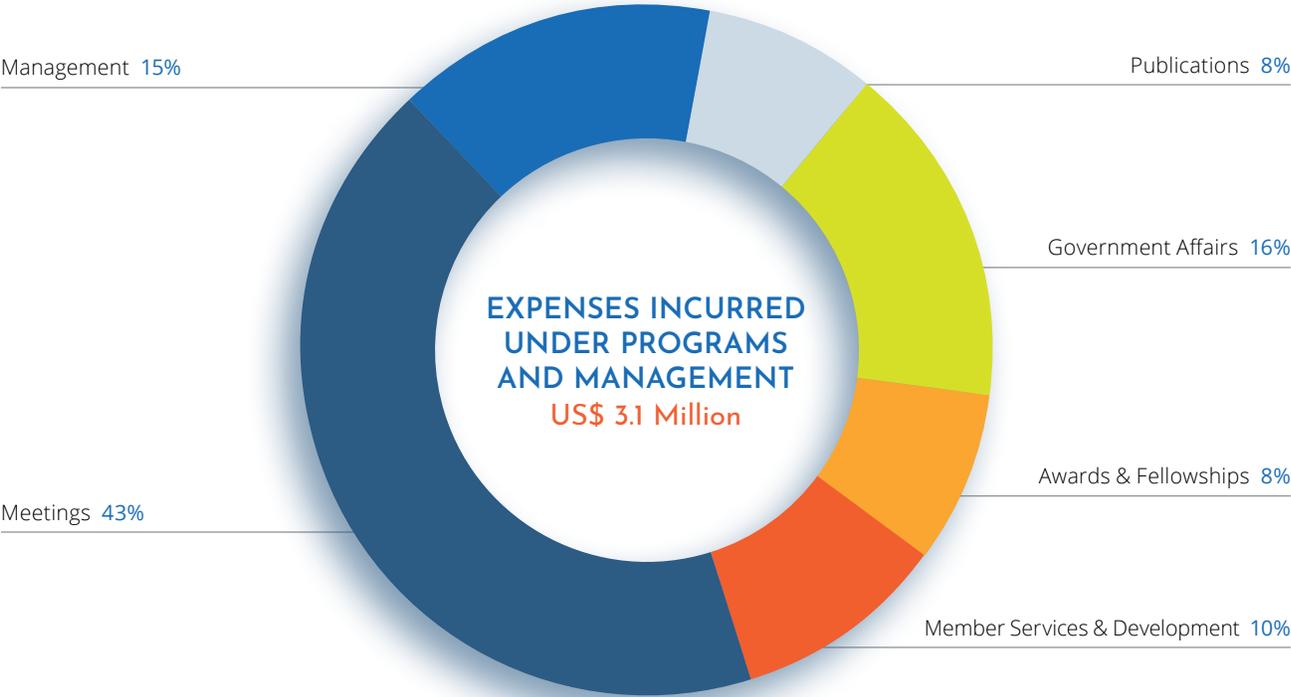
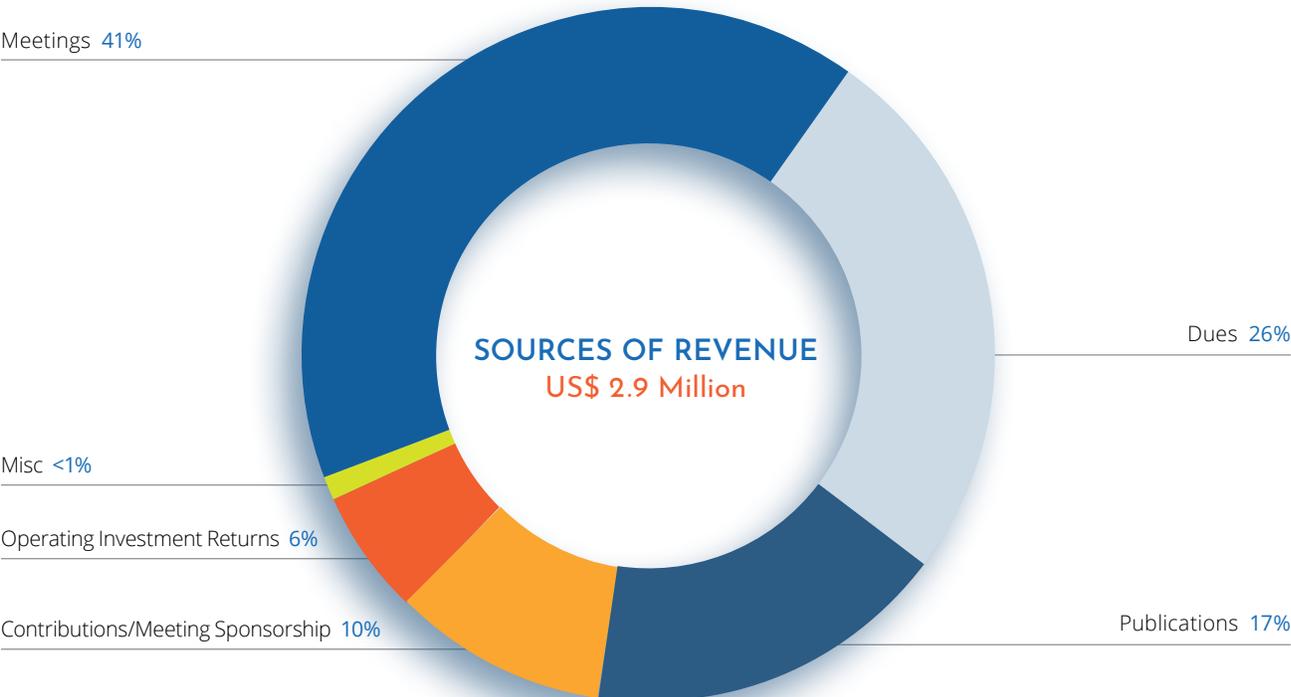
**STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED DECEMBER 31, 2018**  
**(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2017)**

	Without Donor Restrictions	With Donor Restrictions	2018 Total	2017 Total
<b>Revenues</b>				
Membership Dues	\$ 741,847	\$ -	\$ 741,847	\$ 719,088
Conference Registration	1,031,665	-	1,031,665	-
Exhibitors' Fees	114,165	-	114,165	-
Symposia	10,405	-	10,405	-
Division Share, Meeting Share, and Meeting Dividend	30,750	-	30,750	374,977
Royalties and Publishing	484,297	-	484,297	472,771
Advertising	16,015	-	16,015	14,413
Contributions and Sponsorships	34,473	252,235	286,708	326,630
Investment Return Designated for Current Operations	162,976	-	162,976	152,872
Miscellaneous	4,190	-	4,190	7,326
Net Assets Released from Restrictions	361,328	(361,328)	-	-
<b>Total Revenues</b>	<b>2,992,111</b>	<b>(109,093)</b>	<b>2,883,018</b>	<b>2,068,077</b>
<b>Expenses</b>				
Program Services				
Journal of Dental Research and Publishing	256,070	-	256,070	266,743
Annual Meeting and Symposia	1,334,977	-	1,334,977	820
Government Affairs	494,065	-	494,065	445,936
Awards, Grants, and Fellowships	255,712	-	255,712	256,255
Member Services and Other Programs	109,332	-	109,332	93,920
<b>Total Program Services</b>	<b>2,450,156</b>	<b>-</b>	<b>2,450,156</b>	<b>1,063,674</b>
Supporting Services				
Management and General Expenses	457,244	-	457,244	505,385
Membership Development	181,341	-	181,341	172,765
<b>Total Supporting Services</b>	<b>638,585</b>	<b>-</b>	<b>638,585</b>	<b>678,150</b>
<b>Total Expenses</b>	<b>3,088,741</b>	<b>-</b>	<b>3,088,741</b>	<b>1,741,824</b>
Change in Net Assets before Investment (Loss) Income	(96,630)	(109,093)	(205,723)	326,253
Investment Return in Excess of Amounts Designated for Current Operations	(905,194)	(1,743)	(906,937)	1,009,368
<b>Change in Net Assets</b>	<b>(1,001,824)</b>	<b>(110,836)</b>	<b>(1,112,660)</b>	<b>1,335,621</b>
Net Assets, Beginning of Year	9,044,676	462,683	9,507,359	8,171,738
<b>Net Assets, End of Year</b>	<b>\$ 8,042,852</b>	<b>\$ 351,847</b>	<b>\$ 8,394,699</b>	<b>\$ 9,507,359</b>

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED DECEMBER 31, 2018**  
**(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2017)**

	<u>2018</u>	<u>2017</u>
<b>Cash Flows from Operating Activities</b>		
Change in Net Assets	\$ (1,112,660)	\$ 1,335,621
Adjustments to Reconcile Change in Net Assets to Net Cash (Used in) Provided by Operating Activities		
Depreciation and Amortization	68,330	70,778
Net Realized and Unrealized Loss (Gain) on Investments	890,191	(1,034,186)
<u>(Increase) Decrease in Assets</u>		
Accounts Receivable	17,232	(54,046)
Contributions Receivable	(8,059)	(19,575)
Due from IADR	33,670	(33,670)
Prepaid Expenses and Other Current Assets	32,637	(77,531)
Investment in Deferred Compensation	2,124	(49,241)
<u>Increase (Decrease) in Liabilities</u>		
Accounts Payable and Accrued Expenses	(50,104)	13,049
Due to IADR	207,710	(97,433)
Deferred Revenue	(654,734)	483,669
Deferred Compensation Payable	(2,124)	49,241
Net Cash (Used in) Provided by Operating Activities	<u>(575,787)</u>	<u>586,676</u>
<b>Cash Flows from Investing Activities</b>		
Purchases of Investments	(565,898)	(205,950)
Proceeds from Sales and Maturities of Investments	390,002	50,000
Purchases of Fixed Assets	(19,913)	(72,050)
Net Cash Used in Investing Activities	<u>(195,809)</u>	<u>(228,000)</u>
Net (Decrease) Increase in Cash and Cash Equivalents	(771,596)	358,676
Cash and Cash Equivalents, Beginning of Year	<u>780,352</u>	<u>421,676</u>
<b>Cash and Cash Equivalents, End of Year</b>	<u><u>\$ 8,756</u></u>	<u><u>\$ 780,352</u></u>

# 2018 OPERATIONAL HIGHLIGHTS



# Chief Executive Officer's Report on the Budgets, 2019-2023

## AADR Budgets

### Overall assessment

A summary of the AADR operating budget during the period 2019 through 2023 is illustrated in **Table A1**. Investment income and expense is reflected for only Quasi-endowments and general operations allocations when necessary. For each year in this period, the total income and expenses in each of the programs is displayed with an overall total for each year.

In 2020, an investment allocation of \$1,066,000 is estimated to be needed to balance the budget. This compares to the \$104,000 included in the original budget. The large shortfall is primarily due to AADR's share of the joint meeting loss for the March meeting that was cancelled due to COVID-19 as compared to a budgeted surplus of \$399,000 for the meeting. This shortfall is partially offset by a lower than expected shortfall on operations primarily due to lower Board, government affairs and staff travel costs.

In 2021, an investment allocation of \$361,000 is projected to be required to balance the budget. Additional investment allocations are also budgeted in 2022 and 2023. Although investment allocations are typical in years when AADR holds separate meetings, it has been unusual to require one in years

when AADR receives greater revenue from joint meetings held with IADR (as in 2019).

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. The Board increased the annual spending policy rate from 2% to 4% beginning in 2020. However, given the size of the loss from the cancelled March meeting, the Board will need to decide to approve a one-time additional allocation from the investment portfolio, or reflect a deficit for 2020.

Large swings can occur in the net income of Fellowships & Awards (F&A) due to timing issues related to receiving contributions in one year and issuing awards the following year. When F&A activity is included in the overall operating budgets, the results can be misleading. Because of this F&A are excluded from the Total Operations Budget amount. Fellowships & Awards are presented on the Summary Budget below the Total Operations amount for information purposes only.

