

# DentalAlumninews

SPRING 2022

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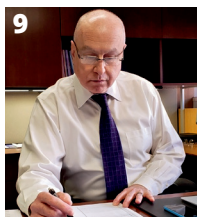
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# DentalAlumninews

THE UNIVERSITY OF WASHINGTON DENTAL ALUMNI ASSOCIATION **SPRING 2022**

## NEWS



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Citing health reasons, our Dean will depart after a successor is found, having concluded a deanship in which he righted the School's finances and helped it navigate the stormy waters of the pandemic



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## DentalAlumninews

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## Thanks for your support in trying times

**G**reetings, fellow Huskies! I hope this message finds you and your loved ones off to a happy, healthy and prosperous start to 2022. My family certainly enjoyed some fun in the snow over the holidays to help get recharged for the new year.

This is my last message as president of the Alumni Association. When I look back at where things were when I took over in 2020, it is hard to imagine the journey we have been through. I never imagined I would have a completely virtual term with no in-person meetings or events. But, as with everyone else, things have managed to move forward for the Alumni Association just the same. Our virtual events helped continue to connect the current students to the alumni while providing a bit of fun and entertainment along the way. Of course, none of it would be possible without the tireless effort of the team that runs the Alumni Association on a day-to-day basis. I would like to take a minute to recognize their hard work over the years. Our organization would not be as strong as it is without the help of Randy, Doug, Debbie, Steve, and Sarah.

My last message served as a call to support the School of Dentistry in its endeavors to grow and renew itself in the 21st century. That message seems to have gotten through, as we had several generous individual gifts from individuals to help reach our goal of obtaining the \$500,000 Delta Dental challenge grant for the new B-350 clinic for the Shoreline Dental Hygiene program and fourth-year students. These gifts, along with those from the WSDA and Seattle-King County Dental Society, have resulted in a state-of-the-art clinical facility that will help continue local dental hygiene education for the future and help fight the current staff shortages. I have seen the clinic when I am at the school for teaching, and it is quite impressive. I would like to ask everyone to keep your focus on the larger Campaign for Clinics, however, as the B-350 clinic should be viewed as a first step in the overhaul of our facilities. If we can continue with the generosity, we can certainly reach the goal of bringing the physical facilities of the school in line with its international reputation.

I would also like to take a moment to give thanks to Dean Chiodo. He will be moving on to retirement after the search for his replacement is concluded. Dean Chiodo's leadership was timely in helping the school achieve a solid financial footing during the financial crisis he inherited, as well as during an unexpected global pandemic. He has breathed life and confidence into the school and pointed it on a course for a successful future. I'd like to thank him for his calm and focused leadership in navigating unprecedented times.

Lastly, I would like to take a minute to make one more ask of my fellow alumni. I know how challenging it can be to pay attention to every organization and every group that asks a bit from you. However, I would like to ask you to take a minute and make sure that you are an active member of our organization. It all starts with membership, and I'd like to challenge each of you to take five minutes and make sure you have signed up and paid dues for the year. You can even sign up for autopay to make sure it renews annually without much effort. If we can increase our numbers, we can increase our ability to grow the support that the association plays for the students. We were all beneficiaries of the association's support as students. It is time we make the effort to return that favor to the next generation of our peers.

It has been an honor to serve as the president of the Alumni Association. I am excited to hand the reins over to the next president, Oleg Shvartsur. His energy and vision will be a benefit to us all.

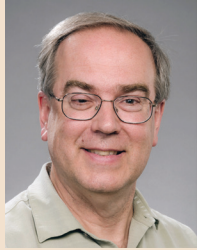
### **JEREMY CHAISON ('06)**

UW Dental Alumni Association President



# Our team is here for you

Our Office of Advancement, Alumni Services, and Continuing Dental Education works to help you support and stay informed about our School of Dentistry, connect with one another, and assist you in your professional development. We're always happy to hear from you!



**RANDY NEWQUIST**

*Assistant Dean of Advancement  
and External Affairs*  
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Randy, who has been at the UW since 1986, was our longtime Director of Alumni Services before becoming Assistant Dean in early 2018 and leading our office. He oversees our School's fund-raising operations and also remains closely involved in Dental Alumni Association activities.



**DOUG DAY**

*Associate Director  
of Advancement*  
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Doug started at our School in 2016 after extensive experience in corporate sales and working with non-profits in fund-raising and philanthropy. He assists our alumni, faculty, and friends in their philanthropy with a focus on major gifts and planned giving, and also helps alumni to increase their level of engagement with the School.



**DEBBIE KNIGHT**

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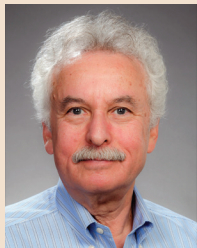
Debbie joined our team in July 2020, a few years after relocating from the East Coast. She brings extensive experience in alumni relations and fund-raising to our School. While in NYC, Debbie worked at NYU School of Law and also Barnard College in positions centered around donor engagement, fund-raising, stewardship, and alumni relations.



**SARAH MARTIN**

*Advancement Coordinator*  
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Sarah came to us in 2016 a few months after starting at the UW in Gift Services. Before that, she spent 10 years at the Kansas Historical Society in her home state, managing the National Register of Historic Places program. An architectural historian and public historian by training, she also works part time as a consulting historian throughout King County. In our office, her roles include tracking gift activity, managing donor lists, supporting fund-raisers, and more.



**STEVE STEINBERG**

*Director of Communications*  
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Steve joined us from the Seattle Times in 2008 after 35 years as a professional journalist, editing and writing for national magazines and newspapers including The Dallas Morning News. He writes for and edits the Dental Alumni News, posts material on our School's website and social media, works with news media, writes news releases for external publication, produces videos, and assists the Dean's Office with communication.



**SALLY GEE**

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Sally started at our School in 2002 working for Pediatric Dentistry, then moved to CDE a year later. She lived in France for nearly two years after graduating from the UW, then came home and worked for a printing software firm. As CDE director, she plans new courses, maintains accreditation, oversees marketing, and develops course ideas based on industry needs, participant requests, and dental organization partnership possibilities.



**JOY PARK**

*Program Coordinator,  
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Joy started with us as a UW student assistant majoring in anthropology in 2007, then became a CDE temp, then a full-time office assistant, and now program coordinator. She assists in CDE program planning, dealing with logistical details and compiling course materials, and monitors the CDE registration system.



**JETHRO SWAIN**

*Social Media Manager*  
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Jethro joined our team in the spring of 2021 as a UW senior majoring in Journalism and Public Interest. Since graduating, he has continued to work with our team to expand the School's social media presence. Jethro manages the School's Facebook, Twitter, and Instagram accounts, and writes stories for the Dental Alumni News and posts for the School's website.

### Winter brought rays of sunshine

**W**e have had much to celebrate at our School of Dentistry as winter drew to a close.

We completed the Delta Dental of Washington challenge grant campaign and kept going. Delta Dental generously contributed \$1 million to our fund supporting facilities improvements for the Shoreline Community College dental hygiene program. Then they provided an additional \$500,000 challenge grant with the match to be completed by the end of 2021.

The Washington State Dental Association provided a lead gift of \$125,000 toward the match and then the Seattle King County Dental Society followed closely with a gift of \$20,000. We completed the match on time with generous gifts from individuals and organizations, and donations have continued to come in.

I am happy to report that the renovation of the B350 clinic space is completed (**see page 11**) and the dental hygiene students are treating patients in it. In addition, they are already using a new simulation lab on the first floor. Now, without pausing to take a breath, we are planning for renovation and expansion of the D1 simulation lab and adding some state-of-the-art virtual-reality haptic simulation stations.

Another exciting project in the works is a revision of our system for patient referrals and initial intake. I will be the first to acknowledge that our current telephone-based system can be difficult to navigate. We are working with our IT experts to develop an online HIPAA-compliant referral system. This will be streamlined and efficient, and referrals will not be missed because a message was left on the wrong phone. We plan to start this new system with our graduate clinics and the faculty practice, perfect it, and then expand it to the pre-doctoral clinics.

One more piece of great news is that applications to our fantastic School continue to increase, and the applicant pool remains highly competitive. From 2017 to 2021, completed applications increased by 42 percent. Dental school applications nationally were trending downward during that time, so our increase is testament to the high esteem our school enjoys.

Finally, I want to take a moment to sincerely thank all of you for your continued support of our students through your donations to our scholarship funds. Just the UW Dental Alumni Association Scholarship alone provides \$60,000 annually in awards ranging from \$5,000 to \$10,000. This fully endowed fund has generated more than 120 scholarships since 2008. Considering the high cost of a dental education, scholarships are increasingly important and especially critical for advancing our initiatives related to greater diversity in our student body. I hope you saw the email I sent in February about donating to the Dental Alumni Association Endowed Scholarship Fund, and that you responded positively.

I also hope that you take as much joy in these developments as I do. The past two years have presented unprecedented challenges for all dental schools. We could not have weathered this storm without your continued, enthusiastic support. For that, I sincerely thank you.



A handwritten signature in blue ink, appearing to read 'Gary T. Chiodo'.

**GARY T. CHIODO, DMD, FACD**  
*Professor and Dean*



# WE'RE WAITING TO HEAR FROM YOU.

When was the last time you dropped us a note about what you've been up to? That long, huh?

Your classmates want to know. So take a few minutes and send us an email or snail mail. Tell us about career, family, retirement, travels, hobbies, marriages, kids, awards, honors...whatever you'd like to share. Photos are always great, too!

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## Dean Chiodo to step down; search for new dean begins

Citing health-related reasons, Dean Gary Chiodo has announced his intention to resign, most likely this year.

Dean Chiodo, who came to the School of Dentistry in 2018, will continue to lead our School at least through this summer as a national search begins for a new dean, University of Washington Provost Mark Richards said after the Dean made his announcement in September. Earlier, Dean Chiodo notified the dental school's leadership with a message stating, "This is a very difficult decision for me; however, I have multiple myeloma and, while it is currently in remission following radiation and chemo, at my age, it is not likely to remain there indefinitely."

He added: "I truly appreciate the opportunity provided to me over the past three years, look forward to a very productive year ahead, and will miss my colleagues here. Being the dean of the University of Washington School of Dentistry is an extraordinary honor and privilege."

"From the moment Dean Chiodo joined the UW in 2018 as interim dean of the School of Dentistry, he demonstrated extraordinary leadership – so much so that President Ana Mari Cauce and I asked him to take on the role permanently in 2020," Provost Richards said in a message to the UW Board of Regents and School of Dentistry faculty, staff, and students.

Before taking up the reins at the School of Dentistry, the dean had been assistant director of the Center for Ethics in Health Care and professor emeritus in the Department of Community Dentistry at Oregon Health & Science University. From 2012 to 2014, he was interim dean at the OHSU School of Dentistry, which was facing financial challenges.

He stepped into a similar situation at the UW, where the dental school had incurred a series of growing annual operating deficits. He quickly turned the situation around, and in the last three fiscal years, the school has shown a positive balance sheet.

In addition, the school has maintained its high global ranking – seventh in the 2021 Shanghai Ranking Consultancy's Academic Ranking of World Universities and 15th in Britain's Quacquarelli-Symonds World University Rankings. Under Dean Chiodo's leadership, the school also hosted the relocation of the highly respected Shoreline Community College dental hygiene program. The Shoreline program will expand in the next few years, helping to address a critical shortage in the state's dental workforce.

The dean will continue to tackle major tasks for now, including preparations for the school's re-accreditation. He will also work on expanding the school's faculty practice and continuing the Campaign for Clinics, a fund-raising effort to improve the school's aging infrastructure and technology.

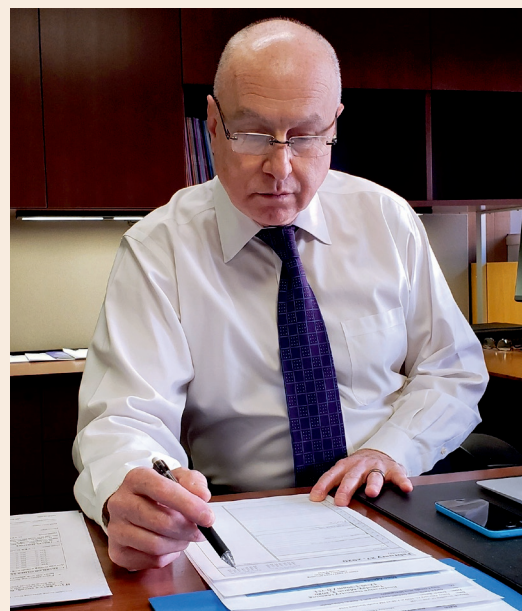
From 2014 to 2017, Dean Chiodo served as vice president and system compliance officer/organizational integrity with PeaceHealth, a nonprofit chain of hospitals, medical clinics and laboratories located in Alaska, Washington, and Oregon. At OHSU, he was a longtime faculty member in the Department of Public Health Dentistry, becoming full professor in 1992, and also was OHSU's chief integrity officer from 2000 through 2011. He has received OHSU's Distinguished Faculty Award for Leadership and the Ecumenical Ministries of Oregon HIV Honor Award. At the UW, he was appointed Professor – Clinical Dental Pathway.

The dean obtained his bachelor's degree in biology from Portland State University in 1974 and his DMD from the University of Oregon Health Sciences Center in 1978. He earned a certificate in health care ethics from the UW School of Medicine in 1992.

For two decades, he practiced at a Portland public health dental clinic that treated the majority of identified HIV-positive persons in Oregon and southwest Washington. He has served on state and national committees related to public health, ethics, and infectious diseases. He has lectured internationally on these issues and has published more than 100 related peer-reviewed articles. In 2002, he was elected a Fellow of the American College of Dentists.

"The School of Dentistry – and the UW more broadly – has greatly benefited from Dean Chiodo's vision, dedication and skill in building consensus and garnering support from faculty, staff, students, alumni and stakeholders," Provost Richards said in his message. "It has been a privilege and honor to have worked alongside him, and I look forward to finding a new dean to take this work forward."

*Dean Gary Chiodo plans to stay on until a new dean is selected.*



## Dental hygiene challenge grant campaign meets goal

Buoyed by a flurry of December donations, the School of Dentistry's campaign to match a challenge grant to support the Shoreline Community College dental hygiene program at its new UW home reached its goal in December, beating an end-of-year deadline.

"I am thrilled that we completed the Delta Dental of Washington challenge grant and donations are still coming in," Dean Gary Chiodo said after the target was met.

Delta Dental initially gave \$1 million in January 2021 to help fund the extensive renovations and new construction needed to support the dental hygiene program at the UW. The highly respected program, which is still directed by Shoreline faculty, moved to our School in 2020.

At the UW, dental hygiene students work with fourth-year dental students to treat patients much as they would in private practice. The dean has called the integrated programs "a model for dental and dental hygiene education."

When Delta Dental made its initial gift, it also issued a \$500,000 challenge grant with a deadline of Dec. 31. The Washington State Dental Association quickly joined the challenge campaign with a gift of \$125,000, and the Seattle-King County Dental Society followed suit with a gift of \$20,000.

