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2 / 2012

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Focus on the PRC- People's Republic of China



ANVISA- Entering the Brazilian market



The future of dental amalgam



Market Overview: Colombia

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mini UNIKOE
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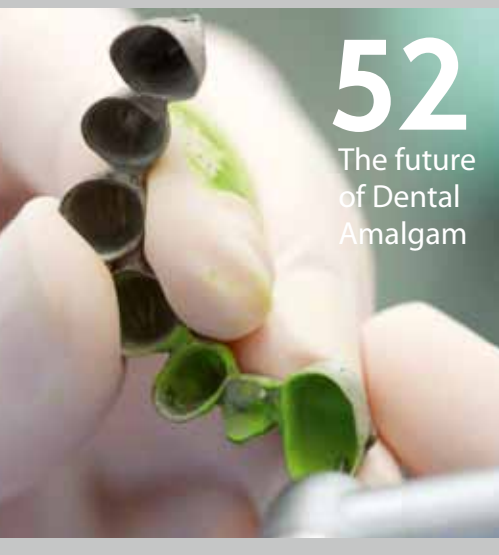
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www.mariotti-italy.com

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The future of dental amalgam

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2009

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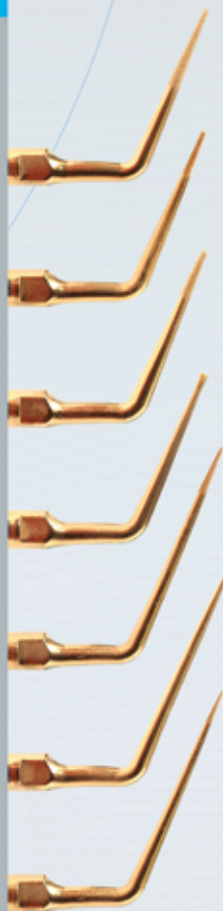
Endodontics by B&L Biotech, USA



SuperEndo™ α^2

3D Obturation

Cordless Obturation Device



Endodontic Ultrasonic Tips : BL-Tip

Endodontic Ultrasonic Tips

The World's First Ultrasonic Tip with Microprojections for non-surgical and micro-surgical endodontics



SuperEndo™ β

Needle Swivel for Easy Access

3D Obturation

"Cordless- Swivel Tip- the moon?"

-Dr. Noah Chivian

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• BL-S Kondenser 60/120

BL-S Kondenser

Contact us for distribution information

949.581.3636

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B&L Biotech USA, Inc.

www.bnlbio.com

1 // The new SCHWERT P-LUX series are a modern, universal and complete set of extraction instruments



The demands of modern aesthetic dentistry, especially implantology, were the driving force for their development. All of them are perfectly suited for a non-traumatic and minimally invasive tooth extraction without injuring surrounding structures. SCHWERT offers 15 different figures, to have the perfect anatomical shape in every part of treatment and mouth area. Their all new handle design follows dentists demands of a highly ergonomic instrumentation. With its special shape it prevents from unintended slipping during treatment. This also guarantees a direct and controlled power transmission to avoid tooth and root fractures. All instruments are color coded for a quick and easy handling.

www.schwert.com/contact@schwert.com



2 // The perfect place to keep our personal belongings and our equipment



Besides our wide range of furnishing systems for surgeries, laboratories, sterilization rooms and dental schools, we pay special attention to the complementary areas. Waiting room and visitor chairs are the best way to greet our patients. Show them the way to a brighter smile through an inviting visitor's areas. Our seating solutions for the modern hospitals, medical offices and clinics come in fire resistant and sanitized leather, artificial leather, techno polymer, with chrome or painted, swivel, fixed or sledge frame base- a genuine display of style, elegance and ergonomics.

The locker room units, made as by law enacted and at the highest aesthetical and finishing level, are functional furniture

whose appropriate use gives their environment a relaxing touch. Locker room units in zinc-plated steel, raised from the ground on adjustable feet, with doors in customized colours, partition for dirty-clean zones, object compartment, locking system with key and doors with slots for internal ventilation.

<http://www.astrastyl.it/info@astrastyl.it>



3 // Super Endo Alpha A2 Heat Source



B&L Biotech has introduced the Alpha A2 Heat Source, a multitask, precision obturation instrument for warm Gutta Percha techniques. This well designed, ergonomic handpiece easily facilitates the Schilder warm vertical and Buchanan "continuous wave" techniques, among others, with 4 precise temperature settings.