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

## Table A1. Summary

	2019 - Actual			2020 - Year-End Estimate			2020 Budget		
	INCOME	EXPENSES	NET INCOME	INCOME	EXPENSES	NET INCOME	INCOME	EXPENSES	NET INCOME
<b>AADR Operations</b>									
General	767,728	1,384,757	(617,029)	696,584	1,245,490	(548,906)	777,129	1,456,465	(679,336)
- Investment Allocation	42,272	0	42,272	1,066,013	0	1,066,013	103,516	0	103,516
Annual Meeting	394,261	0	394,261	0	690,414	(690,414)	398,888	0	398,888
Fall Focused Symposium	27,534	54,971	(27,437)	5,410	34,779	(29,369)	13,000	34,779	(21,779)
Tobacco Conference	15,549	16,077	(527)	0	0	-	0	0	-
<b>Subtotal - AADR</b>	<b>1,247,345</b>	<b>1,455,805</b>	<b>(208,460)</b>	<b>1,768,007</b>	<b>1,970,684</b>	<b>(202,677)</b>	<b>1,292,533</b>	<b>1,491,244</b>	<b>(198,711)</b>
<b>Joint Publications</b>									
Journal of Dental Research*	460,022	249,215	210,807	437,694	229,495	208,199	440,116	230,363	209,753
JDR Clinical & Translational Research	49,337	51,684	(2,347)	47,125	52,646	(5,521)	47,863	58,906	(11,042)
<b>Subtotal - Joint Publications</b>	<b>509,359</b>	<b>300,899</b>	<b>208,460</b>	<b>484,819</b>	<b>282,141</b>	<b>202,678</b>	<b>487,980</b>	<b>289,268</b>	<b>198,711</b>
<b>Total - Operations</b>	<b>1,756,703</b>	<b>1,756,703</b>	<b>(0)</b>	<b>2,252,826</b>	<b>2,252,826</b>	<b>0</b>	<b>1,780,513</b>	<b>1,780,513</b>	<b>(0)</b>
Net Income as a Percent of Income			0.0%			0.0%			0.0%
<b>Other</b>									
Fellows & Awards**	214,382	143,958	70,424	63,673	52,488	11,185	212,109	141,511	70,598
Total - Operations and Awards	1,971,085	1,900,661	70,424	2,316,499	2,305,314	11,185	1,992,622	1,922,024	70,598

	2021 Budget			2022 Budget			2022 Budget			2023 Budget		
	INCOME	EXPENSES	NET INCOME									
<b>AADR Operations</b>												
General	754,043	1,448,604	(694,561)	754,043	1,448,604	(694,561)	783,429	1,437,136	(653,707)	809,098	1,487,697	(678,599)
- Investment Allocation	360,979	0	360,979	360,979	0	360,979	359,325	0	359,325	220,876	0	220,876
Annual Meeting	0	309,371	(309,371)	198,637	0	198,637	1,784,220	1,620,158	164,061	1,972,855	1,623,667	349,188
Fall Focused Symposium	37,065	71,974	(34,909)	37,065	71,974	(34,909)	37,065	71,467	(34,402)	37,065	72,614	(35,549)
Tobacco Conference	0	0	-	0	0	-	0	0	-	0	0	-
<b>Subtotal - AADR</b>	<b>1,152,087</b>	<b>1,829,949</b>	<b>(677,863)</b>	<b>1,350,723</b>	<b>1,520,578</b>	<b>(169,855)</b>	<b>2,964,038</b>	<b>3,128,761</b>	<b>(164,723)</b>	<b>3,039,894</b>	<b>3,183,977</b>	<b>(144,083)</b>
<b>Joint Publications</b>												
Journal of Dental Research*	425,685	243,052	182,632	425,685	243,052	182,632	411,170	233,159	178,011	397,382	237,536	159,845
JDR Clinical & Translational Research	45,342	58,119	(12,777)	45,342	58,119	(12,777)	44,143	57,432	(13,288)	43,005	58,767	(15,763)
<b>Subtotal - Joint Publications</b>	<b>471,026</b>	<b>301,171</b>	<b>169,855</b>	<b>471,026</b>	<b>301,171</b>	<b>169,855</b>	<b>455,314</b>	<b>290,591</b>	<b>164,723</b>	<b>440,387</b>	<b>296,304</b>	<b>144,083</b>
<b>Total - Operations</b>	<b>1,623,113</b>	<b>2,131,120</b>	<b>(508,008)</b>	<b>1,821,750</b>	<b>1,821,749</b>	<b>0</b>	<b>3,419,352</b>	<b>3,419,352</b>	<b>0</b>	<b>3,480,281</b>	<b>3,480,281</b>	<b>(0)</b>
Net Income as a Percent of Income			-31.3%			0.0%			0.0%			0.0%
<b>Other</b>												
Fellows & Awards**	213,264	141,754	71,509	0	0	-	388,099	183,044	205,055	245,663	183,096	62,567
Total - Operations and Awards	1,836,377	2,272,875	(436,498)	1,821,750	1,821,749	0	3,807,451	3,602,396	205,055	3,725,944	3,663,377	62,567

\* JDR & JDR-CTR are split 50/50 between IA and AA. Publishing was outsourced to SAGE beginning in 2009

\*\* Due to typical fluctuations in Awards, Fellowships & Grants, net income can vary greatly from year to year and, therefore, this category is reported separately from the Total Operations budgets.

\*\*\* 2021 includes an increase to Member dues rates. Without this incr. the operating income would be \$9,000 less. 2022 also includes increases to Member dues rates. Without this incr. operating income would be \$14,000 less.

## Table A2. General Operations

	ACTUAL 2019	YTD 9/30/2020	Year-End Estimate 12/31/2020	BUDGET 2020	Proposed BUDGET 2021	Preliminary BUDGET 2022	Preliminary BUDGET 2023
<b>REVENUE</b>							
Institutional & Corporate dues	416,375	387,673	390,000	400,000	400,000	400,000	400,000
Membership Dues	302,602	288,088	289,528	348,712	325,681	351,107	376,776
Miscellaneous	48,751	12,792	17,056	28,417	28,362	32,322	32,322
<b>TOTAL REVENUE</b>	<b>767,728</b>	<b>688,553</b>	<b>696,584</b>	<b>777,129</b>	<b>754,043</b>	<b>783,429</b>	<b>809,098</b>
<b>EXPENSES</b>							
Employee salaries	567,810	418,901	596,127	614,815	647,984	665,759	699,047
Employee benefits	170,634	130,930	168,437	172,154	179,881	186,413	195,733
Overhead Allocation	201,691	187,487	249,983	240,052	258,452	210,364	213,593
Merchant Fees	18,742	6,923	14,698	16,397	15,910	16,530	17,072
Shipping & courier	1,099	50	1,000	1,545	1,500	1,545	1,591
Board Costs - Travel & Mtg	145,113	8,591	8,591	100,000	103,000	106,090	109,273
Travel - Staff	10,174	2,777	2,777	16,000	10,500	10,500	10,500
Government Affairs	121,301	69,458	92,611	163,000	121,000	121,000	121,000
Media & Public Relations	10,803	12,504	12,504	10,500	12,750	13,133	13,526
Member Retention	30,283	38,343	40,000	15,000	22,500	22,500	22,500
Member Recruitment	18,363	1,250	2,500	15,000	15,000	15,000	15,000
Organizational dues	34,866	32,361	32,361	32,000	32,500	32,750	33,000
Programatic Sponsorships	8,138	7,233	12,233	12,500	10,000	10,000	10,000
Student Research Group	14,028	5,604	5,604	15,250	7,625	15,250	15,250
Miscellaneous	17,367	4,549	6,065	9,800	10,000	10,300	10,609
<b>TOTAL EXPENSES</b>	<b>1,384,757</b>	<b>926,961</b>	<b>1,245,490</b>	<b>1,456,465</b>	<b>1,448,604</b>	<b>1,437,136</b>	<b>1,487,697</b>
Net Income (before investment alloc)	(617,029)	(238,408)	(548,906)	(679,336)	(694,561)	(653,707)	(678,599)
Investment Allocation	42,272		1,066,013	103,516	360,979	359,325	220,876
<b>Adjusted Net Income</b>	<b>(574,757)</b>	<b>(238,408)</b>	<b>517,107</b>	<b>(575,820)</b>	<b>(333,582)</b>	<b>(294,382)</b>	<b>(457,723)</b>

Budget Assumptions	YTD 2019	YTD 9/30/2020	Estimated 12/31/2020	BUDGET 2020	BUDGET 2021	BUDGET 2022	BUDGET 2023
Member dues	1,850 \$ 155.00	1,649 \$ 160.00	1,677 \$ 160.00	2,002 \$ 160.00	1,850 \$ 165.00	1,906 \$ 170.00	1,963 \$ 175.00
Affiliate Member dues	23 \$ 124.00	21 \$ 128.00	21 \$ 128.00	29 \$ 128.00	23 \$ 132.00	30 \$ 136.00	30 \$ 140.00
Retired Member dues	102 \$ 40.00	102 \$ 40.00	102 \$ 40.00	102 \$ 40.00	102 \$ 40.00	102 \$ 45.00	102 \$ 50.00
Student dues	931 \$ 40.00	932 \$ 40.00	941 \$ 40.00	1,095 \$ 40.00	931 \$ 40.00	959 \$ 45.00	988 \$ 50.00

### 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 are usually necessary in years when AADR holds stand-alone meetings when revenues are typically lower. However, due to unusually strong finances in recent years, no investment allocation has been needed from 2011 -2017. But, with investment allocations expected each year from 2018 – 2023, 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 2019, 2020 and 2021 are 26.5%, 27.7% and 27.5% respectively. Total 2020 general operations expenses are estimated to be \$211,000 lower than budgeted amount, due to lower GHQ, Board and government affairs costs. Future year budget figures are based on maintaining similar spending patterns to 2020.

#### Comments

- The net result of the AADR 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 AADR operating budget.
- 2020 renewal totals show that the number of Members declined by about 9% from 2019 totals.
- We are optimistic that membership will return to 2019 levels in 2021. The number of members and students is budgeted to increase by 3% per year in 2022 & 2023.

# Table A3. Meetings

	ACTUAL 2018	ACTUAL 2019	YTD 9/30/2020	Year-End Estimate 12/31/2020	BUDGET 2020	Virtual (Hybrid)	Virtual Only	Atlanta Preliminary BUDGET 2022	Portland Preliminary BUDGET 2023
						Joint-Boston	Joint-Boston		
						Proposed BUDGET 2021	Proposed BUDGET 2021		
<b>REVENUE</b>									
Registration	1,041,120	0	0	0	0	0	0	1,474,728	1,609,085
Member reg									
Non-member reg									
Student reg									
Accomp persons									
Exhibition Fees	114,166	0	0	0	0	0	0	127,242	174,020
Advertising									
Contributions									
Symposium									
Sponsorship & Advertising	178,315					0	0	180,500	188,000
Division Share *	0	71,690	0	0	113,466	0	0	0	0
IADR Meeting Share **	0	258,084	(579,297)	(690,414)	204,238	(309,371)	198,637	0	0
Meeting Dividend	30,750	64,487	0	0	81,184	0	0	0	0
Interest									
Miscellaneous	3,203				0	0	0	1,750	1,750
<b>TOTAL REVENUE</b>	<b>1,367,554</b>	<b>394,261</b>	<b>(579,297)</b>	<b>(690,414)</b>	<b>398,888</b>	<b>(309,371)</b>	<b>198,637</b>	<b>1,784,220</b>	<b>1,972,855</b>
<b>EXPENSES</b>									
Employee Salaries	250,918	0	0	0	0	0	0	260,044	273,046
Employee Benefits	66,101	0	0	0	0	0	0	72,812	76,453
Overhead Allocation	90,550	0	0	0	0	0	0	84,950	83,429
Personnel	46,561	0	0	0	0	0	0	164,188	167,162
Merchant Fees/Bank Charges	34,101	0	0	0	0	0	0	46,871	51,827
Organization									
Meeting Venue	84,122	0	0	0	0	0	0	180,540	150,250
Scientific Program	509,399	0	0	0	0	0	0	609,830	570,579
Exhibition	42,358	0	0	0	0	0	0	68,600	68,600
Business Meeting									
Travel									
Networking Opportunities	65,485	0	0	0	0	0	0	90,675	130,675
Meeting Promotion	21,863	0	0	0	0	0	0	36,648	46,648
Miscellaneous	2,914	0	0	0	0	0	0	5,000	5,000
<b>TOTAL EXPENSES</b>	<b>1,214,371</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,620,158</b>	<b>1,623,667</b>
<b>Net Income (Before Adjustments)</b>	<b>153,182</b>	<b>394,261</b>	<b>(579,297)</b>	<b>(690,414)</b>	<b>398,888</b>	<b>(309,371)</b>	<b>198,637</b>	<b>164,061</b>	<b>349,188</b>