In November, Dean Chiodo made a personal gift of \$50,000 as a "challenge within a challenge," pledging to match new donations to the Shoreline campaign up to that amount. At that time, Delta Dental also pledged to raise the level of its match from 1-to-1 to 2-to-1 until the \$500,000 goal was reached. Personal gifts of \$10,000 or more also came from Dana and Victoria Otterholt (\$40,000), Patricia Doyle (\$25,000), Cheryl Roberts and Miller Adams (\$25,000), Garret Yamaguchi and Stafanie Hamamoto Yamaguchi (\$25,000), Richard and Debra Crinzi (\$10,000), Susan Hollinsworth Adams and George Adams (\$10,000), Edward and Kay Sturdivant (\$10,000), and Mark and Barbara Walker (\$10,000).

The school will now realize at least \$2 million in funding from the gifts to the Shoreline campaign. Shoreline had already contributed \$1.5 million to the expansion of its program, while the School of Dentistry also earmarked \$1.5 million from its separate Campaign for Clinics fund-raising drive.

The campaign was launched amid an acute shortage of dental hygienists in Washington state, with a 2020 state Department of Health survey finding four open positions for every hygienist seeking work. The shortage is especially severe in King and Snohomish counties.



*Shoreline Community College dental hygiene student Anela Becic treats a patient in the School of Dentistry's pre-doctoral clinic.*

To help meet the demand, Shoreline and the School of Dentistry are planning to expand the two-year program to its earlier level of 25 students per year as quickly as is feasible. Further expansion is possible as dictated by the dental workforce situation. To do so, however, requires extensive – and costly – work on the dental school's clinical facilities, the dean said.

"These funds are essential as we complete renovation of our B350 clinic space and create a new simulation lab, as the first phase of infrastructure improvements that are needed for our partnership with Shoreline Community College," he said. "We can now start planning for the second phase, which involves expansion of the existing D1 simulation lab and updating current clinical facilities that will be needed for expanding the dental hygiene class size to 25 students per year. The new and improved operatories will benefit both the dental hygiene and dental students who will share the facilities to deliver efficient and outstanding patient care."

With the Delta Dental match completed, the dean said, the dental school will now focus its capital fund-raising efforts on the Campaign for Clinics, which was launched in 2019 with a theme of "Imagine Our Future." The campaign seeks to revitalize the school's aging facilities, including much of the clinical infrastructure, and upgrade the school's technological capabilities.

"As we learned in the process of renovating B350, it is costly to improve dental facilities in a building this old," Dean Chiodo said. "We have more work to do to bring all of our clinical spaces up to date, and we will approach that incrementally, as capital funds come in."



*The renovated clinic was completed in January.*



*The state-of-the-art facility is now the best clinical space in the School of Dentistry's main campus.*

## Sparkling new clinic makes its debut

The \$2.05 million first-phase renovation of our School's B350 clinic, a vital part of the expansion of the Shoreline Community College dental hygiene program, was completed in January. The refurbished clinic, laid out like a private dental practice, has 12 operatories with state-of-the-art equipment for use by Shoreline students and our predoctoral students.

"This is a downtown-Seattle kind of clinic," said Dean Gary Chiodo. "It looks fantastic."

In the new clinical space, dental hygiene students can practice the full scope of Washington dental hygiene. They also practice restorative dentistry in tandem with fourth-year dental students, just as they would in private practice.

"The B350 facility renovation has been intentional in designing the operatories so that dental and dental hygiene students can work together in providing efficient and excellent patient care," said Dean Chiodo.

The Phase 1 project also added 12 mobile simulation units to the new dental hygiene simulation clinic. Each unit can be moved around the lab for the necessary mechanical capacity, such as air, water, and suction.

"Our students are able to practice and provide patient care in this amazing clinical space because of waves of generosity and dedicated work by many groups and individuals," said Dr. Nikki Honey, a dentist and professor in the Shoreline program.

"We are grateful to Dean Chiodo, UW School of Dentistry faculty and staff, Shoreline Community College, Delta Dental, local and state dental associations, dental hygiene associations, Washington state legislators, dentists, dental hygienists, current and future students, the community at large – the list goes on," she said.

The project was supported by a \$1 million lead gift from Delta Dental of Washington, which also issued a \$500,000 challenge grant. The challenge was met by other donors, most notably the Washington State Dental Association, which contributed \$125,000.

Phase 2 of the project, which has already begun, will renovate and add operatories on the third floor and revise the layout in D1 to accommodate larger dental hygiene classes, and more mobile simulation units. The cost of Phase 2 is estimated at \$3.2 million.

With the state's urgent need for dental hygienists, the expansion of the highly regarded Shoreline dental hygiene program comes at a critical time.

The B350 renovations are the first big step in what must be done to boost enrollment in the two-year program past its current size of 24 students per class. As renovations to facilities continue to take place, the next step to increase the class size is for Shoreline to receive approval from the Commission on Dental Accreditation (CODA). Shoreline's CODA site visit is scheduled for May 11-12.

"Following two years of planning, building, and organizing, we look forward to continuing our inspiring and rewarding collaboration between the UWSOD and the Shoreline dental hygiene program," said Dr. Honey.

# 36th Annual **DEAN'S CLUB DINNER**

SATURDAY EVENING, MAY 7, 2022

Bell Harbor International Conference Center, Seattle

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**Dr. Sherwin R. Shinn**

2022 DISTINGUISHED ALUMNUS AWARD

**Class of 2022**

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*For more information, call Dentistry Advancement at (206) 685-9350 or go to [events.uw.edu/deansclub2022](https://events.uw.edu/deansclub2022)*

# Dr. Travis Nelson named chair of Pediatric Dentistry

In November, the University of Washington Board of Regents approved the appointment of Dr. Travis Nelson to be chair of our Department of Pediatric Dentistry.

Dr. Nelson, who is an associate professor, had been acting chair of the department since 2018. He has also been serving as interim graduate program director. A national search for a permanent replacement began in December.

The department operates the Center for Pediatric Dentistry in Seattle's Sand Point neighborhood. It has a two-year residency program and trains pre-doctoral dental students who cycle through the Center on rotations, along with dental hygiene students from the Shoreline Community College program.

"I am delighted that Dr. Nelson was approved for this critical position after being unanimously endorsed by our review committee," said Dean Gary Chiodo. "He has been outstanding as the acting chair of the department and led initiatives related to process improvements, patient flow, clinical production and revenue, research, and public outreach. He is one of those faculty members to whom we refer as the triple threat, in that he is accomplished in the areas of teaching, patient care, and scholarly activity."

Dr. Nelson, who received his DDS from California's Loma Linda University in 2007, joined the Department of Pediatric Dentistry in 2010 as an acting assistant professor after completing his residency in pediatric dentistry there. He was appointed clinic chief in 2016.

In 2012, he started a dental clinic for children with autism at the Center. It was believed to be one of the first such clinics and has earned recognition for its significant success in treating these children while using behavioral techniques. Dr. Nelson and his colleagues published their findings in 2017 in the *Journal of the American Dental Association*.

As acting chair, he worked with School of Dentistry administrators to reorganize the department, establishing clinical, administrative, and educational divisions. He

also worked with colleagues to help integrate the School's Department of Oral and Maxillofacial Surgery into the Sand Point clinical facility, which is among the School's most modern.

Forging ahead with research even during the COVID-19 pandemic, he led a team that was awarded a \$2.25 million, five-year postdoctoral training grant from the federal Health

Resources and Services Administration.

The grant supports enhanced training in the care of children with special health care needs and is developing a network of sites in Washington to care for these children in collaboration with the state's Access to Baby and Child Dentistry program.

He has also worked with the School's Regional Initiatives in Dental Education program on grant-supported efforts to teach pediatric dentistry to dental hygiene students and enhance UW pre-doctoral dental training. In addition, he and other faculty leads throughout the School are collaborating on an interdisciplinary dentistry program for the care of medically and dentally complex children.

In 2019, the American Academy of Pediatric Dentistry bestowed on him its Jerome B. Miller "For the Kids" Award. The annual award, begun in 2007, goes to a pediatric dentistry clinician, researcher, or academician age 45 years or younger for outstanding efforts directed to children's oral health and welfare.



*"I want to ensure that the UW's advanced education in pediatric dentistry program continues to be one of the best in the world, with emphasis on accepting diverse candidates and graduating residents who are leaders in their communities."*

DR. TRAVIS NELSON

Voicing his appreciation for the support of the Dean and School administrators during his time as acting chair, Dr. Nelson said his goals for the department included:

- Growing and developing the School's interdisciplinary dentistry program.
- Continuing to be the provider of choice for medically and dentally complex children throughout the WWAMI region.

"I want to ensure that the UW's advanced education in pediatric dentistry program continues to be one of the best in the world, with emphasis on accepting diverse candidates and graduating residents who are leaders in their communities," he said.

## Newcomers fortify research corps

Our Department of Oral Health Sciences has bolstered its research team with the addition of two nationally recognized members, Dr. Fritzie Arce-McShane and Dr. Robert Cornell.

Dr. Arce-McShane joins the department as an assistant professor, while Dr. Cornell is a full professor and has taken over as graduate program director from Dr. Richard Presland, who retired last year.

The two bring a combined five National Institutes of Health (NIH) R01 grants, which are highly competitive awards.

Dr. Arce-McShane comes from the University of Chicago Department of Organismal Biology and Anatomy. Since both of her current R01 projects involve non-human primates, her decision to come to our School has much to do with the UW's access to the Washington National Primate Research Center.

"The goal of my first R01 is trying to understand how the brain represents the touch sensation when the tongue touches different parts of the mouth," she said, "and also the proprioception, [which is] the [brain's perception] of the position of the tongue inside the mouth during feeding and drinking."

"Once we understand how these sensations are represented



*Dr. Fritzie Arce-McShane*



*Dr. Robert Cornell*

in the brain, in the somatosensory cortex, we then want to understand how other areas of the orofacial cortex are active during these sensory events," she said.

A better understanding of the activity in the brain during activities such as speaking, eating, and drinking can lead to evaluation tools and treatments for many orofacial issues, such as speech impediments.

The research from her first R01 project leads into her second, where she is attempting to use the knowledge of orofacial sensor to compare the differences between healthy aging and a model of Alzheimer's.

"Hopefully if we can see these changes, we can use them as a biomarker," said Dr. Arce-McShane. "If we are able to see these changes happening at an earlier time, we can use them as a tool in order to assess the risk of individuals developing Alzheimer's disease."

The similarity between primate and human orofacial systems, along with brain and life span similarities, makes the primates well suited for this type of research, she said.

Dr. Robert Cornell, who received his PhD in biochemistry from the UW, comes to our School after 20 years at the University of Iowa College of Medicine.

All three of his current research projects, which are funded by the National Institute of Dental and Craniofacial Research and the National Institute of Arthritis and Musculoskeletal and Skin Diseases, relate to gene regulatory networks and cellular behavior during development. "My research has taken a turn towards subjects that are relevant to a college of dentistry," said Dr. Cornell. "I was attracted specifically to the strong reputation of the UW School of Dentistry."

His first research project uses zebrafish to analyze the fusion of palate shelves, or periderm, during embryonic development.

"If that fusion event doesn't happen, you end up with a cleft palate," said Dr. Cornell. "It turns out that many of the genes that are associated with risk for cleft palate are expressed in the oral periderm."

His second study seeks to determine why certain DNA variants that are common in people with cleft lip and palate lead to those problems.

"We're trying to understand, with these variants that are associated with cleft palate, what's their role in biology? How does that happen?" said Dr. Cornell. "Many of those variants are found in the DNA that controls gene expression in the oral epithelium."

The third study looks at the development of melanocytes, or mature melanin-forming cells. When they develop improperly, it can often lead to cancers, like melanoma, or hearing loss. "We're studying the gene regulatory networks that govern the development of melanocytes," said Dr. Cornell, "because if that goes awry, that predisposes an individual melanoma."

Dr. Cornell's lab includes a manager and three post-doctoral researchers. While his research is a high priority, as a professor he also emphasizes connecting with students and celebrating the scientific method with them.

"I'm interested in hearing from students who are interested in getting research experience," said Dr. Cornell. "What I'd really recommend to undergraduates is to contact professors whose research interests them. That's how I got into the business. That's how everyone I know got into the business."

—Jethro Swain

## Dr. Herbert Selipsky launches Perio fund with \$100,000 gift



*Dr. Herbert Selipsky*

Our graduate departments continue to draw outstanding support from alumni and current and former faculty. One of the latest manifestations of that support comes from Dr. Herbert Selipsky, who received his MSD and certification from our Department of Periodontics in 1973 and went on to serve as full-time faculty for 25 years, then another 25 as part-time faculty.

With a gift of \$100,000, Dr. Selipsky has established an endowed fund for the department that has an ultimate goal of covering the full tuition for all our postgraduate Perio students throughout their residencies. If that goal is realized, any leftover funds would support the Perio program as a whole.

The Selipsky Endowed Fund in Periodontics fellowship recipients will be chosen based on academic merit, with preference going to those students who may face financial hardship in obtaining an advanced degree. Plans are also being made for additional fund-raising by Perio alumni.

Dr. Selipsky has fond memories of how he came to Perio after graduating from dental school in South Africa in 1961 and going on to earn a postgraduate degree in prosthodontics there in 1965. "I remained in full-time private practice until 1970, when I had the extraordinary good fortune to be accepted by Dr. [Saul] Schluger to enter the University of Washington graduate program in Periodontics for a combined

clinical specialty training and research degree. On graduation, I was offered a full-time faculty position in the Periodontics department, which I accepted with alacrity. It was the honor of a lifetime."

In the years that followed, he carved out a rewarding academic career: "During this time I have been fortunate enough to fill most positions in the department as well as being able to add to our published literature. For any accomplishments I may have made, I stand on the shoulders of giants and so I feel compelled to 'pay it forward' by establishing a fund to both attract and financially assist the best possible future graduate students and thus ensure the ongoing greatness of our world-class program."

Dr. Selipsky harks back to Dr. Schluger, the department's iconic founder. Dr. Schluger, he recalled, when asked how department members could best honor his legacy, replied that the greatest thing they could do to honor his memory would be to do whatever they could to make his beloved graduate program even greater than it was in his day.

"This endowed fund is one attempt to ensure that legacy by attracting the country's and the world's best applicants to our program," Dr. Selipsky said. "I share that passion."

Dr. Frank Roberts, chair of the department, said, "The Periodontics Department is very excited to have Dr. Selipsky's generous anchor gift to this fund that will benefit our residents and program for years to come. The alumni are enthusiastic about supporting our residents with this fund and honoring Herb in his 50th year of teaching periodontics at the University of Washington. Dr. Selipsky is a stalwart supporter of our graduate students and continues to be a star alumnus of our program, and we are very thankful for his generosity with his time and talents."

## LET'S PUT OUR BONEHEADS TOGETHER!

Thanks to our donors who have sent in more human skulls for instructional use at our School of Dentistry! Since our last issue, we've received a skull from Drs. Dennis Hoofnagle ('67), James M. Pritchett ('68), Ralph E. Grossheim Jr. ('77), and Reuben G. Gutierrez ('78).

The skulls are used in a School of Medicine pre-doctoral course on medical and dental anatomy, and also in a School of Dentistry postgraduate course on head and neck anatomy. They must be actual human specimens – not plastic – and in reasonably good condition, with no major parts missing or broken.