Powered by a state of the art, re-chargeable lithium ion battery,

the Alpha will last for days on a single charge and has a series of green LED's to monitor battery power remaining. Of course, the cordless handpiece eliminates the cumbersome cord common to all other endodontic equipment, reducing operator clutter and enhancing its portability. Twelve different tips are available, including a wide range of pluggers in different diameters and tapers, heat carrier tips, and a unique tip for thermal testing tooth vitality. Made from highly durable materials, the Alpha A2 will stand up to the demands of the busiest endodontic practice.

www.bnlbio.com/bdshefsky@bnlbio.com



4 // Phantom Skull



Phantom Skull (HL-60100) used to simulate a patient for use with dental training in a school setting. Phantom Skull is made mostly in a high quality stainless steel. Full floating streamline ball joint rotates a full 360 degrees allowing virtually any head position desired. To lock simply rotate lever 1/4 turn, thus keeping the pole fixed and secure. Hanil Dental is proud to offer only the highest quality items available for patient education and case presentation purposes. In an effort to satisfy all our many customers special requests, we have accumulated a product line consisting of many different items. Hanil Dental Ind.Co.,Ltd – Korea Tel: 82.2.319.2828 Fax: 82.2.319.2727



www.hanildent.com/hanildent@hotmail.com

5 // New Implant LED Motor manufactured by Mariotti



Mariotti's technical staff working side-by-side with implantology experts, introduces the new surgery and implantology motor with high luminosity LED light. MiniUnikoC.L combines ease of use and practicality with second-to-none performances concerning the torque value, it's endowed with full safety and operating precision with every implant system and it's compatible with handpieces and contra-angles (with or without optic fiber) found on today's market. The device set includes the control-unit with a wide display and a capacitive "touch" keyboard for an immediate use and the brushless motor of the newest generation with high luminosity LED light. Moreover the set contains the multi-function foot-control, the stainless steel bar, the handpiece support and two irrigation tubes. The maximum Torque is limited to 60Ncm, the peristaltic pump maximum irrigation is 90 ml/min, the control-unit dimension is mm 245x245x100. To guarantee, top reliability and high torque, the perfect optic contra-angle is C32L 32:1 by Mariotti.



www.mariotti-italy.com/ info@mariotti-italy.com

6 // Since 30 years your ergonomic requirements are our challenge!



Since 1981 Diagram production includes equipment for dental practices and laboratories, dental materials, products for hygiene and sterilization such as needle burner, carpoule warmer/needle burner, steamjet cleaners, UV curing-light ovens, accessories and materials for composites new techniques methods such as transparent silicon-rubber. Diagram activity also focuses on the implementation of new techniques permitting the optimization of both equipment and working methods. For these reasons the company produces and offers layouts and know-how for:

• RESIN INJECTION SYSTEM for the fabrication of prostheses with any kind of resin;
 • ULTRAKERAMIC method reproducing the wax model directly in ceramics and availing the advantages in terms of color and shaping of this material;
 • DIRECT COMPOSITE RESIN RESTORATIONS Giotto 101 Composite Painting Palette, is the first device able to aid in controlling the fluidity of various portions of composite materials simultaneously and in minimum portions: Diagram manufactures with Your private label too.

- RESIN INJECTION SYSTEM for the fabrication of prostheses with any kind of resin;
- ULTRAKERAMIC method reproducing the wax model directly in ceramics and availing the advantages in terms of color and shaping of this material;
- DIRECT COMPOSITE RESIN RESTORATIONS Giotto 101 Composite Painting Palette, is the first device able to aid in controlling the fluidity of various portions of composite materials simultaneously and in minimum portions: Diagram manufactures with Your private label too.



www.diagram.it/ info@diagram.it

7 // Become a Business Partner from the Dental Bleaching Leader in Latin America



FGM Dental Products is the best-selling brand in the segment of dental bleaching in Brazil and Latin America, responsible for millions of smiles bleached by the Whiteness line of products. The company also supplies materials for finishing and polishing restorations, composite for anterior and posterior teeth, fiberglass posts, etchings, fluoride varnish among other products. Currently, the company provides over 160 products and among its leading brands are the dental bleaching Whiteness Perfect and Whiteness HP Maxx, the fiberglass post White Post and the micro-hybrid composite resin Opallis. FGM, you're worth it.