**Prior Period Adjustments**

**Net Income (After Adjustments)**

Budget Assumptions	2018 Actual	2022			2023		
	Attendees	Budget # Attendees	Actual Reg. Fees	Budget Reg. Income	Budget # Attendees	Actual Reg. Fees	Budget Reg. Income
Member Registration(Pre-reg)	1,039	719	635	456,565	450	665	299,250
Member Registration(on-site)	157						
Member Reg - 5 Year Member		719	571	410,549	1,050	600	630,000
Non-Member Registration(pre-reg)	72	115	1,090	125,350	115	1,145	131,675
Non-Member Registration(on-site)	13						
Student Registration(per-reg)	911	891	315	280,665	1,000	330	330,000
Student Registration(on-site)	20						
Student Non-Member Reg(pre-reg)	94	213	540	115,020	212	565	119,780
Student Non-Member Reg(on-site)	10						
Retired Member	43	29	315	9,135	29	330	9,570
Exhibitor-only Registration	32						
Accomp. Persons	116	115	65	7,475	115	70	8,050
	2,507	2,801		1,404,759	2,971		1,528,325
Abstract Submission Fees		1948	25	48,700	2377	25	59,425
Lunch & Learning	143	225	65	14,625	225	65	14,625
Meet-a-Mentor Lunch	40	65	25	1,625	65	25	1,625
Faculty Development Day	23	40	130	5,200	40	130	5,200
	0						
Exhibits	34	25	varies	127,242	36	varies	174,020

\* Division Share is received when a IADR holds a meeting in North America.

\*\* Per the MOU with IADR, Meeting Share is received when IADR holds a meeting jointly with AADR.

## Meeting (Table A3)

### Revenue

The income is mainly determined by the number of attendees and the registration fees. In years when AADR 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/AADR meeting surplus when the AADR is designated as a "Host Division". The IADR Meeting Share is calculated as 36% of the meeting surplus from a joint IADR/AADR meeting held in North America. And the Meeting Dividend is calculated based on AADR member attendance to IADR or joint IADR/AADR 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 AADR can distribute the costs to one combined IADR/AADR 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.
- AADR's share of the net loss from the cancelled March meeting in Washington DC is expected to be \$690,000 as compared to a budgeted surplus of \$399,000.

## Table A4. Fall Focused Symposium

	ACTUAL 2019	YTD 9/30/2020	Year-End Estimate 12/31/2020	Revised BUDGET 2020
<b>REVENUE</b>				
Member reg	4,541	0	3,450	3,800
Non-member reg	2,093	0	1,500	7,200
Student reg	715	0	460	2,000
Contributions	20,000	0	0	0
Miscellaneous	185	33	0	0
<b>TOTAL REVENUE</b>	<b>27,534</b>	<b>33</b>	<b>5,410</b>	<b>13,000</b>
<b>EXPENSES</b>				
Employee Salaries	11,265	8,780	11,768	11,768
Employee Benefits	3,280	2,383	3,294	3,294
Overhead Allocation	4,190	3,592	4,593	4,593
Merchant Fees	147	0	375	375
Organization	0	0	0	0
Meeting Venue	0	0	12,250	12,250
Scientific Program	8,951	3,250	2,500	2,500
Travel	13,747	0	0	0
Social Program	13,038	0	0	0
Printing & Promotion	353	0	0	0
Publication	0	0	0	0
Miscellaneous	0	0	0	0
<b>TOTAL EXPENSES</b>	<b>54,971</b>	<b>18,005</b>	<b>34,779</b>	<b>34,779</b>
<b>Net Income</b>	<b>(27,437)</b>	<b>(17,972)</b>	<b>(29,369)</b>	<b>(21,779)</b>
<b>Prior Period Adjustments</b>	(7,580)			
<b>Net Income (After Adjustments)</b>	<b>(35,017)</b>			

### Fall Focused Symposium (Table A4)

AADR 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.

#### Revenue

The two main sources of revenue are registration income and sponsorships. No sponsorships were sought for the 2020 FFS given the fact that the meeting was held virtually.

Both attendance and sponsorship revenue was lower than expected resulting in lower total revenue.

#### Expenses

The primary expenses in a typical year where an in-person meeting is held are headquarters salaries, benefits, and overhead, as well as audio/video fees, speaker travel, and catering.

Expenses for the 2020 FFS are still being finalized.

#### 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 \$20,000 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 AADR no longer held the symposium. It is financially better for AADR 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 AADR's membership and the benefits accomplished through communication of AADR's scientific impact. Attendance over 75 is considered "good", while attendance below 40 is "not successful".

## Table A5. Fellowships, Awards, and Quasi-Endowments Summary

	ACTUAL	YTD	Year-End	BUDGET	Proposed	Preliminary	Preliminary
	2019	6/30/2020	Estimate	2020	BUDGET	BUDGET	BUDGET
			12/31/2020		2021	2022	2023
<b>REVENUE</b>							
Contributions	157,779	55,176	62,139	182,630	182,630	210,790	191,790
AADR Portfolio allocation	3,715	1,150	1,533	0	0	125,000	1,000
Total Return On Investment	52,888	3,609	0	29,479	30,634	52,309	52,873
<b>TOTAL REVENUE</b>	<b>214,382</b>	<b>59,935</b>	<b>63,673</b>	<b>212,109</b>	<b>213,264</b>	<b>388,099</b>	<b>245,663</b>
<b>EXPENSES</b>							
Awards/Fellowships/Mission Support	131,585	40,828	42,133	128,200	128,200	161,700	161,700
Plaques	80	160	160	80	80	305	305
Miscellaneous	1,000	1	1	100	100	2,450	2,450
Admin Fees	9,676	3,741	6,782	11,717	11,662	15,622	15,622
Investment Fees	1,617	1,706	3,412	1,414	1,713	2,968	3,019
<b>TOTAL EXPENSES</b>	<b>143,958</b>	<b>46,436</b>	<b>52,488</b>	<b>141,511</b>	<b>141,754</b>	<b>183,044</b>	<b>183,096</b>
<b>Net Income</b>	<b>70,424</b>	<b>13,499</b>	<b>11,185</b>	<b>70,598</b>	<b>71,509</b>	<b>205,055</b>	<b>62,567</b>
Balance from Previous Year	543,557	613,981	613,981	613,981	684,579	756,088	961,143
Prior Year Balance Adjustment							
<b>Balance at Year End</b>	<b>613,981</b>	<b>627,480</b>	<b>625,166</b>	<b>684,579</b>	<b>756,088</b>	<b>961,143</b>	<b>1,023,710</b>

### 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 AADR. In 2014, AADR 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 AADR. \$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 AADR'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 AADR 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 JPI. Journal of Dental Research

	ACTUAL 2019	YTD 9/30/2020	Year-End Estimate 12/31/2020	BUDGET 2020	Proposed BUDGET 2021	Preliminary BUDGET 2022	Preliminary BUDGET 2023
<b>REVENUE</b>							
Member subs	20,555	16,200	19,620	19,620	17,658	15,892	14,303
Student subs	2,300	1,650	2,070	2,070	1,863	1,677	1,509
<i>Advances in Dental Research</i>	9,145	0	0	0	0	0	0
Miscellaneous	1,387	388	388	800	800	800	800
Less: Subscription Rev to SAGE	(24,851)	(17,850)	(21,690)	(21,690)	(19,521)	(17,569)	(15,812)
Advertising Share	11,711	0	10,000	11,125	10,569	10,041	9,539
Editorial Stipend	270,000	198,750	265,000	270,000	270,000	270,000	270,000
Royalty Income	629,797	575,138	600,000	598,307	570,000	541,500	514,425
<b>TOTAL REVENUE</b>	<b>920,044</b>	<b>774,276</b>	<b>875,388</b>	<b>880,233</b>	<b>851,369</b>	<b>822,341</b>	<b>794,764</b>
<b>EXPENSES</b>							
Employee salaries	130,627	97,608	125,942	129,890	136,800	126,409	132,730
Employee benefits	33,994	25,612	35,560	36,344	38,277	35,395	37,164
Overhead Allocation	38,350	34,548	46,064	42,599	46,305	38,659	38,149
Merchant Fees	776	192	384	672	605	545	490
Printing	0	1,142	1,142	0	0	0	0
Editorial expenses/Ed Board	189,841	196,321	205,321	206,200	221,550	221,550	221,550
Taxes	817	0	0	2,900	2,800	2,800	2,800
<i>Advances in Dental Research</i>	24,145	0	0	0	0	0	0
Legal	33,106	28,951	38,601	35,020	36,071	37,153	38,267
Media/PR/Communication/Ann Rpt	0	0	0	0	698	718	740
Miscellaneous	26,571	3,366	4,488	7,100	3,000	3,090	3,183
Editor Search	20,203	1,488	1,488	0	0	0	0
<b>TOTAL EXPENSES</b>	<b>498,430</b>	<b>389,228</b>	<b>458,990</b>	<b>460,726</b>	<b>486,105</b>	<b>466,318</b>	<b>475,073</b>
<b>Net Income</b>	<b>421,614</b>	<b>385,048</b>	<b>416,398</b>	<b>419,507</b>	<b>365,264</b>	<b>356,023</b>	<b>319,691</b>

	ACTUAL 2019	YTD 9/30/2020	Year-End Estimate 12/31/2020	Budget 2020	Budget 2021	Budget 2022	Budget 2023
<b>Budget Assumptions</b>							
<b>JDR</b>							
Member Print							
Rate	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Number of	436	324	392	392	353	318	286
	21,800	16,200	19,620	19,620	17,658	15,892	14,303
Student Subs Print							
Rate	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Number of	92	66	83	83	75	67	60
	2,300	1,650	2,070	2,070	1,863	1,677	1,509

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

## Joint Publications Budgets

### Journal of Dental Research (Table JPI)

The *Journal of Dental Research* is jointly owned by the International and American Associations for Dental Research 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/AADR, 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/AADR during the membership renewal process and all subscription revenue is then forwarded to SAGE. IADR/AADR 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 increased nearly every year and has exceeded the contractual minimum every year. However, to budget conservatively, future year royalty income is budgeted to decline by 5% per year.

Royalty revenue is expected to decrease from 2019 to 2020 by about the budgeted amount of 5%. The small decrease in editorial stipend revenue relates to the fact that an in-person editors' meeting will not be held in 2020 due to COVID.

#### Expenses

IADR/AADR is responsible for paying editorial costs and various management and overhead costs. Expected 2020 expenses are projected to be slightly lower than budget.

Editorial expenses are budgeted to increase in 2021 as it will be the first full year of the new editor contracts which include an adjustment in compensation for the Editor in Chief.