Skulls should be sent to Dr. Kathy Rafferty of the Department of Orthodontics, 1959 N.E. Pacific St., Box 357446, Seattle, WA 98195. If a tax deduction is desired, donors should state the skull's valuation of the skull in an email (to [kraff@uw.edu](mailto:kraff@uw.edu)) or in writing. Our School can then officially acknowledge the donation.



## Dr. David Wands adds to legacy with latest gift to Grad Pros

After finishing his prosthodontic residency at our School of Dentistry in 1972, Dr. David Wands taught half time in our Graduate Prosthodontics program (then the Department of Prosthodontics). His involvement with the program didn't stop there, either.

In fact, he took his commitment to a whole new level in 1998 when he gave \$500,000 to endow a graduate prosthodontic fellowship at the UW. He established his first fellowship at the University of Maryland, where he earned his DDS with honors from the Baltimore College of Dental Surgery in 1967. At the UW, the David H. Wands Fellowship in Graduate Prosthodontics has been one of our School's top scholarship awards.

Yet he was far from finished. Dr. Wands, who has remained close to the program in retirement, has now made a gift of \$100,000 to remodel the Grad Pros laboratory – a crucial component of the program – with state-of-the-art equipment. This gift will fund the replacement of lab benches, suction, hand pieces, the plaster bench, and lab equipment.

"The evolution of digital dentistry and dental implants have drastically improved prosthetic dentistry treatment outcomes," he said. "Our outstanding prosthodontic graduate program and director, Dr. Van Ramos, now attracts applicants worldwide. The present traditional graduate dental laboratory furnishings and equipment are outdated, and we need a state-of-the-art laboratory to fulfill these needs."



*Dr. David Wands*

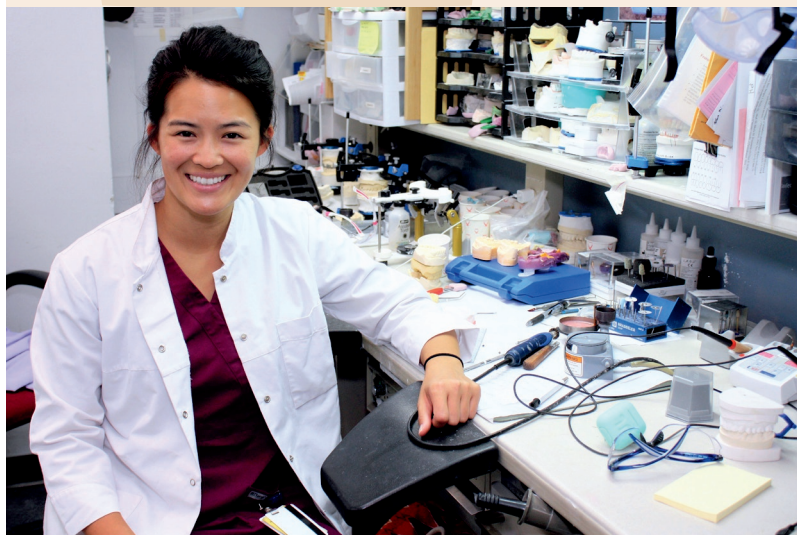
He said that his gift is partly an endorsement of Dr. Ramos' leadership, but he also hopes it will help increase the number of outstanding applicants to the program. "That was my intent all along – to provide a facility that would help attract as large a pool of high-quality applicants as possible," he said. "Usually, we have well over 100 applicants each year, but I would like to see even more."

Dr. Ramos fully understands how impactful this gift will be. "The heart of a graduate prosthodontic program is the dental lab," he said. "It is the after-clinic-hours meeting place for residents to not only do lab work, but to develop and nurture lifelong friendships. More hours are spent in the dental lab than treating patients or attending classes. This generous gift from Dr. Wands will ensure that the UW graduate prosthodontic residents have the opportunity to work with the most updated equipment and techniques to enhance their education. Additionally, it gives me the opportunity to highlight the 'giving back' characteristic of an alumnus that is so important to the future of our Graduate Prosthodontics program."

Dr. Wands served a total of seven years with the U.S. Public Health Service before and during his UW residency. After leaving the service in 1974, he taught both undergraduate and graduate prosthodontics, achieving the rank of Clinical Professor. Now retired from private practice, he is a life member of the Academy of Prosthodontics and Pacific Coast Society for Prosthodontics.

He continues to give a half-day lecture on patient management to our Grad Pros residents every other year, and it's clear that his passion for teaching hasn't waned. "I just love teaching motivated students," he said. "It's a treat!"

With the establishment of the David H. Wands Graduate Prosthodontics Laboratory in addition to his fellowship endowment, his legacy at our School is secure. His motivation is clear: "I definitely want to support the students and our excellent program. It's a wonderful way to show my appreciation for the superb training I received."



*Dr. Dianne Gan, the 2019-20 Wands Fellow, pauses from her work in the Grad Pros lab.*

## A grateful patient is a great outcome

A patient in severe chronic pain who can't find effective treatment is trapped in a maze of misery. But when a provider comes along and shows a way through the maze, it's life-changing.

Such was the case for Adele Kroeger, who connected with Dr. Mark Drangsholt ('84), our Chair of Oral Medicine, in 2014. She makes her feelings clear: "Dr. Drangsholt is a cross between a medical health care provider, gifted scientist and cutting-edge researcher, and supporter of mental health," she said.

A sledding accident when Kroeger was 10 left her with a broken left arm and missing front teeth, which were put back in place with root canals. At 18, she received her first bridge, which was replaced after 25 years. Eight years later, one of her anchor teeth fractured, rendering the bridge useless. At that point, she decided on implants, which would require bone grafts across the front of her gums.

It didn't go well, though. "My upper gums felt like a sock had been sewn into them, like the anesthesia never wore off," she said. "It was painful and distressing." Two more rounds of surgery only worsened her condition: "I had so much pain in my gums and tongue, and it was shooting up my face. I was very desperate to find help."

A physician prescribed the anticonvulsant gabapentin, which is also used for nerve pain, but the medication left her exhausted. An online search for more help led her to Dr. John Evans of our Department of Oral and Maxillofacial Surgery. After X-rays and an exam, he advised against further surgery and suggested instead that she see Dr. Drangsholt. She did, and it changed everything.

"Dr. Drangsholt has helped me immeasurably over the years," she said. "First, he believed me and understood my pain was very real. That may sound odd, but other doctors looked at my healed tissues and didn't know what to think. The oral surgeries changed my life, but with Dr. Drangsholt's help, I've learned how to manage my pain and remain high-functioning. He listened to me and together we came up with a care plan, many times over."

Dr. Drangsholt diagnosed trigeminal nerve pain with burning mouth syndrome, and he deployed a variety of tools: medical therapies, appliances, advanced imaging. And he made sure that Kroeger knew she had an ally.

"The most important thing in a therapeutic intervention is developing a therapeutic alliance with the patient," he said. "The first thing you do after the diagnosis is to reassure people. In pain medicine, it's really important that we never take away hope."



*Dr. Mark Drangsholt helped Adele Kroeger find relief after several rounds of implant surgery left her in severe chronic pain.*

He also suggested repeatedly that Kroeger take an antidepressant, which she initially resisted. "For years after the third surgery, I did not want to accept that a dental procedure had affected my mental health," she said. But when the pain became intolerable, she dropped her objections. She also agreed to see a psychotherapist, who diagnosed post-traumatic stress disorder from her surgeries.

"That was tough to swallow, but in the next two years of therapy, I learned how important my mental health was to my overall well-being and ability to cope with my situation," she said. She used techniques like visualization, affirmations, and a form of psychotherapy called eye movement desensitization and reprocessing. "I was able to use my mind to help myself feel better," she said.

Dr. Drangsholt also directed her to other therapies: yoga and high-intensity interval training; healthy eating, including intermittent fasting; books; journaling; and deep breathing. "When I would ask him about trying things that seemed kind of 'out there' like acupuncture, meditation, or biofeedback, he was always open to it," she said.

Today, Kroeger is grateful to feel herself back in control. A Washington State University graduate with an MBA from the UW, she works as an administrator in the postpartum outpatient clinic at Evergreen Hospital in Kirkland. In 2017, she earned a UW degree in health informatics and health information management.

She is also profoundly thankful for her care: "Without being unrealistic, which I would not have appreciated, Dr. Drangsholt gave me hope, and I'm forever grateful for his exceptional care," she said. Kroeger and her husband of 32 years, Steve, decided to show their appreciation by donating to the Department of Oral Medicine to support Dr. Drangsholt's research in orofacial pain.

"I've never had this level of satisfaction in oral medicine in 27 years," Dr. Drangsholt said. "If people thank me, that's all I need. But when you have people like Adele and her husband who donate as well, that's another story altogether."

## Social and behavioral scientists join forces for oral health

A large group of behavioral and social scientists, led by Dr. Cameron L. Randall of our Department of Oral Health Sciences and Dr. Daniel W. McNeil of West Virginia University, are on a mission to throw the combined weight of their disciplines behind the effort to improve oral health globally.

"We're trying to maximize the application of the behavioral and social sciences to oral health research and practice," said Dr. Randall, a psychologist. "Are they being applied as robustly as possible, in the highest quality and most innovative ways?"

He and many of his colleagues think there's substantial room for improvement in oral health research methods and in approaches to patients and the public in general.

"Because everyone's oral health is strongly influenced by things like their environment, diet, health and oral hygiene behaviors, and access to and utilization of evidence-based interventions, there is much opportunity for impact if the behavioral and social sciences are fully tapped," Dr. Randall said.

To that end, he and Dr. McNeil led the writing of a consensus statement for this movement that appeared Jan. 19 in the *Journal of Dental Research*, which is published by the International Association for Dental Research.

The statement, which has more than 400 endorsers, grew out of a three-day Behavioral and Social Oral Health Sciences Summit held in 2020. The virtual meeting, the first such international gathering of its kind, drew more than 400 people from 57 countries. After the meeting, the statement was produced with input from global stakeholders and several rounds of refinement. It reflects the current state of knowledge in the behavioral and social oral health sciences and identifies key future directions for the field.

Dr. Randall and his colleagues hope their efforts will spur broader conversations about translational science – which transforms discoveries into real-world practical applications – and multidisciplinary science, especially in dentistry and oral health.

"There is opportunity to better tap advances in disciplines such as psychology, sociology, economics, and political science," he said. "We can tap innovations and current thinking in those areas and apply them to oral health interventions."

Dentists and other oral health providers are prime targets for the movement. Dr. Randall noted that part of the consensus statement examines more immediate applications, such as clinicians' use of innovative technology and person-centered approaches to promote behavioral change and prevent and treat dental disease.

He said, "We're raising questions to be answered: What are the most effective behavioral interventions for patients? How can we motivate clinicians to quickly adopt these and other evidence-based interventions? How can we encourage them to use these approaches consistently?"

The target audience ranges well beyond dentists and other providers, too, he said. There's a role for behavioral and social scientists to think about how to work with the community and community organizations to develop contextually appropriate oral health programs related to prevention and other goals.

He and his colleagues will also seek answers to this question: "How can behavioral and social scientists help develop structural changes to prevent dental disease and make oral health-care delivery more effective, accessible, and equitable?"

Even a seemingly unrelated field like economics can supply useful insights, Dr. Randall said, citing the example of taxing sugar to change consumer behavior. Research by Dr. Kristine Madsen of the University of California, Berkeley School of Public Health has found that taxes on sugar-sweetened beverages can significantly reduce their consumption, especially in low-income and diverse neighborhoods. These communities display the highest rates of obesity and diet-related chronic diseases such as diabetes and dental decay.

The next step for Dr. Randall and his colleagues will be addressing the gaps they've identified in current approaches to oral health research and interventions. "We're asking people to fill those gaps," he said. "We want the maximum impact for patients and providers alike. Thus, we want to make oral health researchers and other stakeholders aware of the consensus statement."

The writers and endorsers of the statement hope the specific suggested future directions for research and its application will be good for science, patients, and communities, he said. Their aims are nothing if not ambitious. As Dr. Randall said: "This group is trying to determine what oral health equity looks like on a global scale and how to fully harness the behavioral and social sciences to help achieve it."

– Jethro Swain



Dr. Cameron Randall

## No Zooming for these alumni golfers

It was great to get back to live alumni events on Sept. 10 as alumni gathered at Tacoma Country and Golf Club for their first golf tournament since 2019. On a mild, cloudy day, the team of Greg Plancich ('89), Bryce Plancich ('19), Joe Bordeaux, and Bob Odegard ('89) took top honors. The first two are father and son, and Bryce joined his dad's practice after graduation.

Brian Berg and Jim Gagliardi ('78) were the closest men to the pin, and Shana Reidy ('06) and Heidi Blodgett were closest among the women. Heidi and Jennifer Tung ('06) took honors for the longest drive among the women, while Steve Inaba and Zach Lowe topped the men.



*Top from left: The winning team was (from left) Bryce Plancich ('19), Greg Plancich ('89), Bob Odegard ('89), and Joe Bordeaux.*

*Middle from left: Keith Matheny, Don Arima, Tom Jacka, and Brad McPhee, all Class of 1981*

*Steve Inaba ('05), Adam Berry ('05), Jeremy Chaison ('06), and Zach Lowe ('06)*

# Oral Medicine *at*

# 50

**AN INNOVATIVE DEPARTMENT MARKS A HALF-CENTURY  
OF PATIENT CARE AND LEADING-EDGE RESEARCH**

By STEVE STEINBERG  
*Dental Alumni News Editor*

**Go west, young men! Fifty years ago, Dean Maurice “Jack” Hickey of our School of Dentistry invited two fledgling dental faculty members at Indiana University to pull up stakes and head for Seattle. The dean had been vigorously strengthening departments across our School, and now he wanted to create a new one: Oral Medicine.**

It was still a relatively new discipline, with only a handful of such departments in U.S. dental schools. One was at Indiana, where Dr. Ed Truelove was the department's clinical chair and Dr. Earl Sommers was a newly minted departmental faculty member. Both had received their DDS degrees and postdoctoral training at Indiana. Dr. Truelove would chair the new UW department and Dr. Sommers would anchor the rest of the faculty.

When the two arrived at the UW, they set to work recruiting other faculty members, whom they presented with a formidable challenge: Not only would the new faculty teach, but at the same time they would undergo the graduate training themselves. It was an ambitious – and exhausting – plan. But it worked, and a department was born.

Dr. Truelove went on to build the department into a powerhouse. "It became probably the biggest research unit in the world for oral medicine and orofacial pain," says Dr. Mark Drangsholt ('84), now the chair. A 1995 graduate of the UW Oral Medicine residency program, he took the reins when Dr. Truelove stepped down in 2010 to return to full-time teaching and clinical practice. After 38 years, he had set a UW record for longest tenure as a department chair.

By then, Dr. Truelove had accumulated a plethora of honors and accolades. To name a few: president of the American Board of Oral Medicine; chair of the Council on Scientific Affairs of the American Dental Association; the Bruce R. Rothwell Distinguished Teaching Award, our School's highest faculty recognition; and the Oral Cancer Foundation's Service Award for his longtime advocacy of oral cancer screenings and his efforts to educate other providers on the proper methodology of conducting them.

"Ed Truelove's always had the wider, bigger vision and great ideas," Dr. Drangsholt says.