dental bleaching Whiteness Perfect and Whiteness HP Maxx, the fiberglass post White Post and the micro-hybrid composite resin Opallis. FGM, you're worth it.



www.fgm.ind.br/en/diego.estivam@dentscare.ind.br

8 // DiaPaste / Calcium Hydroxide Paste with Barium Sulfate



- Premixed Calcium Hydroxide and Barium Sulfate paste for the root canal treatment
 - Temporary root filling
 - Root canal filling for primary teeth and use after the pulp extirpation treatment

- Filling on the pulpotomy
- Temporary pulp capping
- Water Soluble: Easy to clean and remove, reduce operative time
- Easy and quick access
- Radiopaque
- Antibacterial



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2 0 1 2

9 // Mectron Sinus Physiolift®: safe, simple and fast!



Mectron has recently brought out on worldwide market a new surgical kit for indirect maxillary sinus lifts. The Sinus Physiolift® is used with the crestal technique elevating the Schneiderian membrane with an innovative screw-lift and hydrodynamic pressure.

The implant site preparation is completed by a new Piezosurgery® insert (OT9) which removes the sinus basal cortex and creates a 2.4 mm diameter access opening; Piezosurgery® ultrasonic micro-vibrations allow preparation of the maxillary sinus floor without damaging the Schneiderian membrane. The new Sinus Physiolift® technique is not traumatic for the patient since it does not involve osteotomes and a hammer. A flapless approach may be used if a primary stability higher than 40Ncm is expected. Multiple implant placements can be performed too: the sinus Physiolift® technique does not require a vestibular access thanks to the introduction of a second sinus elevator.



www.mectron.com

10 // NewTom - Cone Beam 3D Imaging



NewTom, produced by QR srl in Verona Italy, was the first to apply "Cone Beam" technology in Dental Field in 1996. NewTom VGi, designs as a traditional ortopantomograph, represents a revolution in the CBCT radiology acquiring 360° images (one for each angle of rotation). Its NNT software takes approximately 30 sec to reconstruct the volume and to show all the 3D images. NNT, designed by our engineers, fits all the requirements and needs of all the

specialists. The revolutionary flat panel X-ray detector technology, coupled with its very small focal spot (0.3mm), produces the clearest, sharpest images possible. VGi features an adjustable Field Of View, which is the most used by implantologists and maxillo-facial surgeons. The exclusive Safe Beam™ technology adjusts the radiation dose to the examined area and to the patient bone density, reducing on children up to 40% the radiation of an adult scan.



www.newtom.it/ / info@qrverona.it

11 // SCHWERT Microsurgery Kit



With the SCHWERT Microsurgery Kit we provide a small kit with all instruments needed for a gentle and perfect microsurgical treatment. All the instruments are manufactured in the new SCHWERT design handle. The needle holder with the twisted lock avoids sticking of the suture while suturing. The micro scissors with one micro serrated blade are not only used for cutting suture, but also soft tissue. There are two blade holders included, one micro blade holder made of titanium for small incisions and one stainless steel for regular blades. A delicate raspatory and surgical micro tweezers with 1 x 2 teeth fits perfectly and allows to perform every soft tissue surgery.



www.schwert.com/ / contact@schwert.com

12 // Mestra launches two new products



Mestra launches two new products, very useful in the dental laboratory. The R-080076 is a High Capacity Wax Heater. This machine is extremely useful when working with applications that need a wax bath that keeps the wax temperature precisely. It has a 1 litre Teflon tank and it is easy to clean.