## Table JP2. JDR Clinical & Translational Research

	ACTUAL 2019	YTD 9/30/2020	Year-End Estimate 12/31/2020	BUDGET 2020	Proposed BUDGET 2021	Preliminary BUDGET 2022	Preliminary BUDGET 2023
<b>REVENUE</b>							
Member subs	2,866	2,540	3,444	3,608	3,969	4,366	4,802
Student subs	432	360	488	488	537	591	650
Less: Subscription Rev to SAGE	(3,637)	(2,900)	(3,932)	(4,096)	(4,506)	(4,957)	(5,452)
Miscellaneous	449	117	250	250	250	250	250
Advertising Share	0	0	0	0	0	0	0
Editorial Stipend	42,500	30,000	40,000	42,500	42,500	42,500	42,500
Royalty Income	56,063	50,456	54,000	52,977	47,933	45,537	43,260
<b>TOTAL REVENUE</b>	<b>98,673</b>	<b>80,573</b>	<b>94,250</b>	<b>95,727</b>	<b>90,683</b>	<b>88,287</b>	<b>86,010</b>
<b>EXPENSES</b>							
Employee salaries	42,247	31,597	40,689	41,965	44,257	44,298	46,513
Employee benefits	10,986	8,282	11,504	11,758	12,391	12,404	13,024
Overhead Allocation	12,405	11,174	14,899	13,781	14,989	13,547	13,369
Merchant Fees	118	38	51	127	140	154	169
Marketing	2,171	0	1,500	10,000	1,500	1,500	1,500
Editorial expenses/Ed Board	35,365	34,992	35,650	38,150	41,460	41,460	41,460
Legal	0	0	1,000	1,000	1,000	1,000	1,000
Miscellaneous	75	0	0	1,030	500	500	500
<b>TOTAL EXPENSES</b>	<b>103,367</b>	<b>86,083</b>	<b>105,293</b>	<b>117,811</b>	<b>116,237</b>	<b>114,863</b>	<b>117,535</b>
<b>Net Income</b>	<b>(4,694)</b>	<b>(5,510)</b>	<b>(11,043)</b>	<b>(22,084)</b>	<b>(25,554)</b>	<b>(26,577)</b>	<b>(31,525)</b>
<b>Budget Assumptions</b>	<b>ACTUAL 2019</b>	<b>YTD 9/30/2020</b>	<b>Year-End Estimate 12/31/2020</b>	<b>Budget 2020</b>	<b>Budget 2021</b>	<b>Budget 2022</b>	<b>Budget 2023</b>
Member Print							
Rate	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Number of	164	127	172	180	198	218	240
	3,280	2,540	3,444	3,608	3,969	4,366	4,802
Student Subs Print							
Rate	\$12	\$12	\$12	\$12	\$12	\$12	\$12
Number of	37	30	41	41	45	49	54
	444	360	488	488	537	591	650

### JDR Clinical & Translational Research (Table JP2)

Created in 2016, the *Journal of Dental Research Clinical & Translational Research* is jointly owned by the International and American Associations for Dental Research 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/AADR, 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/AADR during the membership renewal process and all subscription revenue is then forwarded to SAGE. IADR/AADR 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 2020.

Royalty income has exceeded the budgeted estimate every year. However, a 2020 financial estimate has not yet been received

from SAGE, so the current year estimate assumes only the budgeted royalty revenue. To be conservative, future year royalty income is budgeted to decline by 5% per year.

#### Expenses

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

2020 expenses are expected to be lower than budget primarily due to a lower marketing costs. Future year budgets are planned at similar amounts to the 2020 budget. However, modest increases in editorial expenses are included in 2021-2023 which reflect a new agreement with the Editor in Chief.

#### Comments

- 2020 net income is expected to exceed budget by about \$10,000
- 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 3 — 2020-2021 AADR Board of Directors and Committees

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### Board of Directors

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Mark Herzberg, President  
Jacques Eduardo Nör, President-elect  
Jane A. Weintraub, Vice-president (elected)  
J. Timothy Wright, Immediate Past President  
Olga Baker, Treasurer (2020)  
Brenda Heaton, Member-at-Large (2022)  
Carmem Silvia Pfeifer, Member-at-Large (2021)  
Luciana Machion Shaddox, Member-at-Large (2023)  
Mary Fete, Patient Advocate Representative (2020)  
Mildred C. Embree, Member (2021)  
Joe D. Oxman, Member (2023)  
Natalie Atyeo, Student Representative (2022)  
Alexandra Eileen Herzog, Student Representative (2022)  
*JDR* Editor-in-Chief, Nicholas Stephen Jakubovics (2025)  
Jocelyne Feine, *JDR CTR* Editor-in-Chief (2024)  
Christopher H. Fox, Chief Executive Officer (2025)

### Annual Session

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Alexandre Vieira (2021), Chair  
Lorri Ann Morford (2022)  
Fernando Luis Esteban Florez (2022)  
Julie Frantsve-Hawley (2023)  
Kamran Habib Awan (2023)

### Constitution

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Liang Chen (2021)  
Alex Delgado (2021)  
Bruno Cavalcanti (2021)  
Linda Kaste (2022)  
Srinivas Venkatasatya (2022)  
Tamanna Tiwari (2022)  
Vivek Thumbigere Math (2022)  
Dolphus R. Dawson (2023)  
Alexandra Pierre-Bez (2023)

### Committee on Diversity and Inclusion

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Hansel Fletcher (2021), Chair  
Chun-Teh Lee (2021)  
Cameron Lindsey Randall (2021)  
Seunghee Cha (2022)  
Yong-Hee Patricia Chun (2022)  
Kamran Habib Awan (2022)  
Sylvia A. Frazier-Bowers (2023)  
Keith A. Mays (2023)  
Gisele F. Neiva (2023)

### Development

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Mina Mina (2021), Chair  
David Wong (2021)  
Erin Ealba Bumann (2023)  
Athena Papas (2023)  
Sheila Riggs (2023)  
Linda Kaste (2023)  
David Johnsen (2023)

### Distinguished Scientist Award

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Maria Emanuel Ryan, Chair  
Tim DeRouen (2021)  
Paul Krebsbach (2022)  
Jack Ferracane (2023)  
Raul Garcia (2024)

### Edward H. Hatton Awards

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Erin Lynn Ealba Bumann (2021), Chair  
Zhao Lin (2021)  
Anna Dongari-Bagtzoglou (2022)  
Alireza Moshaverinia (2022)  
Geelsu Hwang (2022)  
Deepak Saxena (2023)  
Mina Mina (2023)  
Sharukh S. Khajotia (2023)  
Livia Tenuta (2023)

### Ethics in Dental Research

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Julie Frantsve-Hawley (2021), Chair  
Flavia Lakschevitz (2021)  
Liang Chen (2021)  
Christopher Vincent Hughes (2021)  
Hope Amm (2022)  
Robert Burne (2022)  
Francisco Ramos-Gomez (2022)  
Seyed Hossein Bassir (2023)  
Lawrence Gettleman (2023)

### Fellowships

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Kenneth Kurtz (2021), Chair  
Zhao Lin (2021)  
Conrad Aparicio (2021)  
Kyounga Cheon (2021)  
Purnima Kumar (2022)  
Qiming Jin (2022)  
Mel Kantor (2022)  
Ejvis Lamani (2022)  
JoAnna Scott (2022)  
Ana Paula Dias Ribeiro (2023)  
Christine D. Wu (2023)  
Noriaki Ono (2023)

### IADR/AADR William J. Gies Award

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Chung How Kau (2021), Chair  
Daniel Harrington (2022)  
George Taylor (2022)  
Petros Papagerakis (2022)  
Arvind Santosh (2022)  
Gianrico Spagnuolo (2022)  
Deepak Saxena (2022)  
Alastair J. Sloan (2023)  
Quan Yuan (2023)

### Honorary Membership

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Jack Ferracane (2021), Chair  
Raul Garcia (2022)  
Maria Emanuel Ryan (2023)

### Government Affairs

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Sharukh S. Khajotia (2021), Chair  
Gregg Gilbert (2022)  
Kaitrin Kramer (2021)  
Christy McKinney (2024)  
Abraham Schneider (2021)  
Alexandra Rogers (2022)  
Anne George (2022)  
Effie Ioannidou (2023)  
Christopher Fox, Chief Executive Officer, *ex officio*

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## Nominating

Diana Messadi (2021), Chair  
Maria Emanuel Ryan (2021)  
Yu Lei (2021)  
John Greenspan (2021)  
Raul Garcia (2022)  
Sally Marshall (2022)  
Cristiane Squarize (2022)  
Mina Mina (2023)  
Sharukh Khajotia (2023)

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## IADR/AADR Publications

Maria Emanuel Ryan (2021) (USA), Chair  
Rena D'Souza (2021), (USA)  
Kimon Divaris, AADR Rep (2021), (USA)  
Jens Kreth, AADR Rep (2023), (USA)  
Flavia Teles, AADR Rep (2022), (USA)  
Georgios Belibasakis, IADR Rep (2021), (Sweden)  
Min-Quan Du, IADR Rep (2022), (China)  
Kazuhisa Yamazaki, IADR Rep (2021), (Japan)  
Nick Jakubovics, Editor-in-Chief (2025), *Journal of Dental Research* (England, British Division), *ex officio*  
Jack Ferracane, Associate Editor, *Journal of Dental Research* (USA), *ex officio*  
Dana Graves, Associate Editor, *Journal of Dental Research* (USA), *ex officio*  
Jacques Nör, Associate Editor, *Journal of Dental Research* (USA), *ex officio*  
Joy Richman, Associate Editor, *Journal of Dental Research* (Canada), *ex officio*  
Gustavo Garlet, Associate Editor, *Journal of Dental Research* (Brazil), *ex officio*  
Falk Schwendicke, Associate Editor, *Journal of Dental Research*, (Germany), *ex officio*  
Jocelyne Feine, Editor-in-Chief (2019), *JDR Clinical & Translational Research* (Canada), *ex officio*  
Effie Ioannidou, Associate Editor, *JDR Clinical & Translational Research* (USA), *ex officio*  
Christopher H. Fox, IADR/AADR Chief Executive Officer (USA), *ex officio*

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## Science Information

Jirun Sun (2022), Chair  
Ariadne Machado Gonçalves Letra (2022)  
Chung How Kau (2022)  
Wanida Ono (2022)  
Anna Gripp (2022)  
Christine Squarize (2022)  
Steve Levy (2023)  
Kevin M. Byrd (2023)  
Nathanael Salako (2023)

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## IADR/AADR Tellers

Zrinka Tarle (2021), Chair  
Isabela Pordeus (2022)  
Sheri Adamson Brownstein (2023)

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## AAAS Representatives

(Through February 2020)  
Christopher H. Fox

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## ADA Standards Committee on Dental Products

Jason Griggs (2021)  
Jack Lemons (2021)  
J. Robert Kelly (2021)  
Rade Paravina (2021)

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## ADA Standards Committee on Dental Informatics

Marcelo Freire (2021)

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## Dental Quality Alliance Committee

Kathryn Atchison

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## National Student Research Group Faculty Advisors

Eric Everett (2021)  
Mary Walker (2021)

## Appendix 4 — AADR Student Research Fellowship Recipients

(supported in 2020 by AADR/IADR members and several major industry companies)

- 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 5 — 2020 AADR Bloc Travel Grant Recipients

(supported in 2020 by the National Institutes of Health – National Institute of Dental and Craniofacial Research (NIH-NIDCR))

Ronna Abaeyv, New York University  
 Chinyere Adeleke, University of Iowa  
 Ye Jin An, Columbia University  
 Mark Ashby, Texas A&M College of Dentistry  
 Natalie Atyeo, University of Florida  
 Elhaine Beato, University of Washington  
 Rachel Brooke, Columbia University  
 Zachary Burk, University of North Carolina at Chapel Hill  
 Marissa Burkholder, University of Florida  
 Alivia Cao, University of Minnesota  
 Jaime Cardascia, University of Florida  
 Michael Chavez, The Ohio State University  
 Joell Chen, Roseman University of Health Sciences  
 Zahra Chinipardaz, University of Pennsylvania  
 Delaney Clayton, The Ohio State University  
 Nish Dalal, Virginia Commonwealth University  
 Bethany Doolittle, University of Iowa  
 Carolina Duarte, Nova Southeastern University  
 Fuad Farah, The Ohio State University  
 Corey Foulk, University of Nevada, Las Vegas  
 Robert Free, Northwestern University  
 Brian Gibson, Midwestern University  
 Lee Goodloe, Howard University  
 Elizabeth Guirado, University of Illinois at Chicago  
 Marsha-Kay Hutchinson, University of Michigan  
 Seung Jin Jang, University of Florida  
 Megan Jones, University at Buffalo, SUNY  
 Susan Keefe, University of California, San Francisco  
 Mohamed Khamsi, Texas A&M College of Dentistry  
 Keun Hwan Kim, University of California, – San Francisco  
 Chelsea Kopp, University of Florida  
 Omar Lavado, University of Nevada, Las Vegas  
 Jaden Lee, Medical University of South Carolina  
 Kate Lovell, University of California, San Francisco  
 Stephanie Momeni, University of Alabama at Birmingham  
 Alexandra Oklejas, University of Michigan  
 Kazune Pax, The Ohio State University  
 Roodelyne Pierrelus, Nova Southeastern University  
 Kevin Rivera, University of California, San Francisco  
 Saba Saremi, University of California, Los Angeles  
 Michelle Scott, The Ohio State University  
 Ann Seelbach, University of Texas School of Dentistry  
 Burinrutt Thanasuwat, University of California, San Francisco  
 Aileen To, Texas A&M College of Dentistry  
 Thuy Trang Truong, University of Texas Health Science Center at Houston  
 Gabriel Valencia, State Univeristy of New York at Buffalo  
 Peter Wilkinson, University of Minnesota  
 Courtney Williams, Texas A&M University College of Dentistry

## Appendix 6 — AADR Awards & Fellowships Winners (through 2020)

### AADR/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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### AADR Anne D. Haffajee Fellowship

(supported in 2020 by an endowment created by donations from individuals and companies.)