Dr. Truelove's legacy was a department renowned for its research and clinical care. In 1974, with the help of a Robert Wood Johnson Foundation grant, he launched a special-care dentistry program that would not only provide clinical care to



*Dr. Ed Truelove*

special-needs patients but would also train providers to deliver that care with a new paradigm. All too often to that point, people with profound developmental or acquired disabilities had been subjected to full-mouth extractions whether or not they needed them; routine preventive or restorative dentistry

was relatively rare. A year after the program's inception, Dr. Doris Stiefel ('54) was appointed to direct Dental Education in Care of Persons with Disabilities (DECOD). Under her longtime leadership, DECOD became a model in the field. Its providers – notably Mae Chin (Dental Hygiene '63) – traveled all over Washington to deliver care to patients who couldn't come to Seattle. At the same time, DECOD trained dental students at the UW and created comprehensive training modules made widely available to dental professionals. Now under the direction of Dr. Kimberly Espinoza, it remains one of the department's shining achievements.



*Dr. Earl Sommers*

The Department of Oral Medicine has never lost that spark of innovation. Soon after the Covid-19 pandemic arrived on these shores, faculty newcomer Dr. Jacqueline Wong ('15), a 2019 departmental residency alumna, worked with Dr. Mihwa Kim, then our Director of Clinical Services, to develop a teledentistry capability. Now known as the Virtual Clinic, it was initially created to screen patients for the Dental Urgent Care Clinic but was later expanded to serve other clinics. Dr. Espinoza and faculty colleague Dr. Ashland Doomes also implemented a highly successful telehealth clinic for their special-care patients during the height of COVID. This allowed them to serve patients in need while allowing dental students to learn these interviewing skills via Zoom.

A milestone was reached in September 2020 when the ADA's National Commission on Recognition of Dental Specialties and Certifying Boards made oral medicine a formally recognized dental specialty. Looking to the future, Dr. Drangsholt sees intriguing possibilities.

Branding for his discipline might be rethought, he suggests. "In oral medicine, we've had all this additional training, so we're basically internal medicine specialists for the orofacial region," he says. "Maybe the specialty should be called oral and maxillofacial medicine or oral and craniofacial medicine."

Perhaps a different degree is also needed, he says.

"We don't want to diminish any aspect of restorative dentistry, but we want to acknowledge that the public's orofacial health needs are broader than teeth and gums," he says. "If we really want to take care of what's ailing people, we've got to expand the boundaries. The assessment of patients has to be deeper and broader. We're one of the few schools that train people how to do that."

*The Dental Alumni News greatly appreciates the assistance of Dalila Sebring, Department of Oral Medicine Administrator, in collecting photos for this issue.*



## Q&A

**with Dr. Mark Drangsholt,  
Chair of Oral Medicine**

### ***What do you think the Department of Oral Medicine's greatest achievements have been?***

I'd say it's the creation of a regional Oral Medicine Clinical Service that serves the Pacific Northwest and beyond. Probably at least 50,000 patients have been treated, and maybe as many as 100,000.

There's the creation of DECOD, the country's first special-care dentistry program – and possibly the world's – in 1974. It was a completely new idea as far as I can tell. Ed Truelove was the catalyst for so many things. He asked Doris Stiefel about taking over DECOD; she said she didn't know anything about special care, but she was a good administrator.

There was the creation of the first oral oncology program at the Fred Hutchinson Cancer Research Center (now the Fred Hutchinson Cancer Center) in 1977. Mark Schubert was the one who started talking to oncologists, and Ed encouraged him. Mark was the one who really started that service.

And, of course, there was creation of the graduate program in oral medicine in 1974. It has produced about 100 oral medicine specialists who have had a profound impact on the education of oral medicine around the globe.

### ***How do you see your role as department chair?***

For me, a lot of this has just been keeping everything going. We're making a unique and significant contribution to human knowledge through multiple research projects, such as the creation of research diagnostic criteria. We devised a diagnostic schema for TMD that's now the international standard. A lot of the orofacial pain diagnosis development was Linda LeResche working with Sam Dworkin. Now we're on the 2.0 algorithms – you can have the questions and do the exam and get a diagnosis. We've conducted multiple randomized controlled trials for treatment of TMD; multiple large-scale cohort studies showing the onset and prognosis of people with orofacial pain; and broad types of research in special patient care, oral oncology, oral mucosal lesions, and other types of orofacial pain.

Then there was the creation of a 24-month residency in oral and maxillofacial radiology in 2011, my second year as chair. Radiography is an important part of dentistry, and there's a real shortage of oral radiologists. The big push is for complex CT imaging. The computer can create 3D images, but it's complex and requires a lot of additional training. MRI is being used more and more – no radiation. You need the training to know how to read the images.

We'd like to expand these programs, and that's part of the plan for the future.

### ***How can oral medicine be better integrated into today's dental practices?***

This is a top priority for us. Let's start with easy-to-use screening for TMD. It's cumbersome now. I can do the exam in about six minutes, but it takes our third-year students about 25 minutes. It takes too long, and we're working on a faster way to do this. Endodontists especially need this. It also tells you something that the American Association for Dental Research changed its name to the American Association for Dental, Oral, and Craniofacial Research, for a broader focus. Neck pain can refer pain into your jaw and temple. If you don't understand how this works, you can misdiagnose.

We need clinical protocols for TMD and other orofacial pain. There aren't any now. Oral medicine became [an ADA-recognized] specialty on my watch – it was a decades-long journey to make this happen.

We'd like to work more behavioral medicine into dental practice. In 1972, there were only a few oral medicine departments in the country. Most dental schools have an oral diagnosis department. But Ed said we're not going to have just an oral diagnosis department, we're going to have oral medicine. He said, "The management of human beings is really complicated." I couldn't agree more. It's not just about teeth – it's about people. That's one thing that makes us different – we focus on the whole person, not just the teeth and form and function.

We'd like to make medical billing more feasible for dentists, too, which is what we do every day.

### ***Oral medicine seems to exemplify the concept of the dentist as "physician of the orofacial complex." What does this mean for restorative dentistry?***

I believe the implications are huge. First, I strongly believe that dentistry needs to broaden its mission to stay relevant for the future – beyond restoring the form and function of teeth to caring about the overall functioning of people. We already do that and can show dentists how to do the same. So, the goals for patient care need to be discussed, front and center. Second, diagnosis gets short shrift in health care, including dentistry. We

focus a lot on it and work to become highly skilled to prevent errors in diagnosis that can be disastrous. Third, behavioral management of patients takes significant training and skills that really make a difference in outcomes, even within a profession that has been heavily surgically focused.

What gets misunderstood a lot in oral medicine is that 60 percent of our diagnosis is oral history. How people ask questions is critical – it takes a lot of training and skill. Family history is important. It's important with every patient. In our workup, we'll always pay attention to family history and genetic makeup.

***What are the most exciting avenues of research for oral medicine in general? Is pain management one of these?***

Neuroimaging of pain, diagnostic tests for pain, rapid screening tests for pain diagnosis, and many more.

We can now put people in an MRI scanner. In as little as 10 minutes, the software will analyze connectivity. We took 12 people in a study and investigated the link between connectivity and pain. We found the greater the connectivity, the more susceptibility to pain. This has been a dream for a long time – more objective measures of pain. The ability to do it fast like this is a big step forward. Pain is a complex phenomenon. You have to be able to measure it and empathize with people. Trusting people and understanding their pain is what we do. Patient satisfaction in our clinic and overall outcomes are something we measure and are definitely better in the past two years.

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***What gets misunderstood a lot in oral medicine is that 60 percent of our diagnosis is oral history. How people ask questions is critical – it takes a lot of training and skill.***

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***What are the most promising developments in the treatment of oral cancer?***

I am not an expert in this area, but I believe the future is exciting for all cancers. Rapid advances in both diagnosis and treatment from other areas in cancer will cross over into oral cancer. For example, there are new biological therapies, new methods to diagnose many different types of cancer via a blood test, etc.

***You took over the department from a truly iconic figure in Ed Truelove. Did that present any special challenges?***

Yes. I questioned myself whether I could do it. But I appointed Ed the head of our Oral Medicine Clinical Service and Linda LeResche as vice chair at the outset, and they both provided outstanding support to me to help me learn to lead and manage the department. I went through the American Dental Education Association Leadership program in 2013, which I found was valuable. The entire department was already collegial and cohesive, and so it was easier to keep things going versus having to right a sinking ship.

***What are the most important priorities for your department, both near-term and long-term?***

Directly connecting population health needs with education, service and research. [UW President] Ana Mari [Cauce] has embraced this. If we're going to be truly relevant in academics, we need to look at what is causing problems in the community. Our education and research need to be in proportion to what causes the most problems. Dentistry and medicine are separate professions. Oral medicine is the bridge between them. The issue is that there are patient problems that fall between the two professions, and these patients are left out in the cold, especially those who are impoverished. Medicaid doesn't cover orofacial pain. I'm determined to make a difference on this, because it's wrong. There are only about 300 oral medicine specialists in the country now. It's very clear that we need to be training more people, and we have to get physicians involved more. I'd like to create a Department of Oral Medicine in the School of Medicine. Until we do things like that, there won't be enough crossover between the two professions, and people will be left out of adequate care. It's a huge, huge public health problem.

***What truly excites you about the future of oral medicine?***

I co-led an initiative called the Future of Oral Medicine in 2015, which was future planning for the specialty. It soon became clear in my mind that the future of oral medicine is actually a critical component in the future of dentistry.

As I have mentioned, truly embracing the medical side of dentistry will elevate the entire profession and give us our best chance to help with society's health conditions in the dental, oral, and craniofacial region.

# How the Department of Oral Medicine took root and flourished at the UW

*Editor's note: Dr. Ed Truelove served as Chair of the Department of Oral Medicine for 38 years before stepping down in 2010 to return to full-time teaching and patient care. He remains an active faculty member as Professor Emeritus of Oral Medicine.*

By Dr. ED TRUELOVE



*Dr. Ed Truelove set a UW record for tenure as a department chair.*

The department of Oral Medicine is celebrating its 50th birthday and a look back seems appropriate. Fifty years ago, the dean, Dr. Jack Hickey, had orchestrated major changes throughout the School resulting in one of the strongest, if not the strongest, dental schools in the country. Virtually every department was recognized as among the very best both in their dental student and graduate programs. The department heads, like the dean, were forward-thinking and eager to see the emerging area of diagnostics and oral medicine elevated to the stature that their units enjoyed. Based on the collective thoughts of the dean and chairs, Dr. Hickey initiated a national search to recruit a chair for a new department modeled after oral medicine units at other leading institutions.

In 1970, oral medicine had been around as a clinical discipline for about 20 years. The field had been initiated by Dr. Lester Burket, a physician and dentist at the University of

Pennsylvania. Departments of a similar nature had arisen at Indiana University, the University of Michigan, the University of Missouri at Kansas City, and the University of California at San Francisco (UCSF).

The search for a department chair at UW lasted two years, after which I was offered the position following the strong endorsement of the department chairs. At that time, I was the clinical chair of the Department of Oral Medicine at Indiana and had just reorganized the department. The patient care and research resources and facilities at Indiana were among the best in the country. One of my concerns in joining UW was whether the other departments would be concerned that initiation of a new department would risk loss of resources and territory. My concerns were unfounded, and the opposite environment was present when I arrived.

The plan agreed upon by the School's entire administrative organization and executive committee of department chairs was to build a strong nationally and internationally recognized department that would encompass a comprehensive dental curriculum in all phases of diagnostics, oral medicine, and related areas. The objective was to also build a strong graduate oral medicine program supported by a regionally recognized oral medicine clinical service much like those operated by the medical school and staffed by faculty and students. The final aspect of the plan was to establish a strong clinical research program.

In a decision that greatly facilitated rapid progress, the dean agreed that Dr. Earl Sommers, a member of the faculty at Indiana, would be recruited as one of the department's founding faculty. He had distinguished himself as a student at Indiana and as a new faculty member there. I convinced Earl that the UW and Northwest was the perfect place for academic and personal achievement. He gave up a great opportunity at Indiana to take a chance that our plans would succeed. Throughout the past 50 years he has been vital and supportive. I and the department would not have succeeded to the degree we did if he had not come to Washington at that critical moment.

## A scarcity of specialists

Only four dental schools had strong oral medicine graduate programs: Indiana, Pennsylvania, Michigan, and UCSF. Fewer than 10 specialists in oral medicine completed training each year in the United States, which meant that finding well-trained specialists to build the department would be almost impossible without an alternative approach.

The dean and executive committee recognized the problem and agreed with a plan to establish a unique first phase of the graduate program that recruited young faculty who had a strong interest in oral medicine and were willing to teach while enrolled in an extended graduate program taking five or six years. Several young faculty members were recruited and taught basic diagnostics and primary care oral medicine while engaged in an exhausting graduate training program. The initial members of the dual program included Drs. Sommers, Donald Soltero, Sidney Patten, Bruce Rothwell, and Mark Schubert.

The entire process of designing, developing, and initiating a new academic dental student curriculum in diagnostics, radiology, case planning, general medicine, orofacial pain, and oral medicine was undertaken by the newly assembled faculty/graduate students. As could be expected, there were several interesting bumps along the way. The other departments of the school were tremendously supportive during those early times as the department grew.

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The dean recognized that a vital aspect necessary for success would be a strong oral medicine clinical service staffed by attending faculty responsible for the management of the complex patient problems referred to the clinical service. The model was to follow the system used in the clinics of the medical school. The clinic was started in 1973 and grew rapidly with thousands of patients referred by the dentists and physicians of the five-state Northwest region. The clinic was extremely valuable in assisting in the development of the clinical research programs of the department in areas of orofacial pain, temporomandibular disorders, salivary dysfunction, mucosal diseases including patients with hypersensitivity to dental materials, and in the field of maxillofacial radiology.

Once the department had initiated the dental student curriculum, the graduate program moved into a more traditional training mode and Dr. Sommers became the graduate program director. Several of the early graduate students/residents ultimately continued their careers at UW and have contributed greatly to the successes of the department. They include Dr. Mark Drangsholt (current department chair), Dr. Michael Martin, Dr. Bea Gandara, Dr. Peggy Lee, Dr. Curtis Chen, Dr. Mark Schubert, and Dr. Peter van der Van.

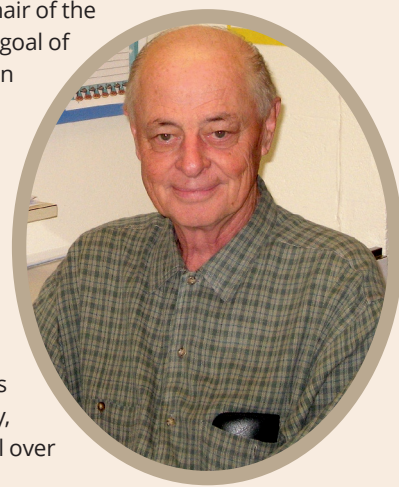
## Interdisciplinary curriculum

While early initiatives were moving forward, in 1974 the medical and other UW Health Sciences schools were asked to participate in another program funded by the Robert Wood Johnson Foundation. I was asked to represent the dental school and participate in the development of that program. The purpose was to develop a curriculum for the health sciences clinical faculty and students in interdisciplinary team-delivered health care. Over five years, I was fortunate to participate as a director of that program focused on the development and execution of team-delivered health care at five clinical facilities staffed by physicians, dentists, nurses, pharmacists, social workers, and nurse practitioners who had completed the health care team curriculum. That experience was extremely helpful.