Yong-Hee Patricia Chun	2017	Julie Marchesan	2019
Kyounga Cheon	2018	Fatemeh Memen-Heravi	2020

### AADR Distinguished Scientist Award

(supported in 2020 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		

### AADR Irwin D. Mandel Distinguished Mentoring Award

Irwin D. Mandel – Columbia University, New York	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, New York	2015
Kenneth Anusavice – University of Florida, Gainesville	2016
Rena D'Souza – Uiversity 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, New York, USA	2020

### AADR Jack Hein Public Service Award

John Hein	1996	Roseann Mulligan	2009
Gert Quigley	1997	David Johnsen	2010
Christopher Squier	1998	Lawrence Tabak	2011
Jay Gershen	1999	Isabel Garcia	2012
Anthony Picozzi	2000	Alice DeForest	2013
John Crawford	2001	Bruce Baum	2014
Michael Barnett	2002	Daniel Meyer	2015
Judith Sherman	2003	Harold Slavkin	2016
Michael Alfano	2004	Christian Stohler	2017
Linda Niessen	2005	Teresa Dolan	2018
Robert Collins	2006	Scott Tomar	2019
Dushanka Kleinman	2007	Ernest Newbrun	2020
Joan Wilentz	2008		

### AADR 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)

### AADR Sjögren's Syndrome Foundation Student Fellowship

Sheede Khalil	2011	Kerry Leehan	2014
Page Linae Collymore	2012	Annie Chou	2015
Adrienne Gauna	2013		

(Discontinued)

**AADR William B. Clark Fellowship**

(supported in 2020 by P&amp;G Professional Oral Health; Crest + Oral-B)

Ruth Nowjack-Raymer	1996	Isabel Gay	2010
Lamont MacNeil	1997	Paula Ortiz	2011
Gregory Oxford	1998	Leena Bahl-Palomo	2012
Stephen Meraw	2000	Jill Bashutski	2013
Bjorn Steffensen	2001	Changming Lu	2014
Katherine Schrubbe	2003	Ramzi Abou-Arraj	2015
Ryan Harris	2004	Yau-Hua Yu	2016
Petros Papagerakis	2005	Nada Souccar	2017
Thomas Oates	2006	Yogalakshmi Rajendran	2018
Maria del Pilar Valderrama	2007	Francesca Bonino	2019
Maria Geisinger	2009	Karren Komitas	2020

**AADR Hatton Competition**

David Russell	Post-Doctoral	1967
Burton Horowitz	Post-Doctoral	1967
Sherman Sweeney	Junior	1967
Dick Lavender	Post-Doctoral	1968
Mladen Kuffinec	Post-Doctoral	1968
Marlin Walling	Junior	1968
Stuart White	Junior	1968
Richard Selmont	Post-Doctoral	1970
Benjamin Ciola	Post-Doctoral	1970
Michael Barkin	Junior	1970
George Kelly	Junior	1970
Lawrence Freilich	Post-Doctoral	1971
Manuel Gonzalez	Post-Doctoral	1971
Richard Croissant	Junior	1971
Marcia Wadell	Junior	1971
Robert Hurst	Post-Doctoral	1972
Michael Reed	Post-Doctoral	1972
Bruce Trefz	Junior	1972
Louiza Puskulian	Junior	1972
Kent Palcanis	Junior	1973
Robert Chuong	Junior	1973
Alan Sproles	Junior	1973
Terry Wallen	Post-Doctoral	1974
Craig Harrison	Junior	1974
Jon Goldberg	Junior	1974
Steven Schonfeld	Post-Doctoral	1975
Sean Meitner	Post-Doctoral	1975
Neil Blumenthal	Junior	1975
Frederick Wood	Junior	1975
Ming Tung	Post-Doctoral	1976
Sukum Thiradilok	Post-Doctoral	1976
Waldemar De Rijk	Junior	1976
Alan Gould	Junior	1976
Lien Nguyen	Post-Doctoral	1990
Clark Stanford	Post-Doctoral	1990
Cataldo Leone	Post-Doctoral	1990
John DiPasquale	Post-Doctoral	1990
Theresa Madden	Post-Doctoral	1990
Christopher Cutler	Post-Doctoral	1990
Harry Dougherty	Junior	1990
Randy Todd	Junior	1990
Mikyung Lee	Junior	1990
Abou Bakr Rabie	Post-Doctoral	1991
Geoffrey Gerstner	Post-Doctoral	1991
Michael Ignelzi	Post-Doctoral	1991
Catherine Schwab	Junior	1991
Frank Rude	Junior	1991
Wesley Belli	Junior	1991
Calogero Dolce	Post-Doctoral	1992
Pamela Erickson	Post-Doctoral	1992
David Sirois	Post-Doctoral	1992
Jonathan Feldman	Junior	1992

Jessica Gardner	Junior	1992
Mark Engelstad	Junior	1992
Cindy Cootauco	Junior	1992
Rebecca Elovic	Post-Doctoral	1993
Ridge Gilley	Post-Doctoral	1993
Janet Guthmiller	Post-Doctoral	1993
Sunil Kapila	Post-Doctoral	1993
Amitabha Lala	Post-Doctoral	1993
Thuan Le Junior		1993
Angela Painter	Junior	1993
Jeffrey Thompson	Junior	1993
Jason Jenny	Junior	1993
Greg Kewitt	Junior	1993
Khaled Ghaffar	Post-Doctoral	1994
Daniel Stevens	Post-Doctoral	1994
Kaaren Vargas	Post-Doctoral	1994
Susan Buck	Junior	1994
Earl Albone	Junior	1994
Arthur Wickson	Junior	1994
James Yang	Post-Doctoral	1996
Tracy Mayfield-Donahoo	Post-Doctoral	1996
Sotirios Tetradis	Post-Doctoral	1996
Margherita Fontana	Post-Doctoral	1996
Galen Schneider	Post-Doctoral	1996
Nisha D'Silva	Post-Doctoral	1996
Christopher Robinson	Junior	1996
Joseph Brogan	Junior	1996
Lisa Bueno	Junior	1996
Gayatri Jayaraman	Junior	1996
Stephen Godwin	Post-Doctoral	1998
Christina Jespersgaard	Post-Doctoral	1998
Trent Westernoff	Post-Doctoral	1998
Paul Ezzo Junior		1998
Kai Worch	Junior	1998
Jennifer Price	Junior	1998
Mo Kang Junior		1998
Yvonne Kapila	Junior	1998
Mario Chorak	Junior	1998
Anne-Marie Clancy	Junior	1998
David Basi	Senior	2001
Rajesh Lalla	Senior	2001
Ginger Glayzer	Junior	2001
Andrew Fribley	Senior	2004
Manoj Muthukuru	Senior	2004
Monika Oli	Post-Doctoral	2004
Sungyon Bang	Junior	2004
Jonathan Ross	Junior	2004
Bradley Henson	Senior	2005
Xiaozhe Han	Post-Doctoral	2005
Marxa Figueiredo	Post-Doctoral	2005
Jeremy Horst	Junior	2005
Elizabeta Karl	Senior	2006

**Harald Loe Scholars**

Norman .Tinanoff	1995	Paul Moore	2000
John D. Rug	1996	Jane. Atkinson	2001
J. Michael Cohen Jr.	1997	Fred Certosimo	2003
Marc .W . Heft	1999		

(Discontinued)

**JDR Cover of the Year**

Janet Moradian-Oldak et al.	2006	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	A. Oyelakin et al.	2020
Page Caufield et al.	2013		

Bruce Havens	Senior	2006
Marcela Romero-Reyes	Post-Doctoral	2006
Cara Knight	Post-Doctoral	2006
Cory Ernst	Junior	2006
Melina Cozby	Junior	2006
Mark Appleford	Senior	2007
Cristina Villar	Senior	2007
Nan Hatch	Post-Doctoral	2007
Shuang Liang	Post-Doctoral	2007
Jamie Luria	Junior	2007
Chi Viet Junior		2007
Anjalee Vacharaksa	Senior	2008
Rodrigo Giacaman	Post-Doctoral	2008
Erica Scheller	Junior	2008
Jessica Boehrs	Junior	2008
Lauren Turner	Junior	2008
Kathleen Neiva	Senior	2009
Turki Alhazzazi	Senior	2009
David Lam	Post-Doctoral	2009
Andrew Jheon	Post-Doctoral	2009
Bo Yu Junior		2009
Alexander Nee	Junior	2009
Chad Novince	Senior	2010
Bojana Bojovic	Senior	2010
Maria Athanassiou - Papaethymiou	Post-Doctoral	2010
Sheede Khalil	Junior	2010
Anika Voisey Rodgers	Junior	2010
Angela Brown	Post-Doctoral	2010
Ronald Siu	Senior	2011
Jeffrey Kim	Senior	2011
Jin Xiao	Post-Doctoral	2011
Yunsong Liu	Post-Doctoral	2011
Urvi Ruparelia	Junior	2011
Kaitrin Kramer	Junior	2011
Charles Billington	Senior	2012
Megan Falsetta	Post-Doctoral	2012
Mildred Embree	Post-Doctoral	2012
Jenny Sun Junior		2012
Jonathan An	Junior	2012
Yinshi Ren	Senior	2012
Wanida Ono	Senior	2013
Aaron Havens	Senior	2013
Brian Foster	Post-Doctoral	2013
Chi Viet	Post-Doctoral	2013
Kyle Vining	Junior	2013
Brianna Yang	Junior	2013
Qingfen Pan	Senior	2014
Jin Hee Kwak	Senior	2014
Michael Valerio	Post-Doctoral	2014
Marit Aure	Post-Doctoral	2014
Kyulim Lee	Junior	2014

**AADR Hatton Competition (continued)**

Lauren Katz	Junior	2014	Meredith Williams	Junior	2016	Courtney Johnson	Junior	2018
Joe Nguyen	Senior	2015	Mychi Nguyen	Junior	2016	Jiayu Shi	Senior	2019
Kevin Byrd	Senior	2015	Mohammed Alharbi	Senior	2017	Akrivoula Soundia	Senior	2019
Reniqua House	Post-Doctoral	2015	Fatma Mohamed	Senior	2017	Mizuki Nagata	Post-Doctoral	2019
Xuelian Huang	Post-Doctoral	2015	Andrew Jang	Post-Doctoral	2017	Martinna Bertolini	Post-Doctoral	2019
Drake Williams	Junior	2015	Danielle Wu	Post-Doctoral	2017	Carson Smith	Junior	2019
Montserrat Ruiz-Torruella	Junior	2015	Zachary Pekar	Junior	2017	Ashley Karczewski	Junior	2019
Insoon Chang	Senior	2016	Mallory Morel	Junior	2017	W. Benton Swanson	Senior	2020
Sung Hee Lee	Senior	2016	Chiranjit Mukherjee	Senior	2018	Michael Chavez	Senior	2020
Padma Pradeepa			Tanner Godfrey	Senior	2018	Christopher Donnelly	Post-doctoral	2020
Srinivasan	Post-Doctoral	2016	Yuan Liu	Post-Doctoral	2018	Daniel Clark	Post-doctoral	2020
Heidi Steinkamp	Post-Doctoral	2016	Kevin Byrd	Post-Doctoral	2018	Grace Huang	Junior	2020
			Alexandra Oklejas	Junior	2018	Delaney Clayton	Junior	2020

**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-Dabney	Basic	1991	Robert Renner	Basic	2003	Michael Border	Basic	2012
Tera Moore	Basic	1991	Eugenio Bedolla	Clinical	2003	Nisha Mehta	Basic	2012
Jennifer Cole	Basic	1992	Pardeep Brar	Clinical	2003	Danielle Larivey	Basic	2012
J. Quintero	Basic	1992	Marrissa Mikolich	Clinical	2003	Arthur Jones	Clinical	2012
Laura Marshall	Basic	1992	Kelton Stewart	Basic	2004	Nina Guba	Clinical	2012
Rita McGrogan	Basic	1992	Michael Dyal	Basic	2004	Lauren Paul	Clinical	2012
Mohammad Ghiabi	Basic	1993	Michael Ryan	Basic	2004	Maria Kuzynski	Basic	2013
Cindy Cootauco	Basic	1993	Ritu Bahl	Clinical	2004	Hani Ahdab	Basic	2013
Joseph Stofko	Basic	1994	Jessica Heggen	Clinical	2004	Austin Starr	Basic	2013
Laura Fogle	Basic	1994	Louis Whitesman	Clinical	2004	Devon Cooper	Clinical	2013
Elizabeth Ramos	Basic	1994	Matthew Miller	Basic	2005	Justin Kolasa	Clinical	2013
Andrew Bagley	Basic	1994	Aaron Molen	Basic	2005	Denise Gates	Clinical	2013
Douglas MacLean	Basic	1995	Michael Yost	Basic	2005	Amatul Salma	Basic	2014
Maryam Mojdehi	Basic	1995	Jason Gladwell	Clinical	2005	Austin Starr	Basic	2014
Rick Heard	Basic	1995	Sung Pyo Hong	Clinical	2005	Omar Elnabawi	Basic	2014
John Caccamese	Basic	1995	D. Craig Seager	Clinical	2005	Amatul Salma	Basic	2014
Russell McCabe	Basic	1996	Laura Milnor	Basic	2006	Omar Elnabawi	Basic	2014
David Wilson	Basic	1996	Robert Weaver	Basic	2006	Nicole Hovencamp	Clinical	2014
Yooson Kim	Basic	1996	Rosamond Tomlinson	Basic	2006	Alexandria Hawkins	Clinical	2014
Eric D'Hondt	Basic	1996	Matthew Madsen	Clinical	2006	Jordan Seetner	Clinical	2014
John Wallace	Basic	1997	Zachton Lowe	Clinical	2006	Jordan Seetner	Clinical	2014
Mark Berkman	Basic	1997	John Thomas	Clinical	2006	Alexandria Hawkins	Clinical	2014
Linda Huang	Basic	1997	Lindsay Compton	Basic	2007	Stuart Ryan	Basic	2015
Jacqueline Macy	Basic	1997	Brandon McGarrell	Basic	2007	Alaa Ahmed	Basic	2015
Michael Feinberg	Basic	1998	Cheryl Lewis	Basic	2007	Steven Linden	Basic	2015
Dev Chandra	Basic	1998	Mikaely Moore	Clinical	2007	Lee Zamos	Clinical	2015
Heera Chang	Basic	1998	Rebecca Bockow	Clinical	2007	Joshua Evans	Clinical	2015
Carrie Gandhi	Basic	1998	Stephanie Blumenshine	Clinical	2007	Alice Ko	Clinical	2015
Leonardo Bordador	Basic	1999	Chi Viet	Basic	2008	Tian Liang	Basic	2016
George Kang	Basic	1999	Monet Ducksworth	Basic	2008	Shaun Darrah	Basic	2016
Christopher Daniel	Basic	1999	Alpesh Patel	Basic	2008	Yiwen Fu	Basic	2016
Mario Tai	Basic	1999	Gail Garrett	Clinical	2008	Yandy Gonzalez 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 Nemecek	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			

**AADR 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 College of Dental Medicine	2017
Angela Bruzzaniti, Indiana University School of Dentistry	2018
Teresa Pulido Hernandez, Midwestern University-Arizona	2019
Nathanial Lawson, University of Alabama at Birmingham	2020

**AADR NSRG 411 Rapid Research Competition**

1 <sup>st</sup> – Grace Kim	Clinical Science/Public Health	2019
2 <sup>nd</sup> – Susan Park	Clinical Science/Public Health	2019
3 <sup>rd</sup> – Bright Chang	Clinical Science/Public Health	2019
1 <sup>st</sup> – Alexandra Rogers	Basic Science	2019
2 <sup>nd</sup> – Joseph Mullen	Basic Science	2019
3 <sup>rd</sup> – Grace Chung	Basic Science	2019
1 <sup>st</sup> – Joseph Bui	Clinical Science/Public Health	2020
2 <sup>nd</sup> – Dane Risinger	Clinical Science/Public Health	2020
3 <sup>rd</sup> – Mai Zong Her	Clinical Science/Public Health	2020
1 <sup>st</sup> – Ligia Schmitd	Basic Science	2020
2 <sup>nd</sup> – Gabriel Valencia	Basic Science	2020
3 <sup>rd</sup> – Naeem Motlagh	Basic Science	2020

**SCADA – Student Competition for Advancing Dental Research and its Application**

(supported in 2020 by Dentsply Sirona and AADR)

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

**IADR/AADR William J. Gies Award**

(supported in 2020 by J. Morita Corporation)

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

**AADR Student Research Day Award Recipients**

Danielle Bitton	Midwestern University – CDMA	2016
Kyung Min	Ohio State University	2016
Derrick Crawford	Texas A&M College of Dentistry	2016
Kunal Dani	Tufts University School of Dental Medicine	2016
Aneesa Sood	University of Alabama at Birmingham	2016
Yifen (Wendy) Fu	University of California San Francisco	2016
Andrew Bertagna	University of Illinois at Chicago	2016
Amir Aryaan	University of Michigan	2016
Toni Jilka	University of Nevada, Las Vegas	2016
Sing Wai Wong	University of North Carolina, Chapel Hill	2016
Francisco Nieves	University of Texas Health Science at Houston School of Dentistry	2016
Basma Ibrahim Tamasas	University of Washington	2016
Charles Taylor	Arizona School of Dentistry and Oral Health, A.T. Still University	2017
Jayesh Patel	Boston University	2017
Elizabeth Clanahan	Columbia University	2017
Tyler Mesa	Louisiana State University	2017
Jeffrey Garcia	Marquette University	2017
Melissa Jarvis	Midwestern University – CDMA	2017
Carissa Choong	Oregon Health & Science University	2017
Joshua Welborn	Southern Illinois University School of Dental Medicine	2017
Andrew McCall	State University of New York at Buffalo	2017
Mingyu Kwak	Stony Brook University	2017
Seth Nye	Texas A&M College of Dentistry	2017
Delton Tatum	The Ohio State University	2017
Andrew Lum	Tufts University School of Dental Medicine	2017
Tanner Godfrey	University of Alabama at Birmingham	2017

**AADR Student Research Day Award Recipients** *(continued)*

Leigha Rock	University of British Columbia	2017	Anthony Falone	Tufts University	2019
Bronwyn Hagan	University of California San Francisco	2017	Josh Ferraro	The Ohio State University	2019
Heran Getachew	University of Florida	2017	Gilberto Garcia	University of Texas Health Science Center at Houston	2019
Annette Merkel	University of Illinois at Chicago	2017	Julia Giardina	Virginia Commonwealth University	2019
Matthew Yarmosky	University of Maryland	2017	Gavin Golas	University of Florida	2019
Ke'Alé Louie	University of Michigan	2017	Brian Greco	University of Connecticut	2019
Kendra Clark	University of Mississippi	2017	Arezoo Holdaway	Midwestern University – Arizona	2019
Danielle Burgess	University of North Carolina, Chapel Hill	2017	Adam Hoxie	University of North Carolina	2019
Eric Feuer	University of Pittsburgh	2017	Ariana Kelly	University of Pittsburgh	2019
Thuy LeAnn Truong	University of Texas Health Science at Houston School of Dentistry	2017	Allyn LaCombe	Louisiana State University	2019
Leonardo Koerich	Virginia Commonwealth University	2017	Reed McKinney	Indiana University	2019
Austin Shackelford	Arizona School of Dentistry and Oral Health, A.T. Still University	2018	Sumeet Minhas	Columbia University	2019
Elizabeth Clanaman	Columbia University	2018	Margaret Newton	Texas A&M University	2019
James Parker	East Carolina University	2018	Erika Ramos	Boston University	2019
Jennifer Wu	Indiana University	2018	Cameron Swift	East Carolina University	2019
Brandon Breard	Louisiana State University	2018	Shernel Thomas	University of Michigan	2019
Zachary Nicholson	Marquette University	2018	Nikita Tongas	Marquette University	2019
Erica Muller	Midwestern University	2018	Taylor Velasquez	A.T. Still University – Arizona	2019
Victor Tran	Oregon Health & Science University	2018	Trystan Wiedow	The University of Iowa	2019
Vidhi Pandya	Southern Illinois University	2018	Scarlett Woods	University of Mississippi Medical Center	2019
Jeremy Kiripolsky	State University of New York at Buffalo	2018	Michael Schiappa	Columbia University	2020
Veena Raja	Stony Brook University	2018	Chinyere Adeleke	University of Iowa	2020
Robert Rudnicki	Texas A&M University	2018	Alec Bankhead	East Carolina University	2020
Seth Nye	The Ohio State University	2018	Mariana Bezamat	University of Pittsburgh	2020
Delaney Turner	Tufts University	2018	Heta Dinesh Bhatt	Stony Brook University	2020
Adrian Danescu	University of British Columbia	2018	Emily Bujnoski	Arizona School of Dentistry and Oral Health, A.T. Still University	2020
Hailey Taylor	University of California, San Francisco	2018	Elena Carrington	University of Connecticut	2020
Courtney Johnson	University of Colorado	2018	Nischal Dalal	Virginia Commonwealth University	2020
Grethel Millington	University of Connecticut	2018	Anthony Garcia	University of Texas Health Science at San Antonio	2020
Danielle Vermilyea	University of Florida	2018	Curtis Herzog	University of Michigan	2020
Michael Halcomb	University of Michigan	2018	Alexander Karkazis	Marquette University	2020
Wylie Tang	University of Nevada, Las Vegas	2018	Susan Keefe	University of California, San Francisco	2020
Karen Schey	University of North Carolina at Chapel Hill	2018	Martin Kim	University of Maryland	2020
Yuqiao Jennifer Zhou	University of Pittsburgh	2018	Joyce Lee	University of Tennessee	2020
Keagan Foss	University of Texas Health Science Center at Houston	2018	Kyulim Lee	University of Florida	2020
Michael Eskander	University of Texas Health Science Center at San Antonio	2018	Sarah Malley	University of Mississippi	2020
Livia Favaro Zeola	University of Washington	2018	Kareem Raslan	Oregon Health & Science University	2020
Adam Staffen	Virginia Commonwealth University	2018	Spencer Roark	Louisiana State University	2020
Robert Brock	University of Texas Health Science Center at San Antonio	2019	Eugene Ro	Midwestern University – Illinois	2020
Ana Chang	University of Washington	2019	Trent Snow	Midwestern University – CDMA	2020
Jie Deng	Stony Brook University	2019	Ian Stewart	University of North Carolina at Chapel Hill	2020
			Andrea Tsatalis	The Ohio State University	2020
			Thuy Nhu Leora Truong	University of Texas Health Science at Houston School of Dentistry	2020
			Apichai Yavirach	University of Washington	2020