While the department was growing in scope and strength, the field of oral medicine was doing the same with new programs emerging in North America. The specialty was recognized in Europe and other countries, and members of our department helped advance the field in general and, more specifically, the American Academy of Oral Medicine and American Board of Oral Medicine (ABOM) as they worked to achieve official recognition as one of the specialties of dentistry. I was fortunate to have served as the chair of the ABOM, as did Dr. Drangsholt. The goal of specialty recognition has now been achieved.

As the graduate program matured, students from around the world enrolled. Over the past 50 years, the program under the leadership of several directors (Drs. Sommers, Joel Epstein, Martin, Drangsholt, and David Dean), has achieved recognition as one of the very best in the country, with graduates located virtually all over the world.

*Dr. Lars Hollender was recruited to build the department's maxillofacial radiology program.*





*Oral Medicine furnishes clinical programs and faculty for the Dental Urgent Care Clinic. Shown here at a 2010 department get-together is Dr. Rolf Christensen (left), DUCC director, who has been a leading voice in the dental community to tighten opioid prescribing protocols. Joining him is Dr. Glenn Govin, then director of the DECOD program.*



*Dr. Dan Middaugh, whose influence as a faculty member over the decades has reached into many areas of the School, has been a steadying hand in difficult times.*

The department has been blessed with many faculty members having dual training in oral medicine and doctoral (PhD) degrees in other disciplines. Those faculty included Drs. Drangsholt, Martin, van der Ven, Linda LeResche, Sam Dworkin, Lars Hollender, Karl-Åke Omnell, Lee, and Chen. Their advanced training in research methodologies facilitated the development of a strong clinical research program that enabled successful grant submissions that provided the department with millions of dollars in research funding.

The department began to explore its possible role in other associated areas soon after the graduate program was initiated, and about that time the area of Special Patient Care was identified by the Robert Wood Johnson Foundation as deficient in dentistry. After completion of a foundation-funded program to improve the relevant dental student training, the department was asked to assume responsibility for assuring that Special Patient Care training would continue. Dr. Doris Stiefel, a member of the Oral Biology faculty, was recruited to join Oral Medicine to lead that program. The net result has been another nationally and internationally recognized model.

The Special Patient Care program known as DECOD, or Dental Education in Care of Persons with Disabilities, under the direction of Dr. Stiefel, quickly increased clinical training, secured federal funding for training and research, and initiated postgraduate training. Dr. Schubert was significantly involved in the early days of those initiatives, and Dr. Martin served as the program director after Dr. Stiefel retired. Dr. Kimberly Espinoza now directs that program, which continues to be a vital part of the department and School.

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## Maxillofacial radiology

The field of maxillofacial radiology, a unit within the department, was also growing, and we initiated a search for an international expert in the field. Dr. Hollender was recruited to build the program. Dr. Chen, who had initially completed graduate training in oral medicine, later completed graduate training in maxillofacial radiology and a PhD in bioengineering. He returned to teach as did Dr. Lee, jointly trained in oral medicine and maxillofacial radiology along with a PhD in microbiology. That team, under the initial direction of Dr. Hollender, accomplished the task and initiated a graduate residency in maxillofacial radiology. The field is now also a recognized dental specialty.

The next component of the department's mission was development of a robust clinical research program. Our effort in that area was initially facilitated by joint activities with Dr. Ken Izutsu of the Oral Biology department. I had engaged in salivary research related to caries immunity as a dental student

and was fortunate to be able to team with Dr. Izutsu, who had an excellent record of salivary research. Our combination of interests triggered initiation of salivary research related to diagnostics in those with cancer. National Institutes of Health funding was secured, and Dr. Izutsu continued his research with a long and successful series of grants and studies.

The DECOD clinical program also quickly spurred research directed at reducing caries and periodontal disease in those with special needs. Dr. Stiefel directed those efforts, which included several of our faculty. Numerous scientific papers were published reporting outcomes of those clinical studies.

A few years after the department had begun its evolution, the HIV epidemic struck and the department became involved in community-based patient care, teaching, and research directed at HIV detection, continuing education, management of HIV oral manifestations, and HIV clinical studies. At the time, individuals who feared that they might be HIV-positive had few mechanisms for anonymous testing other than at the one HIV/AIDS clinic in the city. The department had already



*Today, longtime faculty mainstays such as Dr. Michael Martin, who directed the DECOD special-needs program from 1994 to 1999, are being joined by fresh new faces such as Dr. Ashland Doomes, a recent graduate of the residency program.*

established a large and productive Dental Urgent Care Clinic in the School where students gained clinical experience in providing care to those with dental pain and infection. The department, in consultation with local HIV experts, established an anonymous HIV testing service that originated in the Urgent Care clinic. Anyone worried that they might be HIV-positive but concerned that their identity might be exposed could contact the Urgent Care clinic and the faculty would order the appropriate HIV test and provide patient counseling and referral. The HIV activities of the department also included clinical CDE courses for dentists throughout the state as well as large-format continuing education seminars related to HIV. The department's HIV program also resulted in research studies and scientific publications. Dr. Schubert and I were significantly involved in that rewarding initiative.

## Pain research

The next research stimulator for the department arose when Dr. Dworkin joined the department. He was a recognized expert in pain and behavioral issues related to pain. His arrival triggered a very long record of successful pain research initiatives, millions of dollars of NIH research grants, and

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**The pain research initiatives resulted in hundreds of published research papers and development of research and clinical diagnostic criteria for temporomandibular disorders (TMD). Those criteria are used throughout the world in essentially every clinical research study of TMD.**

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recruitment and retention of Dr. LeResche, who added greatly to the department's expertise. Other clinical psychologists joined the department to participate in the clinical pain research initiative. The pain research initiatives resulted in hundreds of published research papers and development of research and clinical diagnostic criteria for temporomandibular disorders (TMD). Those criteria are used throughout the world in essentially every clinical research study of TMD. I was pleased to be a member of that research team. Dr. Sommers was an important member, as were Dr. Hollender and other department members.



*UW dental hygiene alumnae Patty Doyle ('85, left) and Mae Chin ('83) were key members of the DECOD team.*

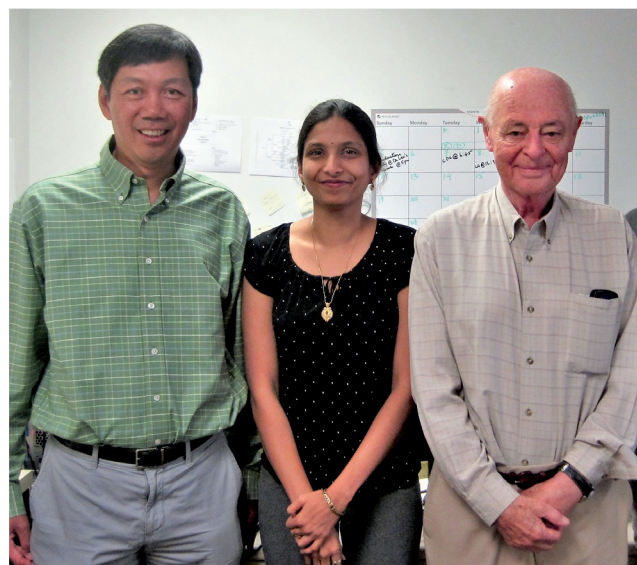
Along with Special Patient Care initiatives, pain management and research, HIV initiatives, a successful dental student didactic and clinical curriculum, a well-established oral medicine and orofacial pain service, and an expanding maxillofacial radiology division, the department also expanded its interest and involvement in cancer treatment by establishing collaboration with the UW medical school, the Department of Otolaryngology and Head and Neck Surgery, and the Fred Hutchinson Cancer Research Center. Dr. Mark Schubert led those initiatives and started a clinical oral medicine service at Fred Hutch. The activity expanded when the university and Fred Hutch joined forces to start the Seattle Cancer Care Alliance (Fred Hutch and the SCCA have merged to form the Fred Hutchinson Cancer Center). Patients at that facility who undergo transplant or other treatments for many types of hematologic malignancies are evaluated and managed by the faculty at SCCA Oral Medicine. That program has been managed by Dr. David Dean since the retirement of Dr. Schubert. The department continues to support head, neck, and oral cancer care through our faculty attending the head and neck center operated by the Department of Otolaryngology and head and neck surgery at UW Medical Center under the direction of Dr. Neal Futran, chair of the department in the School of Medicine. Dr. Futran has been a great supporter of oral medicine.

The collaboration of the department with the UWMC and medical school initiatives in pain also continue to be active with Dr. Drangsholt attending in the clinical Center for Pain Management of UWMC.

## Helping the homeless

Under the direction of Dr. Bea Gandara, the department has assisted in addressing the problem of another disadvantaged population: the homeless, including street kids. She has developed and managed both didactic and clinical experiences for dental students that are highly appreciated by students, patients, and more recently by the Washington State Dental Association. Dr. Gandara has also been a very strong advocate for diversity education within the dental curriculum and dental school in general and participated in the clinical research activities of the department.

Along the way, many other curricula, patient care, and research efforts have been undertaken by the department's faculty and staff. The department has supported research studies involving medications and their effects, diagnostic imaging, investigation of treatments for myofascial and TMD pain, quality of care for those with disabilities, behavioral studies, studies of hormone factors in pain, and studies directed at specific disorders of the orofacial complex including mucosa, salivary glands, neurosensory components, bone, TMJ structures, and viral, fungal, and microbial infections. The



*Dr. Curtis Chen (left), another key faculty member early on, served as director of the Oral Radiology program. Here he is joined by Dr. Lakshmi Gorugantula and Dr. Lars Hollender.*

department was involved in the expansion of hospital dentistry and experimented with patient care systems used in the clinical education of dental students. Graduate-level research in issues related to the diagnosis of a wide variety of oral diseases and pain states and their management have been an important focus of the graduate program faculty.

When I decided to step down as chair, the department was very fortunate to have the perfect replacement in-house. Mark Drangsholt was primed and ready for the task of taking the department forward to the next stage of its development. He has done a remarkable job in the face of major impacts that would have caused many others to give up or become frustrated. As he assumed the chair, the seven most senior faculty of the department sequentially retired and the School experienced extreme fiscal problems resulting in vacant positions being frozen and staff resources greatly diminished.

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**A few years after the department had begun its evolution, the HIV epidemic struck and the department became involved in community-based patient care, teaching, and research directed at HIV detection, continuing education, management of HIV oral manifestations, and HIV clinical studies.**

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*Dr. Sam Dworkin (left), chatting here with Dr. Mark Drangsholt, and Dr. LeResche were instrumental in the development of orofacial pain diagnosis.*



*Department faculty member Dr. Linda LeResche, shown with her parting gift at a retirement celebration in 2020, was our School's Associate Dean of Research.*

All the while, teaching responsibilities and patient care responsibilities were unchanged. His dedication and efforts are to be commended.

A special note is needed to recognize Dr. Dan Middaugh, who became a member of the department while he served as a critical member of the School's administration. Over the years, Dr. Middaugh has been invaluable as a resource and as a sounding board for the direction of departmental initiatives and programs. His advice and guidance have been particularly valuable during times of uncertainty and crisis.

Dr. Dolphine Oda also deserves special mention. In some dental schools, oral pathologists compete with faculty in oral medicine. At UW, just the opposite has been true. Dr. Oda has been a consistent supporter of the department, the graduate

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**Although along the way I was offered opportunities at other fine institutions, I am very happy and proud that I remained at the University of Washington.**

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*Department member Dr. Bea Gandara, who directed initiatives to help provide oral health care for homeless people, was named the Washington State Dental Association's Citizen of the Year in 2019.*

program, and the faculty. Her support has been highly valuable to the department and to me personally over the many years of our collaborations.

Dr. Omnell was also important in helping to improve opportunities in radiology prior to Dr. Hollender arriving. Dr. Joseph Chasten joined the department after he completed his term as associate dean. He contributed to urgent care and case planning.

In the department's earliest days, key young faculty of other departments provided vital encouragement and support. They included Dr. Don Joondeph, Dr. Bill Ammons, Dr. John Davis, and Dr. John Townsend. The senior members of those departments were also very supportive.

The administrative and clinical staff of the department deserve recognition for their outstanding efforts and contributions through many years of department expansion, changing initiatives, struggles in times of intense financial constraint, and changes in dental school administration. Those key individuals are Dalila Sebring (department administrator), Katy Scott (who has served as our graduate program administrator and acting department administrator), Liliya Gutnyk-Merrill, and

Edgar Mesina (critical to the operation and success of our Oral Medicine Clinical Service). The successes of the department (myself included) would have been diminished without their help and support.

Along the way, many faculty members have contributed to the department's successes and stature, notably Drs. Sommers, Drangsholt, Schubert, Martin, Stiefel, Dworkin, LeResche, Hollender, and Gandara. The accomplishments of the department are due to the efforts of many dedicated faculty and staff.

The many other Oral Medicine faculty instrumental in the department's successes include Dr. Espinoza (Director of Special Patient Care), Dr. Kenyu Takamoto, (Special Patient Care and Oral Medicine), Dr. Stuart Taylor (predoctoral curriculum, case planning, radiology), Dr. Rolf Christensen (Urgent Care and predoctoral curriculum), Dr. Sara Gordon (oral medicine curriculum), Dr. Bruce Silverstein (predoctoral curriculum), Dr. Elizabeth Garcia (Special Patient Care), Drs. Jeffery Sherman and Lisa Heaton (behavioral medicine and

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**Under the direction of Dr. Bea Gandara, the department has assisted in addressing the problem of another disadvantaged population: the homeless, including street kids. She has developed and managed both didactic and clinical experiences for dental students that are highly appreciated by students, patients, and more recently by the Washington State Dental Association.**

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pain research), Dr. Rigmor Persson (Urgent Care and primary care), and Dr. Peter van der Van (Oral Medicine clinic). Some who have been so helpful may not be listed here, but any omission is accidental, and for that I apologize. Several young, energetic faculty have joined the department in the past couple of years, including Drs. Rania Abasaeed, Lalita Angkanawaraphan, Ashland Doomes, Elizabeth Garcia, Jacqueline Wong, Rashmi Malhorta, Rashmi Mishra, Andrew Nalley, Jasmin Olson, and Nicholas Sotak. Their task, along with Dr. Drangsholt and the senior faculty, is to take the department to even higher levels of achievement.

The department has also been blessed with a wonderful group of dedicated affiliate faculty who teach in Urgent Care and other department clinics. The current members are Drs. Baruffi, Bolosan, Brockett, Chiang, Co, Doyle, Fok,

# Oral Medicine at 50

Greer, Gorugantula, Guess, Hamilton, Hess, Horton, Kamkar, Lederman, Leynes, Lin, Mahoutchi, Marvin, Mecham, Mesina, Julia Moritis, Alan Moritis, Nguyen, Nuwailati, Pham, Sekhon, Sharoff, Shvartsur, Shyue, Steinberg, Tro, Varela-Rodriguez, Walker, Wentworth, Werfalli, Wu, Yu, and Zimmer.