## Appendix 7 — 2020-2021 AADR Section Officers

Section	President	President-elect	Vice President	Secretary	Treasurer	AA DR Councilor	Past President
Alabama	Ping Zhang		Chin-Chuan Fu	Kyounga Cecilia Cheon	Hope M Amm	Sonia Makhija	Nada Souccar
Arizona	John Mitchell		Marc Shlossman	Gina Agostini	Allen Tang	John Mitchell	
Baltimore	Vivek Thumbigere Math	Negar Homayounfar	Radi Masri			Frederico Canato Martinho	Hanae Saito
Boston	Xiaoze Han	Susan R. Rittling		Melih Motro	M. Marianne Jurasic	Yau-Hua Yu	Leslie A. Will
Buffalo	Michelle Visser			Thikriat Al-Jewair	Lisa Marie Yerke	Lisa Yerke	Michelle Visser
Chicago	Phimon Atsawasuwan			Mohammed H Elnagar		Linda Kaste	Satish B. Alapati
Cincinnati	Donald White		Matthew Joseph Doyle			Malgorzata Klukowska	
Colorado	Clifton Carey		Devatha P Nair			Jeffrey W. Stansbury	Madison Aungst
Columbus							
Connecticut	Eliane Dutra		Aniuska Tobin	Takanori Sobue		Rajesh Lalla	
Dallas	Crystal Stinson	Vonica Chau				Paul C. Dechow	Peggy Timothe
Florida						Margarete Ribeiro-Dasilva	
Georgia	Babak Baban	Joseph Vitolo	Regina L.W. Messer		Jaspreet Farmaha	Kevin Frazier	Frederick Rueggeberg
Houston	Bing-Yan Wang	Srinivas Ayilavarapu		Chun-Teh Lee		Mary Farach-Carson	Ariadne Machado Goncalves Letra
Indiana	Kamolpob Phasuk	Simone Duarte			Sabrina A. Sochacki	Anderson Takeo Hara	Yusuke Hamada
Iowa	Cristina Vidal	Carolina Cucco			Sara Elizabeth Miller	Kyungsup Shin	Cristina Vidal
Kansas City	Mary P. Walker				Mark Johnson	Mary Walker	
Kentucky							
Lincoln-Omaha	Richard Reinhardt	Mark W. Beatty	William W. Johnson		Jeffrey B. Payne	William W. Johnson	Sundaralingam Prem Premaraj
Long Island	Rafael Delgado-Ruiz		Ana Carolina Botta		Srinivas Rao Myneni Venkatasatya	Rafael Delgado-Ruiz	Ying Gu
Louisville					Lawrence Gettleman	Lawrence Gettleman	
Memphis	Mojdeh Dehghan	Ammaar Abidi	Kenneth Anderson	Edwin Thomas	Yanhui Zhang	Yanhui Zhang	James Carlton Ragain
Michigan	Marco Bottino			Rafael Rocha Pacheco	Gustavo Mendonca	Cristiane Squarize	Cristiane H. Squarize
Minnesota	Paul Robert Klaiber			Sheila Riggs	Donald B. Rindal	Sheila Riggs	Nelson Rhodus
Nashville	Pandu R. Gangula	Ethel Pecolia Harris			James Cade	Jacinta Leavell	Billy Ballard
New Orleans	Jorge Palavinici		Panagiotis Dragonas	Amir Nejat		Paul Fidel	Adriana Wilson
New York	Jeanne M. Nervina	Mani Alikhani	Cristina Teixeira		Chinapa Sangsuwon	Sarah Alansari	
North Carolina	Rishma Shah	Julie Teresa Marchesan		Apoena de Aguiar Ribeiro	Antonio L. Amelio	Shannon M Wallet	Kimon Divaris
Oklahoma	Fernando Esteban Florez				Sharukh S. Khajotia	Fernando Esteban Florez	
Philadelphia	Marisol Tellez	Nezar Al-hebshi	Shuying Yang	Sumant Puri	Santiago Orrego	Vinodh Bhoopathi	Thomas Rams
Pittsburgh						Fatima Syed-Picard	
Portland	Jens Kreth		Luiz Eduardo Bertassoni		Kirsten Lampi	Jens Kreth	Justin Merritt
Puerto Rico	Oelisoa Andriankaja		Milagros J. Toro	Lydia M López-Del Valle	Augusto R. Elias-Boneta	Carmen J. Buxó-Martínez	Carmen J. Buxó-Martínez
Richmond	Oonagh Loughran		Zhao Lin	Sameer Jain		Oonagh Loughran	Zhao Lin
Rochester	Dorota Kopycka-Kedzierawski					Jin Xiao	
San Antonio	Shivani Ruparel	David Ojeda			George Kotsakis	Brij Singh	Patricia Chun Yon-He
San Francisco	Karen Anke Schulze		Pamela Den Besten		Nejat Duzgunes	Karen Schulze	
Seattle	Richard Presland				Thomas B. Dodson	Lisa J. Heaton	Thomas B. Dodson
Southern California	Parish Paymon Sedghizadeh	Alireza Moshaverinia		Sahar Ansari	Michael L. Paine	Sotirios Tetradis	Diana Messadi
Utah	Melodie Weller		Lilliam Marie Pinzon	Paul Reynolds	Barbara Dixon	William Brent Carroll	Olga Baker
Washington, D.C.							
West Virginia	Elizabeth C. Kao		R. Constance Wiener		Alcinda Trickett-Shockey	Peter Ngan	
Wisconsin	Christopher R. Dix				Pradeep Bhagavatula	David Berzins	

## Appendix 8 — Past Presidents of the AADR

Helmut A. Zander (1972-73)	James W. Bawden (1984-85)	Barbara D. Boyan (1996-97)	Brian Clarkson (2008-2009)
Paul Goldhaber (1973-74)	Robert J. Genco (1985-86)	John C. Keller (1997-98)	Grayson “Bill” Marshall (2009-2010)
Howard M. Myers (1974-75)	John C. Greene (1986-87)	Paul B. Robertson (1998-99)	David T. Wong (2010-2011)
David F. Mitchell (1975-76)	Walter J. Loesche (1987-88)	Stephen C. Bayne (1999-2000)	Jeffrey Ebersole (2011-2012)
Harold M. Fullmer (1976-77)	John S. Greenspan (1988-89)	Steven Offenbacher (2000-2001)	Rena D’Souza (2012-2013)
Ronald J. Gibbons (1977-78)	Martin A. Taubman (1989-90)	Martha Somerman (2001-2002)	Peter Polverini (2013-2014)
Benjamin F. Hammond (1978-79)	Richard R. Ranney (1990-91)	Charles Bertolami (2002-2003)	Timothy DeRouen (2014-2015)
Marie U. Nylen (1979-80)	Max A. Listgarten (1991-92)	Ken Anusavice (2003-2004)	Paul Krebsbach (2015-2016)
Irwin D. Mandel (1980-81)	Sally J. Marshall (1992-93)	Dominick DePaola (2004-2005)	Jack Ferracane (2016-2017)
William H. Bowen (1981-82)	Harold C. Slavkin (1993-94)	Mary MacDougall (2005-2006)	Raul Garcia (2017-2018)
Roy C. Page (1982-83)	John D. Rugh (1994-95)	E. Dianne Rekow (2006-2007)	Maria Ryan (2018-2019)
William D. McHugh (1983-84)	Marjorie K. Jeffcoat (1995-96)	Marc Heft (2007-2008)	J. Timothy Wright (2019-2020)

## Past Treasurers of the AADR

1972-1977	Arthur R. Frechette (Executive Secretary, Central Office) <i>(This was a Council-appointed position.)</i>	1991-1994	Deborah Greenspan
1977-1980	Daniel B. Green (Executive Director, Central Office) <i>(The position was re-named “Executive Director.”)</i>	1994-1997	Stephen C. Bayne
1980-1981	Robert Mandell (Secretary/Treasurer) <i>(This was re-constituted as an elected position.)</i>	1997-2000	Susan T. Reisine
1981-1982	Erling Johansen (Secretary/Treasurer) <i>(Around this time, the Executive Director became the Secretary, and Treasurer was retained 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.
1982-1985	Philius R. Garant	2000-2004	Marc Heft
1985-1988	John W. Hein	2004-2007	Pamela DenBesten
1988-1991	William A. Gibson, Jr.	2007-2010	Paul Krebsbach
		2010-2013	Frank Scannapieco
		2013-2016	Pamela C. Yelick
		2016-2019	David Drake
		2020-2022	Olga Baker

## Appendix 9 — Non-Officer AADR Board Members – Member-at-Large

Beginning in 1999, Two “Members-at-Large” positions were added to the AADR Board. A 3<sup>rd</sup> “Member-at-Large” was added at the Conclusion of the 2012 General Session.

1998-1999	Charles Widmer	2008-2009	Mel L. Kantor, Donald White
1999-2000	Jane A. Weintraub, Charles Widmer	2009-2010	Sharon M. Gordon, Donald White
2000-2001	Matthew Joseph Doyle, Jane A. Weintraub	2010-2011	Sharon M. Gordon, Mathilde C. Peters
2001-2002	Matthew Joseph Doyle, Paul Moore	2011-2012	Sharon M. Gordon, Mathilde C. Peters
2002-2003	J. David Eick, Paul Moore	2012-2013	Sharon M. Gordon, Mathilde C. Peters, Mary P. Walker
2003-2004	Jeffrey L. Ebersole, J. David Eick	2013-2014	Mathilde C. Peters, Mary P. Walker, J. Timothy Wright
2004-2005	Jeffrey L. Ebersole, Carla Evans	2014-2015	John Mitchell, Mary P. Walker, J. Timothy Wright
2005-2006	Jeffrey L. Ebersole, Carla Evans	2015-2016	Linda Kaste, John Mitchell, J. Timothy Wright
2006-2007	Carla Evans, Mel L. Kantor	2016-2017	Linda Kaste, Christy McKinney, John Mitchell
2007-2008	Mel L. Kantor, Donald White	2017-2018	Effie Ioannidou, Linda Kaste, Christy McKinney
		2018-2019	Effie Ioannidou, Carmem Pfeifer, Christy McKinney
		2019-2020	Carmem Silvia Pfeifer, Brenda Heaton, Luciana Machion Shaddox

## Non-Officer AADR Board Members – Student Representative

At the Conclusion of the 2007 General Session a Student Representative was added to the board. A 2<sup>nd</sup> Student Representative was added at the Conclusion of the 2015 General Session.

2007-2008	James Rogér	2012-2013	Angela Gullard
2008-2009	Kirsten Rittenbach	2013-2014	Joshua Emrick
2009-2010	Nathaniel Casselman Lawson	2014-2015	Mitra Adhami (ad hoc), Molly Ashton Hague
2010-2011	Blake Matthew Warner	2015-2016	Mitra Adhami, Minerva Loi
2011-2012	Kaitrin Kramer	2016-2017	Kendra N. Clark, Minerva Loi
		2017-2018	Kendra N. Clark, Nicholas Rodriguez
		2017-2018	Tanner Godfrey, Nicholas Rodriguez
		2018-2019	Tanner Godfrey, Natalie Atyeo
		2019-2020	Natalie Atyeo, Alexandra Eileen Herzog

## Other Non-Officer AADR Board Members

In 2016, the AADR 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.

2016-2019	Katherine Hammitt
2017-2020	Donald White
2018-2021	Mildred C. Embree
2019-2022	Mary Fete
2020-2023	Joe D. Oxman

## Appendix 10 — Honorary Members of the AADR

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 Löe, 1995	James Bramson, 2007	Steve Beshear, 2014	
John Howe, 1996	John E. Sexton, 2008	Kenneth Salyer, 2015	

## Appendix 11 — Candidates for Vice President of the AADR

These are cumulative beginning with the North American Division in 1973-74, and continuing as the AADR 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, Philius 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. Polverini*
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*

## Appendix 12 — 2020-2021 Canadian Association for Dental Research

President, Walter L. Siqueira  
Vice-president, Belinda Nicolau  
Secretary/Treasurer, Amir Azarpazhooch

Immediate Past President, Patrick Flood  
Councilor, Anil Kishen

## Appendix 13 — Past Presidents of the Canadian Association for Dental Research

Murray Hunt (1974-76)	H. James Sandham (1986-89)	Edward Putnins (2007-2008)
Jim Lund (1976-77)	Barry C. McBride (1989-92)	Gilles Lavigne (2008-2009)
Barry J. Sessle (1977-78)	Derek Jones (1992-94)	Edward Putnins (2009-2010)
Colin Dawes (1978-79)	Luc Trahan (1994-96)	Debora Matthews (2010-2013)
D. Carmichael (1979-80)	Edwin Yen (1996-98)	Michael Glogauer (2013-2015)
Joseph Tonzetich (1980-82)	Hardy Limeback (1998-2000)	Joy Richman (2015-2017)
Gordon Nikiforuk (1982-83)	Richard Ellen (2000-2004)	Patrick Flood (2017-2019)
John Stamm (1983-84)	Donald Brunette (2004-2006)	Walter L. Siqueira (2019-2021)
Arto Demirjian (1984-86)	S. Jeffrey Dixon (2006-2007)	

## Appendix 14 — Policy Statements of the AADR

### COMMUNITY WATER FLUORIDATION

AADR 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.<sup>1,2</sup>

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.<sup>3-9</sup>

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.<sup>10, 11\*</sup> 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%.<sup>12</sup> 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.<sup>13, 14</sup>

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.<sup>15</sup> A 2016 analysis confirmed this finding.<sup>16</sup>

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.<sup>6, 17</sup> 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.<sup>10, 18</sup>

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.<sup>19-23</sup> 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.<sup>24</sup> 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.<sup>10, 17, 25</sup>

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 20<sup>th</sup> century because of its effectiveness and ability to distribute fluoride equitably and cost-effectively.<sup>26</sup> Information about the fluoride concentration of communities participating in water fluoridation can be found on the CDC website “My Water’s Fluoride”.<sup>27</sup>

While AADR 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, AADR 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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## IMPACT OF TOBACCO USE ON ORAL HEALTH

The AADR 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.