A word of praise also goes out to the practicing dental community. Their support and guidance have been immensely appreciated and have benefited the department and me in many ways. They have referred patients to the oral medicine clinical service, offered donations, participated as affiliate faculty in the Dental Urgent Care Clinic and Oral Medicine Clinic, participated in continuing education programs, and supported us through difficult fiscal and administrative situations.

My journey in oral medicine at UW over the past 50 years has been endlessly interesting, challenging, and informative, but never dull. There were periods of rapid growth, and equally rapid contraction during class size and budget reductions. Fascinating interactions occurred with a long parade of 10 unique deans who sometimes had different goals and objectives. Those periods offered opportunities to become more creative and fleet of foot.



*Dr. Peggy Lee (right), shown with clinical staff member Wendy Hung, directs the Oral Maxillofacial Radiology Residency Program and was another key faculty member in Oral Medicine's early years.*

Throughout the entire process, I would never have had what successes I enjoyed if not for Karen Truelove, my spouse and partner for the past 57 years. Her guidance, patience, tolerance, and intelligence facilitated my journey in academics more so than any of my minor talents. I must also mention my children, Scott and Robin, who have offered excellent advice on critical occasions.

Although along the way I was offered opportunities at other fine institutions, I am very happy and proud that I remained at the University of Washington. The ride has been wonderful, and I have the best of wishes for the department, the School, and the wonderful practicing community of dedicated oral health care providers.



*Dr. Mark Schubert played a pivotal role in creating an oral oncology program at the Fred Hutchinson Cancer Center.*

# Recalling the challenges of building a new department

*Editor's note: Dr. Earl Sommers, who joined Dr. Ed Truelove in establishing the department, served on the active Oral Medicine faculty from 1972 to 2019, including 25 years as Graduate Program Director. He is now Emeritus Clinical Associate Professor.*

By Dr. EARL SOMMERS



Dr. Earl Sommers

Medicine at the UW along with one full-time faculty position. Dr. Ed Truelove and I came to interview for these positions and were hired starting in July 1972.

The next two years were major chaos from my perspective. So many changes were needed in the program, and we really had no idea what we were doing. At least I did not. There were many trial-and-error programs and courses. This period was very stressful and unfulfilling, but a shakeout period was expected and necessary due to the need for an entirely new curriculum/program.

In 1974, Ed started the graduate program in Oral Medicine with four students who were also full-time faculty: Bruce Rothwell, Sidney Patten, Donald Soltero, and me. The next three years were even more stressful for all of us. I worked and studied 70-90 hours per week for these years. The four of us completed the graduate program in 1977. Bruce Rothwell became director of Hospital Dentistry. Sidney Patten entered the Endodontics grad program, then practiced endo in the Renton area for many years before retiring. Don Soltero was part-time faculty in Oral Medicine and practiced general dentistry outside UW for a few years, then went to a full-time general dentistry/oral medicine practice in Bellevue for many years. I remained as full-time faculty in the department for 47 years until I retired in 2019.

I graduated from Indiana University School of Dentistry in 1971. I then took a full-time clinical faculty position in the Department of Oral Diagnosis at Indiana for a year. During that time, I applied to the graduate program in oral medicine at Indiana and was accepted. Late in 1971, the chair position opened in Oral Diagnosis/Oral

**Graduate Program Director:** Ed asked me to take this post in 1977. I remained in that role for the next approximately 25 years. Being program director was a highlight for me. However, the workload made it impossible for me to develop and administer the program at an optimal level. Just the same, the program was recognized as the best oral medicine program in the country by all other oral medicine departments. This recognition came principally from Ed Truelove's efforts.

**Teaching:** I was course director for five or six undergraduate courses and four or five graduate courses plus lecturer in several other courses from 1977 to 1999. I loved teaching, but again the workload was excessive and my ability to provide the best education to both undergraduate and graduate students was not possible. Major burnout was always a risk and I struggled to keep going. Still, teaching was a highlight. I considered teaching the best opportunity to improve general dental patient care and broaden dentists' ability to care for head and neck disorders beyond the dentition and periodontal structures.

**Patient care:** Caring for patients with oral medicine disorders was also a highlight. It was so rewarding to be able to diagnose and treat patients who had seen many providers (physicians, dentists, etc.) without a diagnosis or treatment for their problem. Both undergraduate and graduate students worked along with me caring for these patients as part of their training.

**Research:** I participated in several research projects with other faculty over these years with temporomandibular disorder research being the most extensive and rewarding.

**Sleep disorders training and patient care:** It became obvious to me that sleep quality and quantity were major factors contributing to my patients' problems. I needed a break and took a six-month sabbatical to study sleep disorders in Australia in 1999-2000. This resulted in the greatest contribution I believe I made to our department and education of both undergraduate and graduate students as well as to dentistry in our state. I joined the UW Sleep Medicine faculty in 2000 as that program was being developed. I provided didactic and clinical training for the Sleep Medicine fellows, interviewed applicants to that program, and performed other duties over the next approximately 20 years. I was able to introduce sleep medicine didactic and clinical training to the undergraduate and graduate dental curriculum. Introducing sleep medicine into the School of Dentistry's training was without a doubt the greatest highlight and most rewarding portion of my academic career.

## How DECOD became a leader in special-care dentistry

*Editor's note: Dr. Doris Stiefel, who in 1954 became our School's first female graduate, directed the Dental Education in Care of Persons with Disabilities program from 1975 until her retirement in 1994. Under her guidance, DECOD became a national leader in its field.*

**By Dr. DORIS STIEFEL**

Ever forward-looking and inclusive, the Department of Oral Medicine showed its support for the School's program of Dental Education in Care of Persons with Disabilities (DECOD) from the project's very beginnings in the 1970s.

Dr. Ed Truelove deserves immense credit for his leadership and commitment that made it possible for the School's new program to overcome initial skepticism and achieve remarkable success. DECOD had a tentative start and functioned under a multi-departmental board when I was appointed its administrative director in 1975. I soon found Dr. Truelove, Chair of Oral Medicine, to be most helpful and valued his sage advice as we began working together.

In 1979, when DECOD expanded its scope from training dental and dental hygiene students to offering training also at the postgraduate level, Oral Medicine became the physical and academic home of the program and I had the privilege of joining the Department's faculty. With Dr. Truelove as the creative mastermind and staunch advocate, we were able to secure a series of grants that in a real sense put DECOD on the map.

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**With Dr. Truelove as the creative mastermind and staunch advocate, we were able to secure a series of grants that in a real sense put DECOD on the map.**

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We welcomed dentists, dental hygienists and their assistants from all parts of the globe for on-site training in DECOD; we produced essential educational modules that were widely distributed and conducted significant clinical research relating to oral health of people with disabilities. The DECOD clinic located within the department's clinical space provided an invaluable treatment resource for dental patients with special needs, and all-important educational experiences for the School's students and graduate trainees. As a result, DECOD gained broad respect and recognition as a leader in special-care dentistry.



*Dr. Doris Stiefel received our School's Distinguished Alumnus Award in 2003 and was honored again in 2019 with our Dean's Club Honorary Lifetime Award.*

It is most gratifying that Oral Medicine's strong support of DECOD remains ongoing under Dr. Mark Drangsholt's chairmanship. DECOD is firmly established as one of the department's Special Clinical Services and, with Dr. Kimberly Espinoza as its able director, continues to grow in scope and importance.

On a personal note, my association with Oral Medicine was deeply rewarding. I have many warm memories: the stimulating departmental case conferences; attending in the Emergency Clinic, my weekly meetings with Dr. Truelove to discuss DECOD, and the lasting friendships I formed with colleagues and staff in the Department. Last but not least, I remember the holiday parties that DECOD hosted annually in the Oral Medicine conference room. Our home-baked cookies in no small measure helped to create goodwill and support within the School and the community for special patient care.

In great appreciation for the honor of having served on its faculty, I salute the Department of Oral Medicine on its 50th anniversary. May the Department enjoy many more years of success and achievement in advancing oral health.

**DR. ALAN SUTTON** MAXILLOFACIAL PROSTHETICS SERVICE

## Restoring appearances – and quality of life

When Dr. Alan Sutton was in his third year of a U.S. Air Force prosthodontics residency in San Antonio, Texas, a faculty member invited him to watch a maxillofacial prosthetic procedure at the Air Force's Wilford Hall medical center. He accepted the invitation, and it changed his career path.

"I was hooked," he says.

In January, Dr. Sutton took over our School's Maxillofacial Prosthetics Service with an appointment as Associate Professor of Restorative Dentistry after the retirement of the service's longtime director, Dr. Jeffrey Rubinstein.

Among other things, Dr. Sutton fashions prosthetic eyes, ears, and noses for patients who have sustained a wide range of disfigurements. These include cancer patients, burn patients and other trauma victims, speech pathology patients, and even infants with cleft palate. Patients come to our School for his services from all over the Pacific Northwest and Alaska.

It's a relatively rare specialty. However, its impact on patients' lives – especially their emotional well-being – is tremendous.

"You can change someone's life with a prosthesis, whether it is an intraoral obturator or a facial prosthesis," he says. "It gives them a sense of normality and a huge improvement in their quality of life."

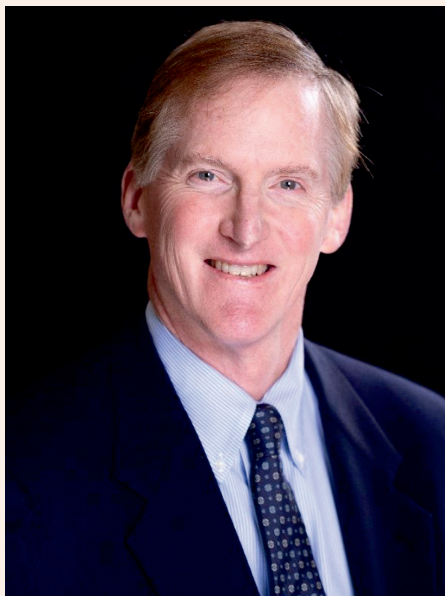
Dr. Sutton came to our School from the University of Colorado School of Dental Medicine, where he was Clinical Associate Professor, teaching courses in occlusion, advanced prosthodontics, and fixed and removable prosthodontics. His impressive catalog of credentials also includes a 29-year stint in the Air Force Dental Corps during which he served as Director of Resident Education, Director of Fixed Prosthodontics, and Prosthodontics Program Director. He also was military consultant to the U.S. Surgeon General for dental laboratories, and from 2010 to 2014 he was Director of Maxillofacial Prosthetics at the Wilford Hall Ambulatory Surgical Center and at the San Antonio Military Medical Center. He also chaired an ADA subcommittee that developed and finalized the ADA/ANSI scanning accuracy standard for dental chairside and laboratory CAD/CAM systems.

He received his undergraduate degree from Texas Tech University and his DDS from the Baylor College of Dentistry

(now Texas A&M College of Dentistry).

He prizes the artistic side of his specialty, saying, "I am more of a sculptor than painter. But with the awesome mentors I had, I became pretty good at making facial prostheses and oculars. Super fun, especially when it looks great."

He also values the strong bonds he forms with patients, some of whom became friends. One of his favorites always dressed to reflect a particular holiday, such as Christmas, Halloween, or St. Patrick's Day. "She had a horrible cancer and a significant resection, but [she was] a wonderful person and patient," he says.



His work on the ADA subcommittee reflects his extensive experience with digital technologies in the Air Force and at the University of Colorado, and he will continue on that path with implant reconstructions and other prostheses at the UW. He says he hopes to acquire a scanner for his work, but that will have to wait until his practice generates sufficient revenue.

That's no small challenge, since maxillofacial prosthetics lies squarely at the intersection between dentistry and medicine, complicating billing codes. The process of obtaining insurance pre-clearance can also be drawn out and frustrating.

However, he has ways to work off any frustrations. The long-time athlete enjoys swimming, biking, hiking, skiing, snowboarding, adventure racing, and off-roading in his Jeep. "Fun stuff!" he says. Married for 39 years, he and his wife have one son.

He knows that he faces a formidable task after assuming leadership of the practice here. "Taking over for someone who was in the job for 32 years is challenging, to say the least," he says.

"I agree completely with Dr. Sutton that replacing Dr. Rubenstein requires stepping into some very big shoes," says Dean Gary Chiodo. "When Dr. Rubenstein let me know of his retirement plans, my immediate thought was about how we would ever replace this essential service with someone who has both the skills and compassion that he consistently brought to the role. Our national search for a replacement was lengthy and, ultimately, resulted in Dr. Sutton's interest. We are extremely fortunate to have him on the UWSOD team, and I am confident that the patients who need this service will benefit greatly, as will our students and prosthodontic residents."

# Faculty Updates

**Dr. O. Ross Beirne** of Oral and Maxillofacial Surgery and **Dr. Jeffrey Rubinstein** of Restorative Dentistry, two longtime clinical faculty stalwarts, retired at the end of 2021 and took emeritus standing.

Dr. Beirne concluded 10 years as department chair in 2010 to return to full-time teaching and clinical practice. In 2013, he received the Bruce R. Rothwell Distinguished Lifetime Achievement Award, the School of Dentistry's highest teaching honor. In 2016, he was elected to the first cohort of Fellows of the American Association for Dental Research.



Dr. Beirne is a diplomate of the American Board of Oral and Maxillofacial Surgery and the National Dental Board of Anesthesiology. He is also a fellow of the American College of Dentists and Councilor with the Oral and Maxillofacial Surgery Research Group of the American Association for Dental Research. He received his DMD from the Harvard School of Dental Medicine in 1972, a PhD in biochemistry from the University of California, San Francisco in 1976, and his certificate in Oral and Maxillofacial Surgery from Harbor-UCLA Medical Center in 1979. At Harvard, one of his residency students was Dr. Thomas Dodson, who now occupies the UW chair that Dr. Beirne did. Dr. Beirne will be teaching predoctoral students and residents part time this spring.

Dr. Rubenstein was professor and director of the Maxillofacial Prosthetic Service. His research focus was that of developing cutting-edge technological approaches to the oro-facial rehabilitation of the patient with anatomical compromise in the region of the head and neck. A lecturer nationally and internationally, he was a key member of a team that rebuilt a patient's upper jaw and hard palate in 2016 in a rare one-day procedure that utilized three-dimensional computerized design and implant-bone integration technology. It was the first time the 15-hour procedure, called an immediate reconstruction and rehabilitation, had been performed in the Pacific Northwest.



Dr. Rubenstein received the 2016 Bruce R. Rothwell Distinguished Lifetime Achievement Award. He is a fellow and former president of the Washington State Society of Prosthodontists, a member of the Academy of Osseointegration, a diplomate of the American Board of Prosthodontics, a fellow and former president of the American

Academy of Maxillofacial Prosthetics, and a fellow of the American College of Prosthodontists and the Academy of Prosthodontics. He received a DMD from Tufts University School of Dental Medicine, served a General Practice Residency at the Lancaster Cleft Palate Institute and H.K. Cooper Center for Craniofacial Anomalies, and received a Certificate in Prosthodontics with emphasis on Maxillofacial Prosthodontics from M.D. Anderson Hospital and Tumor Institute and a postdoctoral MS from the University of Texas Dental Branch at Houston.

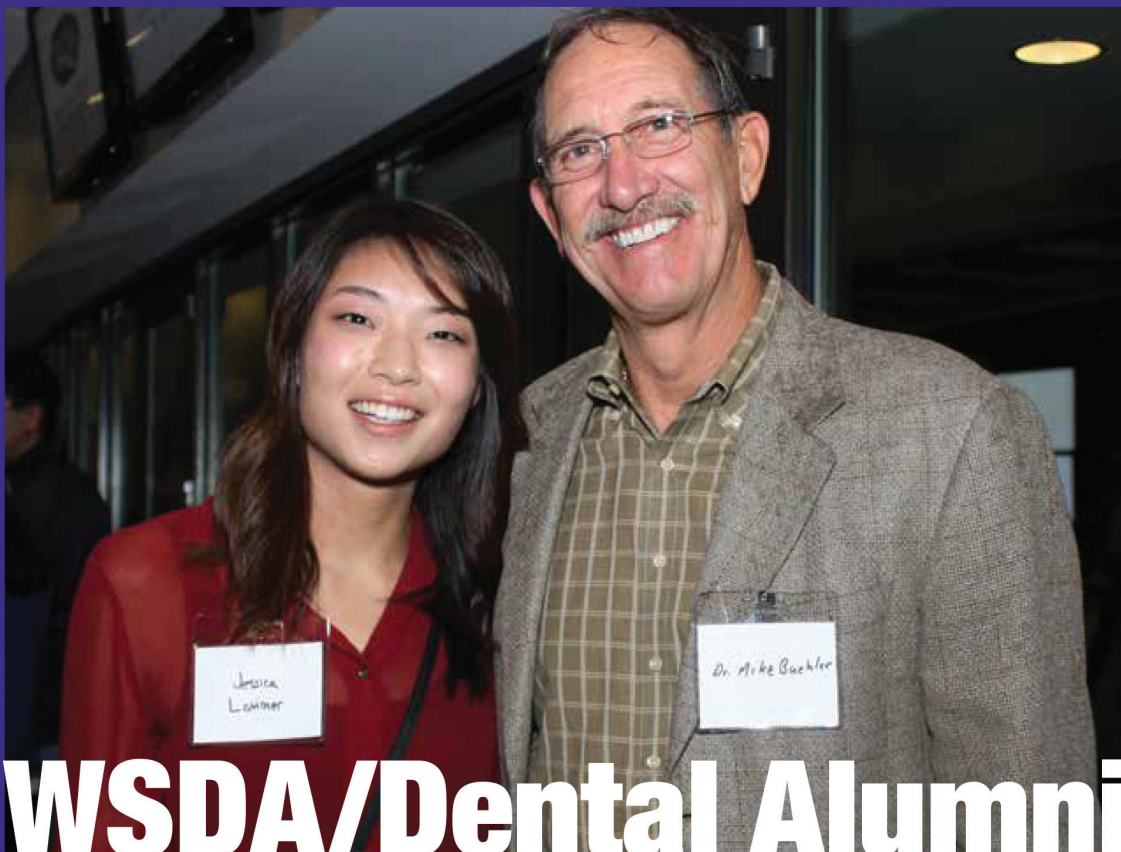
**Dr. Thomas Dodson**, Chair of the Department of Oral and Maxillofacial Surgery, was named editor-in-chief of the *Journal of Oral and Maxillofacial Surgery* (JOMS), the official journal of the American Association of Oral and Maxillofacial Surgeons (AAOMS), effective Jan. 1. He had been associate editor of the journal since 2011. Dr. Dodson has written more than 150 peer-reviewed publications, including about 100 in JOMS. In 2003 and 2010, he received the Oral and Maxillofacial Surgery Foundation's Daniel M. Laskin Award for the year's top scientific paper published in JOMS.



Also in the Department of Oral and Maxillofacial Surgery: **Dr. Mark Egbert** was elected vice president of the AAOMS board of trustees, while **Dr. Jasjit Dillon** was appointed to the OMS Foundation board of directors.

Promotions for full-time faculty: **Dr. Natasha Flake** of the Department of Endodontics, from associate professor to professor; **Dr. Peggy Lee** of the Department of Oral Medicine, from assistant professor to associate professor; and **Dr. Frank Roberts** of the Department of Periodontics, from associate professor to professor. All three appointments take effect July 1.

Promotions for affiliate faculty: In the Department of Oral and Maxillofacial Surgery, **Dr. Guillermo Chacon** from affiliate associate professor to affiliate professor; in the Department of Oral Medicine, **Dr. Austin Baruffi** and **Dr. Thanhdung Nguyen** from affiliate instructor to affiliate assistant professor and **Dr. Anita Fok** from affiliate assistant professor to affiliate associate professor; and in the Department of Restorative Dentistry, **Dr. Austin Baruffi** and **Dr. Brad Judy** from affiliate instructor to affiliate assistant professor and **Dr. Philip Anderson**, **Dr. Jeffrey Ceyhan**, **Dr. Ya-Pei Chang**, and **Dr. Anita Fok** from affiliate assistant professor to affiliate associate professor.



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## A SAMPLING OF CURRENT STUDIES AT THE SCHOOL OF DENTISTRY

*Editor's note: In this issue, we are highlighting the winning predoctoral and graduate student entries at our School's annual Research Day poster competition.*

### Cystic Fibrosis-Related Diabetes and Periodontitis in Adults with Cystic Fibrosis

**PI:** Alaa A. Alkhateeb

**Mentor:** Dr. Donald Chi

Cystic fibrosis-related diabetes (CFRD) is a unique type of diabetes that affects up to 50% of adults with cystic fibrosis (CF). The prevalence and severity of periodontitis are both significantly higher in adults with diabetes than adults without diabetes. Our previous work indicates that adults with CF are not at greater risk for periodontitis, but it is unknown if CFRD impacts the periodontal health of adults with CF. The goals of this pilot study were to compare the prevalence of periodontitis in adults with CF to non-CF controls, taking into account diabetes status.

Prospective observational study of adults with CF (age  $\geq 18$  years) at a single CF Center in Seattle, Washington, USA. CFRD was defined following the American Diabetes Association diagnostic criteria. Periodontitis was defined following the U.S. CDC and the American Academy of Periodontology case definition. We used the 2013-2014 NHANES to form non-CF control groups (with and without diabetes). Non-CF controls were frequency matched to adults with CF on age, sex, diabetes status, and insulin use. Based on CF and diabetes status, we compared periodontitis prevalence across four groups: CFRD, CF and no diabetes, non-CF with diabetes, and non-CF and no diabetes (healthy). We used the Fisher's exact test for hypotheses testing.

The prevalence of periodontitis for the two CF groups, with and without CFRD, were higher than healthy controls (CFRD 78% vs. healthy 7%;  $P < 0.001$ ), (CF no diabetes 60% vs. healthy 7%;  $P = 0.001$ ) and not significantly different than non-CF controls with diabetes (CFRD 78% vs. non-CF with diabetes 56%;  $P = 0.43$ ), (CF no diabetes 60% vs. non-CF with diabetes 56%;  $P = 1.0$ ).

**Conclusion:** Regardless of diabetes status, adults with CF had significantly higher prevalence of periodontitis than healthy controls and similar prevalence to non-CF controls with diabetes. Additional studies with a larger sample size and prospective control groups are needed to confirm our study findings.

### Effects of Lipopolysaccharide on Stem Cells of the Apical Papilla

**PI:** Dr. Rachel Kehr

**Mentor:** Dr. Avina Paranjpe

Stem cells of the apical papilla (SCAP) are vital for the success of regenerative endodontic procedures (REPs). Previous studies have demonstrated the effects of inadequate disinfection and bacteria on the success of REPs. Lipopolysaccharide (LPS) is the major component Gram-negative bacteria and could be present in the canal even after bacteria cell lysis and could possibly affect SCAP. However, the direct effect of LPS on SCAP has not yet been elucidated. Hence, the aim of this study is to evaluate the effects of LPS has on the survival and differentiation gene expression of SCAP.

Human SCAP were cultured under three different conditions for 24 hours, untreated cells, LPS and a Dexamethasone group. RNA was extracted and reverse transcribed to cDNA. The cDNA was analyzed using Real time-PCR for various osteogenic, transcription and differentiation genes. Data were analyzed using a one-way analysis of variance (ANOVA).

Real time-PCR analysis demonstrated that SCAP treated with LPS had downregulation of osteogenic genes (ALPL), genes promoting angiogenesis and endothelial cell growth (VEGFC, FT1), and collagen synthesis (COL5A1, COL10A1). There was an upregulation of genes involved with the breakdown of extracellular matrix (MMP13, MMP7), genes involved in the activation of innate immunity (TLR3, TLR4), apoptosis related genes (FADD, TRADD) and those promoting tissue inflammation (IL1B, CSF2).

**Conclusions:** SCAP treated with LPS have a downregulation of pathways related to osteogenesis, angiogenesis and cell growth, and an upregulation of pathways related to innate immunity activation, apoptosis and tissue inflammation. This research suggests that LPS can have negative effects on REPs.

*For details on any study at the School of Dentistry, contact Dr. Douglas Ramsay, Associate Dean of Research at [ramsay@uw.edu](mailto:ramsay@uw.edu), or Barb McLaughlin at [barbmcl@uw.edu](mailto:barbmcl@uw.edu), or the principal investigator.*

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American College of Prosthodontics	Associates, PC	VHF, Inc.
Fred Hutchinson Cancer Research Center	Sagemax	Washington Academy of General Dentistry
Ivoclar Vivadent, Inc.	Sea Mar Community Health Centers	Washington Dental Hygienists' Association
MMS Giving Foundation	Tucker Family Foundation	Washington Trust Bank
Permanente Dental	Ultradent Products Inc.	

## PARTNERS (\$2,000+)

American Academy of Fixed Prosthodontics	Instron Corporation	Orasoptic
Colgate-Palmolive Company	Kitsap Bank	Pacific Dental Services
Constantine Builders, Inc.	Light Dental Studios	Polaris Healthcare Partners
Designs for Vision, Inc.*	LumaDent*	Q-Optics*
FISH of Cowlitz County	MedPro Group	SurgiTel*
Guardian Dental Life Insurance	NSK America Corp.	Univet Optics*
	Omni Practice Group	Willamette Dental Group

### A contractor with a solid foundation

When it comes to dental offices, dentists aren't the only ones who know the ins and outs of drilling. How about the people who build or renovate those offices?

Those folks also take a long time to master their skills. Just ask Dustin Long, the principal of Big Sky Northwest, a general contractor specializing in dental offices. He and his wife, Alex, started the firm in 2016 after moving from Dallas to Alex's hometown of Seattle.

"All my life I've loved the construction industry," Dustin Long says. "Starting in sixth grade, I spent my summers in the trenches for my father's commercial contracting company, Big Sky Construction, in Dallas. After college I spent the first 16 years of my career working for Big Sky Construction, building schools and public works. During that time, I learned and experienced all levels and positions both in the field and then later in the office. Those experiences fueled my passion to start my own construction company when my family moved from Dallas to Seattle."

Big Sky Northwest, headquartered in Lake Forest Park north of Seattle, started as and remains a specialist in dental offices, but it has also done medical, veterinary, and other projects. The particular challenges of a dental office, however, strongly appeal to Long.

"There are so many complex systems, and every practice has personalized ways of using these systems," he says. "Most dental practices also include high-end architecture and finish carpentry, and we employ some of the best carpenters in the business, who understand there is an expectation for zero tolerances in our finished product. Creating a desired deliverable from raw materials, figuring out how things will work, and putting the intricate pieces together is a passion that allows me to truly enjoy building dental offices."

As the firm built dental offices, Big Sky Northwest was also building connections with our School of Dentistry as it worked with clients who were UW dental graduates. "From the individuals running the program to the dentists we've had the pleasure of doing business with, our experience has been top-notch," Long says.

That led to Big Sky Northwest joining our Business Partners program as our School's newest Gold Partner. Long says, "The UW is the premier school of dentistry in the Northwest, so becoming a partner of the UW was a big goal for us. We've had many [School of Dentistry] alumni clients, who have all spoken very highly of [the School] and what it has meant to students, alumni, and the community."

A solid foundation, high standards, and attention to detail: That's a winning formula for dental education and a dental office builder alike.



*The Big Sky Northwest team at its wood shop in Lake Forest Park, Wash.*



*Dustin Long is principal of Big Sky Northwest, a specialist in building dental offices.*

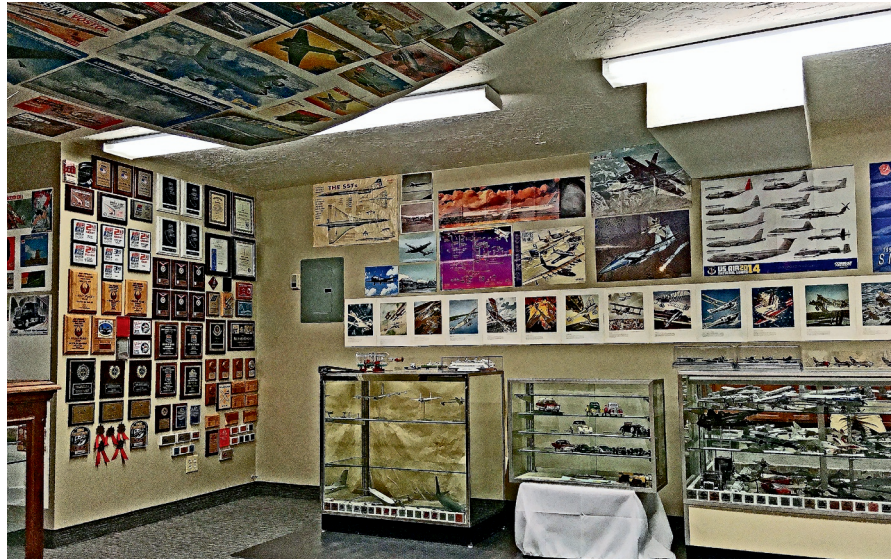


## CLASS OF 1961

**Dr. Roger A. Meyer, Greensboro, Ga.:** After 60 years, I finally retired completely from medical practice on July 1, 2021. After 10 years in dental practice, and 50 years in medical/surgery, it was time to hang up the scalpel and the stethoscope. It seems like only yesterday that we were hunched over our articulators in dental lab, worried about what Mr. Charlie Schroeder would think of our tooth carvings. And then, all of a sudden, we were graduating in June 1961! Since then, I have had a wonderful career in medicine and surgery, going on to get my MD degree, completing general surgery and oral/maxillofacial surgery residencies, and practicing in Bellingham, Wash., Vancouver, Wash., and Atlanta, as well as being in academic surgery for 11 years at the Oregon Health & Science University, Portland, and Emory University, Atlanta. It was a satisfying and fulfilling experience, and I wish I could start all over again. Now we live in a golf/tennis community on Lake Oconee, about 75 miles east of Atlanta. My wife, a nurse anesthetist, will be retiring also next month. We are looking forward to travel, more time spoiling our six grandkids, golf, tennis, hiking, playing the piano, medical writing, and all the other things that keep our minds and bodies as active as we are able. Greetings to all my surviving classmates, and thanks for many fond memories of our days at the UW School of Dentistry. I only wish that more of you were still here.