1. 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:
2. 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.
3. National, state, and local dental professional organizations advocate for adoption of health policies that incorporate best practices for comprehensive tobacco control.
4. Research be supported and conducted to assess the oral health effects of established and newly emerging tobacco products in the United States.
5. Dental educational institutions increase the competency of students and residents in providing behavioral interventions for tobacco use and appropriate use of pharmacotherapy.
6. Oral health care professionals become active members of tobacco control coalitions in their communities.
7. In choosing meeting sites, AADR 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 Research (AADR) continues to strongly recommend greater use of sealants by practitioners in private and public health practice. The AADR also endorses the practice that sealants could be used in conjunction with other caries-preventive measures, such as fluoride application.

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- Oong E, Griffin S, Kohn W, Gooch B, Caufield P. The effect of dental sealants on bacteria levels in caries lesions: a review of the evidence. *JADA* 2008 (accepted 12/31/2007)
- (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 AADR 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 Research (AADR) 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 AADR 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 AADR 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 Research (AADR) strongly recommends twice daily use of fluoride-containing dentifrices as an effective means of reducing caries.

Furthermore, based on current evidence, the AADR 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 AADR recommends the use of daily or weekly fluoride mouth rinses and gels for this group. The AADR makes the following caveat: Because of their high fluoride concentration, mouthrinses and prescription gels are not recommended for pre-school-aged children.

### Supportive References:

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- Fluoride varnishes for preventing dental caries in children and adolescents. Marinho VC, Worthington HV, Walsh T, Clarkson JE. *Cochrane Database Syst Rev.* 2013 Jul 11;7:CD002279. doi: 10.1002/14651858.CD002279.pub2.
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- Wright JT, Hanson N, Ristic H, Whall CW, Estrich CG, Zentz RR. Fluoride toothpaste efficacy and safety in children younger than 6 years. *J Am Dent Assoc.* 2014 Feb;145(2):182-9. doi: 10.14219/jada.2013.37.
- (adopted 1996; revised 2009, revised 2015)

## TEMPOROMANDIBULAR DISORDERS (TMD)

The AADR 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

### Supportive References:

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(adopted 1996, revised 2010, reaffirmed 2015)

## USE OF STEM CELLS IN DENTAL RESEARCH

The American Association for Dental Research (AADR) 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. AADR 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 AADR recognizes the major contributions made to human and animal health through the responsible use of animals in biomedical research. Therefore, the AADR strongly supports the ethical use of animals by scientists worldwide. The AADR also endorses systematic research in validating alternatives to animal models. AADR 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, AADR 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.<sup>1-4</sup>

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.<sup>5,6</sup> 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.<sup>7</sup>

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.<sup>8,9</sup> Children with caries may experience embarrassment, exhibit withdrawal, have difficulty eating and sleeping, and limit facial expressions and behaviors that facilitate social interaction.<sup>7,10,11</sup> 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.<sup>12</sup> 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.<sup>4</sup>

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](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.<sup>3,4,9,13-16</sup>

### Supportive References:

<sup>1</sup> Guideline on Fluoride Therapy. 2015-16 Definitions, Oral Health Policies, and Clinical Practice Guidelines. Chicago, IL: American Academy of Pediatric Dentistry. p. 176-179.

<sup>2</sup> Formulary Brief: Nutritional Supplements in Oral Health. 2016. Rockville, MD: National Pharmacy and Therapeutics Committee, Indian Health Service, Department of Health and Human Services; [accessed 9 September 2016]. [https://www.ihs.gov/nptc/includes/themes/newihs/theme/display\\_objects/documents/guidance/NPTC-Formulary-Brief-NutritionalSupplementsinOralHealth.pdf](https://www.ihs.gov/nptc/includes/themes/newihs/theme/display_objects/documents/guidance/NPTC-Formulary-Brief-NutritionalSupplementsinOralHealth.pdf).

<sup>3</sup> Association AD. Oral Health Topics: Fluoride Supplements. Chicago, IL: American Dental Association; [accessed 9 September 2016]. <http://www.ada.org/en/member-center/oral-health-topics/fluoride-supplements>.

<sup>4</sup> Rozier RG, Adair S, Graham F, Iafolla T, Kingman A, Kohn W, Krol D, Levy S, Pollick H, Whitford G et al. 2010. Evidence-Based Clinical Recommendations on the Prescription of Dietary Fluoride Supplements for Caries Prevention. The Journal of the American Dental Association. 141(12):1480-1489.

<sup>5</sup> Selwitz RH, Ismail AI, Pitts NB. 2007. Dental caries. The Lancet. 369(9555):51-59.

<sup>6</sup> Research NIDaC. Dental Caries (Tooth Decay). 2014. Bethesda, MD: National Institute of Dental and Craniofacial Research, National Institutes of Health; [accessed 9 September 2016]. <http://www.nidcr.nih.gov/datastatistics/finddatabytopic/dentalcaries/>.

<sup>7</sup> U.S. Department of Health and Human Services. 2000. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.

<sup>8</sup> Blumenshine SL, Vann WF, Gizlice Z, Lee JY. 2008. Children's School Performance: Impact of General and Oral Health. Journal of Public Health Dentistry. 68(2):82-87.

<sup>9</sup> Ramos-Gomez FJ, Crall J, Gansky SA, Slayton RL, Featherstone JD. 2007. Caries risk assessment appropriate for the age 1 visit (infants and toddlers). J Calif Dent Assoc. 35(10):687-702.

<sup>10</sup> Low W, Tan S, Schwartz S. 1999. The effect of severe caries on the quality of life in young children. Pediatr Dent. 21(6):325-326.

<sup>11</sup> Seirawan H, Faust S, Mulligan R. 2012. The Impact of Oral Health on the Academic Performance of Disadvantaged Children. American Journal of Public Health. 102(9):1729-1734.

<sup>12</sup> Cost of Treating ECC. 2015. Amsterdam, The Netherlands: Elsevier; [accessed 15 September 2016]. <http://earlychildhoodcariesresourcecenter.elsevier.com/content/cost-treating-ecc>.

<sup>13</sup> Featherstone JD, Domejean-Orliaguet S, Jenson L, Wolff M, Young DA. 2007. Caries risk assessment in practice for age 6 through adult. J Calif Dent Assoc. 35(10):703-707, 710-713.

<sup>14</sup> Caries Risk Assessment Form (Age 0-6). 2011. Chicago, IL: American Dental Association; [accessed 15 September 2016]. [http://www.ada.org/~media/ADA/Member%20Center/Files/topics\\_caries\\_under6.ashx](http://www.ada.org/~media/ADA/Member%20Center/Files/topics_caries_under6.ashx).

<sup>15</sup> Caries Risk Assessment Form (Age >6). 2011. Chicago, IL: American Dental Association; [accessed 15 September 2016]. [http://www.ada.org/~media/ADA/Science%20and%20Research/Files/topic\\_caries\\_over6.ashx](http://www.ada.org/~media/ADA/Science%20and%20Research/Files/topic_caries_over6.ashx).

<sup>16</sup> Guideline on Caries-risk Assessment and Management for Infants, Children, and Adolescents. 2015-2016 Definition, Oral Health Policies, and Clinical Practice Guidelines. Chicago, IL: American Academy of Pediatric Dentists. p. 132-139.

<sup>17</sup> Hellwig E, Lennon A. 2004. Systemic versus Topical Fluoride. Caries Research. 38:258-262.

(adopted 2017)

## IADR PROFESSIONAL CONDUCT AT MEETINGS POLICY

See page 70

## HEALTHY MEETINGS POLICY

See page 71

## SUGAR-SWEETENED BEVERAGES

See page 62

## Appendix 15 — AADR Corporate Support

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- 3M for being a Gold Level General Session Donor
- Bisco, Inc. for being a Silver Level General Session Donor
- Colgate-Palmolive Company for being a Diamond Level General Session Donor and in support of the AADR Student Research Fellowships and as an IADR/AADR *Journal of Dental Research* Centennial Advances Supporter
- Dentsply Sirona for being a gold level general session donor sponsor and in support of SCADA and AADR Student Research Fellowships
- GlaxoSmithKline in support of the AADR Distinguished Scientist Award and AADR Student Research Fellowships
- J. Morita in support of the IADR/AADR William J. Gies Awards
- Kuraray America for being a Silver Level General Session Donor
- P&G Professional Oral Health, Crest + Oral-B) for being a diamond level general session donor and in support of the AADR Procter & Gamble Underrepresented Faculty Research Fellowship, AADR Student Research Fellowships, AADR William Clark Fellowship and an IADR *Journal of Dental Research* Centennial Advances Supporter
- Sunstar for being a Gold Level General Session Donor

## Appendix 16 — AADR Institutional Support

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- The ADA Science & Research Institute for being a Diamond Level General Session Donor
- American Academy of Periodontology in support of the AADR Student Research Fellowships
- The American Dental Association for being a Gold Level General Session Donor
- IADR Dental Materials Group in support of AADR Student Research Fellowships
- The National Institute of Dental and Craniofacial Research in support of the AADR Bloc Travel Grant
- The University of Alabama at Birmingham for being a Gold Level General Session Donor
- The National Institute of Dental and Craniofacial Research in support of the AADR Bloc Travel Grant

## Appendix 17 — *In Memoriam* (AADR Members who passed January 2020 – November 2020)

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Rafael Lee Bowen  
Sebastian Ciancio  
Jay Gershen

Henry Gremillion  
Marc Heft  
William Maixner

Marjorie Jeffcoat  
Mortimer Lorber  
Denis Lynch

Sonia Makhija  
Richard J. Oliver  
Roy Page

Leo M. Sreebny  
Anthony Volpe

# AADR Constitution and Bylaws

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## CONSTITUTION

*Adopted March 24, 1957; Revised through June 22, 2019*  
*American Association for Dental Research*  
*A Division of the International Association for Dental Research*

### ARTICLE I. NAME

This organization is named: The American Association for Dental 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 craniofacial, oral and dental 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 craniofacial, oral and dental 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 craniofacial, oral or dental 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 or dentally 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, 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 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 and the Editor 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 AADR.

**B. MANAGEMENT.** An IADR/AADR 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 AADR.

#### ARTICLE XI. NOMINATIONS AND ELECTIONS

**A. NOMINATIONS BY THE COUNCIL.** One or more nominations for Vice-president, Treasurer, and IADR/AADR 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 March 18, 2020*

### 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

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### 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 AADR 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

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### 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

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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

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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

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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

### I. 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; the most recent Past Presidents of IADR and AADR no longer serving on the Boards, who alternately serve as Chairs of the Committee. The Editor-in-Chief, Editor and Associate Editor(s) of all jointly owned journals and Chief Executive Officer shall serve as members without vote.

2. **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.

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 AADR is selected each year, except in case of vacancy. The Immediate Past President of IADR and AADR 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

### I. 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/AADR Publications Committee, the following standing committees shall be appointed:

- (a) **AADR 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 AADR 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/AADR GIES AWARD COMMITTEE:** A 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) **AADR GOVERNMENT AFFAIRS COMMITTEE (GAC):** Representation will include eight members appointed by the AADR 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 AADR 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**

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**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**

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**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 AADR to carry out duties pertaining to the joint activities mentioned in this Constitution & Bylaws or otherwise agreed to.

**5.** The Student Representatives on the AADR Board of Directors shall be the National Student Research Group President and President-elect.