## CLASS OF 1979

**Dr. George F. Naden, Seattle:** I am enjoying retirement. This summer I rode my bicycle from Niagara Falls along the Erie Canal to the hills of the Mad River Valley in Vermont. Visited the candy bar grandkids. "Baby Ruth" is now 4 and "Oh Henry" is 1.5. Rowed at the Head of the



*Dr. Richard Engar's museum in Bountiful, Utah, includes a wall displaying awards he has won for his scale model aircraft. The collection includes over 250 models and is open to the public three days a week.*

Charles Race in Boston in October. We won the Master 4 Oared Event for boats that averaged 70 years. How could we get so old?

## CLASS OF 1980

**Dr. Richard C. Engar, Salt Lake City:** Encouraged by my father, a navigator in the Pacific Theater during World War II, I have built scale model aircraft from kits since the early 1960s. After an eight-year hiatus during college and dental school, I started building kits again in 1980. When I started my dental practice, I put shelves in an extra room and displayed aircraft models there. I even hid my dental gold in a large aircraft model with a removable bottom portion while I practiced. Then in 1991 when I took over management of a Utah-based malpractice insurance company, I went from shelves to display cases to feature my aircraft models as our office décor. As retirement approached, I determined that the models would not fit in my house, as they were numbering over 200, so I needed to come up with an alternative. The idea of my own museum developed, and I started looking for space. A dentist friend in Bountiful, Utah suggested a 900-square-foot area in the building he

owned that previously housed a physical therapist's exercise room and offered a very reasonable rent arrangement. Once I inspected the space, I knew I was set.

I occupied the space as of Nov. 1, 2020, made arrangements to move five large display cases from my former office to the museum space, added a new large case as a retirement present from my former employer, and then organized what went into each display case based on chronology. I added ceiling murals to display the box art I had collected over the years and added several posters and collections of aircraft art to the walls. By Jan. 31, 2021, the museum was ready for visitors.

The museum represents the largest collection of scale model aircraft available for the public to see in the state of Utah, with over 250 models on display. As I continue to build models continuously, the museum collection is growing. I am there three days a week and the museum is open then for public viewing.

## School mourns Dr. John Townsend

Dr. John Townsend, one of our School's most popular and highly regarded Restorative Dentistry faculty members, passed away on Feb. 15 after suffering a heart attack.

Dr. Townsend came to the UW in 1972 from Canada's McGill University, his dental alma mater. He earned his MSD and certification in periodontal prosthodontics at our School in 1973 and stayed on as a faculty member. In the course of his illustrious career, he touched a multitude of bases: Chair of Restorative Dentistry, Associate Director of Graduate Prosthodontics, Curriculum Committee, Faculty Council, and UW Senate among them. At the time of his passing, he was Lecturer Emeritus in Restorative Dentistry.

He was gregarious to a fault and generous with his knowledge. One indicator of the esteem in which he was held can be found in the many times he was named Outstanding Instructor by our pre-doctoral students, as well as his invitation by the students to be Hooding speaker in 2014. A further testament to his teaching prowess was his selection in 2017 as recipient of the Bruce R. Rothwell Lifetime Achievement in Teaching Award, our highest faculty honor.

His colleagues held him in equally high regard, as evidenced by his selection to be president of the Washington State



Society of Prosthodontics and chair of the Washington Section of the American College of Dentists. He was also Chief Examiner for prosthodontics with the College of Dental Surgeons of British Columbia in 1980-81, in which capacity he was responsible for establishing the examination format, appointing examiners, and conducting examinations for the first prosthodontic specialty examinations in that province.

He was a highly accomplished researcher, with a special interest in biocompatibility of dental materials and the longitudinal clinical evaluation of bonded prostheses.

Outside dentistry, he was extensively engaged with the community, including active participation in Scouting and the Mercer Island Rotary Club. He was a talented musician, playing bass trombone with several Seattle-area jazz bands.

In a message to the School, Dean Gary Chiodo said, "We will greatly miss this superb teacher and good friend to so very many down the years."

*In Memoriam continues on the next page.*

## CONTINUING DENTAL EDUCATION

### SPRING 2022

While the pandemic has put a crimp in live course offerings, our Continuing Dental Education program still offers valuable on-demand courses to facilitate your professional growth. Check out these offerings:

#### **Acute Pain Management, the Role of Opioids and Washington State Opioid RX Compliance Online Course**

– This is a recorded lecture by Rolf Christensen, DDS, MHA and meets the requirements for the one-time three-hour training for Washington state dentists who prescribe opioids in their practice. \$129 per dentist; \$79 per team member; 3 credit hours.

**Bloodborne Pathogens Training** – Complete your required BBP training at a time convenient to you and your staff! This is a self-paced course created by UWSOD faculty. \$50 per person, 2 credit hours.

#### **Infection Control, Emerging Infectious Diseases, and Vaccines Update: During and After Covid-19**

– This is a recorded lecture by John Molinari, PhD. \$75 per person, 3 credit hours.

#### **Treating Patients with Mild-Moderate Special Needs**

– This self-paced course created by School of Dentistry faculty covers 17 conditions with adult and child versions for most. \$40 per person, 3 credit hours.

#### **Treatment Planning for the Daily Practice: From Simple to Complex**

– A recorded lecture by Jae Seon Kim, DDS, MSD, FACP. \$75 per person, 3 credit hours.

#### **Important notice: Ernest Jones Lecture postponed to fall**

The 50th Annual Ernest M. Jones Memorial Lecture – The New Face of Dentistry with Miguel Stanley, DDS has been rescheduled due to the pandemic. The lecture will be held on Sept. 23, 2022 in Kane Hall on the UW campus.

*For more about CDE offerings, go to <https://dental.washington.edu/continuing-dental-education/online-courses/>*



# In Memoriam

We are saddened to note the passing of classmates, colleagues, and friends. For a fuller accounting of their lives, please go online to <https://dental.washington.edu/alumni-friends/in-memoriam/>.

## DR. RICHARD D. ULREY

DDS CLASS OF 1955



Dr. Richard Duane "Dick" Ulrey of Boulder, Colo., died peacefully

on Oct. 17, 2021 in the presence of his wife, Joy, and his daughter, Susan. He was 92. He was a dental officer in the U.S. Navy for over 30 years, serving in 17 naval duty stations around the world, on the USS Proteus and, in 1969, on the USS Midway during the Vietnam War. While on the Midway, he assisted with extensive modernization of the dental spaces, which are still visible on the aircraft carrier (now a museum in San Diego). In 1979, he assumed command of the Naval Regional Dental Center on Parris Island, S.C. His final duty station was in London, where he retired in 1985. He received the Legion of Merit, the Meritorious Service Medal, and the Navy Commendation Medal, among other honors. He returned to San Diego in 1985 for retirement and moved to Colorado in 2019 to be closer to family.

## DR. GEORGE T. FRALEY

DDS CLASS OF 1958

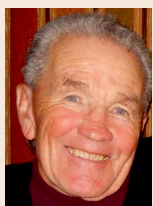


Dr. George Thomas Fraley of Nine Mile Falls, Wash., passed away peacefully

on Oct. 4, 2021, surrounded by his family while in care at North Spokane Hospice. He was 88. He had a dental practice in Seattle and taught at the School of Dentistry. He moved to Juneau, Alaska began a dental practice, and participated in many dental organizations and local elected roles. He joined Project Hope in 1972, for which he taught Brazilian dental students and treated patients with chronic issues.

## DR. ROLAND A. HUBLOU

DDS CLASS OF 1958



Dr. Roland A. Hublou passed away peacefully on Feb. 9, 2022 in Everett, Wash. He was

88. After graduating from dental school, he served in the U.S. Navy dental corps with two deployments to Southeast Asia, and afterward entered private practice. He was active in organized dentistry, serving as dental society president, and he and his wife, Dee, were strong supporters of the School of Dentistry, endowing scholarships for many years. He maintained his connection to the dental school in retirement as an affiliate faculty member lecturing and providing clinical instruction until he was 85. He also provided pro bono services for the disabled.

## DR. DEAN F. LUDDINGTON

DDS CLASS OF 1958



Dr. Dean Farley Luddington of Bountiful, Utah passed away surrounded

by his family on March 4, 2022. He was 92. After graduating from Weber College (now Weber State University) in Ogden, Utah, and serving on a mission for The Church of Jesus Christ of Latter-day Saints, he met and married Valerie Kay Egbert, with whom he had a daughter, Diane. After studying further at the University of Utah, he took his family with him to Seattle to obtain his dental degree. While in dental school, he tragically lost his wife to an unexpected illness, but finished school with honors and later remarried. He earned an advanced degree in orthodontics at Tufts University after serving as a dentist in the U.S. Air Force for two years.

## DR. JOHN M. DAVIS

DDS CLASS OF 1961, PEDIATRIC DENTISTRY CLASS OF 1967



Dr. John M. Davis died peacefully with his family by his side on Sept. 4, 2021 in

Seattle, after a long struggle with Alzheimer's disease. He was 85. After joining the UW pediatric dentistry faculty, he worked with Drs. David

Law and Thompson Lewis to complete two editions of *The Atlas of Pedodontics*. Dr. Davis authored the current edition of *The Atlas* with Dr. Devereaux Peterson of the Department of Pediatric Dentistry. It is widely used by dental students in many countries and in several languages. In the early 1970s, Dr. Davis was instrumental in initiating a three-year combined program of pediatric dentistry and orthodontics. In 1973 he became an associate professor with tenure. He served as acting chair of pedodontics from 1975-76, then reduced his schedule to half time and began private practice in Seattle. In 1997 the Dental Alumni Association named him the 15th recipient of its Distinguished Alumnus Award. In 2000, after 33 years of service, he retired from the School of Dentistry. He retired from private practice in 2008.

## DR. LOUIS DIMAS

ORAL AND MAXILLOFACIAL SURGERY RESIDENCY CLASS OF 1961



Dr. Louis Dimas passed away peacefully on Jan. 15, 2022 at his

home in Joliet, Ill., with his family present. He was 91. He served as a captain in the U.S. Air Force as a dentist and was stationed in Japan, where he became interested in oral surgery. He taught oral surgery at the University of California, San Francisco and

opened his practice in 1962. He was a lifetime member of the American Dental Association and the Hellenic American Dental Society. He retired in 1992.

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**DR. WALLACE C. VOLZ JR.**

DDS CLASS OF 1963



Dr. Wallace "Wally" Carl Volz Jr. passed away Nov. 24, 2021 in Anacortes, Wash. He was 84. Born in Eugene, Ore., he spent his formative years in Sitka, Alaska. He served in both the U.S. Air Force and U.S. Navy. After his service, he practiced dentistry in Seattle and eventually moved to his main practice in Bremerton, Wash. He was a member of the Washington State Dental Association for many years and served as president in 1992. When he retired from dentistry after more than 40 years, he continued to contribute to the community as a member of the state Dental Quality Assurance Commission and was superintendent for Public Health District 2.

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**DR. PAUL J. FREDERICK**

DDS CLASS OF 1965



Dr. Paul J. "Jack" Frederick of Fort Meyers, Fla., passed away peacefully on Oct. 21, 2021. He was 82. He taught at the School of Dentistry and opened his dental practice near Northwest Hospital with

a phone and a single dental chair. He had his practice for more than 30 years and served on the Washington State Board of Dental Examiners.

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**DR. PAUL K. SMITS**

DDS CLASS OF 1966



Dr. Paul Kari Smits passed away in Seattle on Sept. 10, 2021 from complications of the prostate cancer he fought courageously for 10 years. He was born in 1941 and grew up in Aberdeen, Wash. He served in the U.S. Army at Fort Richardson in Anchorage, Alaska, for two years and, while there, met his future wife, Joyce (Becker) Smits. He then served two years in the Army Reserve while establishing his private dental practice in West Seattle. He cared for his patients for over 45 years, becoming friends with many.

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**DR. ROBERT R. MURRAY**

DDS CLASS OF 1967



Dr. Robert Russell "Bob" Murray passed away peacefully on Dec. 28, 2021. He was 86. He obtained a year-long dentistry position in Bergen, Norway, and briefly practiced in Friday Harbor, Wash., before opening a practice in Anacortes, Wash. He was an active member of many service and professional organizations and taught weekly in the School of Dentistry's Department of

Restorative Dentistry for over 32 years. He retired in 2001. He was a member of the Anacortes Rotary Club for over 50 years and served as president.

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**DR. DION D. CAMPISI**

PEDIATRIC DENTISTRY  
CLASS OF 1969



Dr. Dion Dominic Campisi passed away peacefully on Dec. 20, 2021 in San Jose, Calif., after a courageous battle with Alzheimer's disease. He was 80. He served patients for over 30 years.

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**DR. ROY M. GUNSOLUS III**

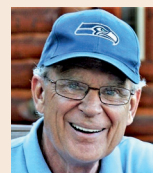
DDS CLASS OF 1969



Dr. Roy Mathew Gunsolus III died after a heroic fight with Parkinson's disease on Sept. 14, 2021 in Edmonds, Wash. He was 76. He was in a private North Seattle orthodontic practice from 1973 to 2012, and an associate professor and faculty member in the School of Dentistry's Department of Orthodontics from 1983 to 2012.

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**DR. SIDNEY J. WISE**  
PERIODONTICS CLASS OF 1970



Dr. Sidney James "Jim" Wise passed away peacefully on Jan. 21, 2022 in Seattle, surrounded by his three daughters. He was 82. He taught at the School

of Dentistry and, in 1970, opened his practice. He was one of the first periodontists in Bellevue, Wash. He retired in Sun Valley, Idaho.

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**DR. PHILIP P. MIHELICH**

DDS CLASS OF 1975



Dr. Philip Patrick "Phil" Mihelich of Clear Lake, Wash., passed away at home on Nov. 16, 2021. He was 72. He worked as a dentist in the U.S. Army for two years and in Sedro-Woolley, Wash., for 25 years.

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**JACQUELINE A. JUHL**

DENTAL HYGIENE CLASS  
OF 1966



Jacqueline A. Juhl died surrounded by loved ones on Feb. 6, 2022 at her home in Anacortes, Wash., after many years of health struggles. She was 71. She was awarded two short-term fellowships in Dental Education and Care for Persons with Disabilities (DECOD). She held leadership positions in professional associations and community health advocacy groups, and was a co-author and editor of *SMART Oral Health: The Medical Management of Caries*.

UNIVERSITY OF WASHINGTON DENTAL ALUMNI ASSOCIATION  
SCHOOL OF DENTISTRY B471 HEALTH SCIENCES BOX 357137, SEATTLE, WA 98195-7137

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## Alumni calendar of events

### SATURDAY, MAY 7

#### Dean's Club Dinner

6-9:30 p.m.  
Bell Harbor Conference Center  
SEATTLE WATERFRONT

### FRIDAY, JUNE 3

#### SOD Scholarship Luncheon

12:30-2 p.m.  
Room 316  
SOUTH CAMPUS CENTER

### FRIDAY, SEPT. 23

#### Ernest Jones Memorial Lecture

8:30 a.m.-4:30 p.m.  
UW Kane Hall  
SEATTLE CAMPUS

### THURSDAY, MAY 12

#### School of Dentistry Spokane Reception

6-8 p.m.  
Anthony's Spokane Falls Restaurant  
SPOKANE, WASH.

### FRIDAY, SEPT. 9

#### Dental Alumni Golf Tournament

12-6 p.m.  
Tacoma Country and Golf Club  
TACOMA

### FRIDAY, OCT. 14

#### ADA UW School of Dentistry Reception

5-7 p.m.  
Location: TBD  
HOUSTON