The body is made in high density Polyurethane, resistant to chemical agents. Bath temperature control is made by an electronic thermostat easy to use and precise when keeping the programmed temperature. Temperature range is from 30 to 100 °C. A powerful heater allows reaching the set temperature in a few minutes. The R-050345 is a Grid for Teeth Cleaning with a modern and ergonomic design for comfortably holding teeth while steam cleaning.



www.mestra.es/comercial@mestra.es

13 // GAMMAFIX, new generation trays



Medesy is glad to introduce GAMMAFIX, a new range of sterilization trays. The quality and functionality of these trays facilitate the cleaning and sterilization process. We selected the finest steel to withstand the thermal shock caused by the constant sterilization cycles. The range includes 4 different colours of silicone, to better organize the trays, by type or use. The

type of silicone we chose for our trays meets the approval of the strictest food and drug standards. Their special shape allows an extremely safe handling of the surgical instruments during the washing and sterilization phases. Thanks to GAMMAFIX trays you will be able to reduce the preparation time as they could be organized in handy and practical set ups, avoiding the dangerous and expensive manual sorting of instruments. Additional information can be found at www.medesy.it or contacting us at info@medesy.it



www.medesy.it/info@medesy.it

14 // Innovation Technology Rapidity Simplicity Reliability



The new Serena Autoclave has been realized to execute exclusively type B cycles, suitable for all types of dental instruments and materials (hollow loads, textile...) with two temperatures, 121° and 134° to guarantee security and quality for the best care of patient. The pressure and temperature parameters needed for safe sterilization, are regulated and controlled by sensors and an innovative microprocessor control. The

documentation can be transferred directly to the pc with sd-card or printed by the printer Rever-Print. The autoclave Serena works on the fractionated vacuum process and meets the requirements of EN 13060 for the "Class B".

Main features:

- Motorized closing of the door
- Phial incubation cycle
- Connection with Labeller UNION PRINT
- Programmable delayed cycle start
- Stainless steel chamber 18 lt. or 23 lt.
- Sd card for recording sterilization data
- Printer and pc connection
- Water quality sensor
- Software of new generation
- New desing and new display
- Automatic traceability system



www.reverberi-srl.it

15 // Relaunch of the brand new homepage www.schuetz-dental.com



The brand new Schuetz Dental homepage shows up with lots of exciting new features, e.g.:

- Participate in online trainings.
- Browse our newsroom for videos with tips and tricks or information on brand new products.
- Stay up-to-date. Register for your international newsletter. <http://sdent.eu/newe>
- Benefit from special deals and events.
- Use our optimized search function and find what you are really looking for.



Furthermore, you will find our complete product line with detailed information: Implants, IMPLA 3D implant navigation and Tizian CAD/CAM. The future is digital. Precise work without transfer losses. Start with the Complete Digital Workflow from Schuetz Dental, now. Out of the office? No problem - the new homepage was adjusted to be viewed on smartphones and tablets. Stay up-to-date and follow us on Facebook <https://www.facebook.com/schuetz.dental> Have fun browsing and discovering our new homepage www.schuetz-dental.com.

We are looking forward to your visit!



www.schuetz-dental.com / export@schuetz-dental.de

16 // TEKMIŁ: The First Dental Chair and Unit Manufacturer in Turkey



Tekmil is one of the first dental chair and unit manufacturer in Turkey since 1943. With 69 years experience, we serve to our customer products with high quality material from top level dental market all over the world. Our all products has certificates DIN EN ISO 13485:2008, DIN EN ISO 9001:2007 ,CE 0535 and 2 years guarantee. Giving high priority to quality control, technical service and customer requirement provide us to expand our market continuously. With flexibility to be a manufacturer enables us to meet all our dentist request with

esthetic and comfortable design with Tekmil quality. We have exclusive distributor in European and Asian countries and meantime we would like to enter in new markets. If you are looking a good quality products please visit www.tekmil.com.tr and contact with us.



www.tekmil.com.tr

17 // Experience and technology on the manufacturing of dental anesthesia



Normon, the generic manufacturer leader in Spain, and also the leader in dental cartridges with more than 60% share of market, is now ready to offer its manufacturing experience to companies throughout worldwide. The main concerns of the companies, seeking for cartridges manufacturers are quality, guarantee on supply and regulatory support. Normon, continuously updates the manufacturing plant. Estimated annual produc-



tion capacity is over 130 million units of pharmaceutical products (116 million in 2011). The new investments in the latest technology in dental cartridges manufacturing lead Normon not only to commit with the customers needs but to be able to follow up the possible growth of its partners even facing an unexpected success. Normon has launched European procedure to obtain the necessary Marketing Authorisation for these pharmaceutical specialties, so the interested customers will only need to join the procedures at advanced stages.

www.normon.es / snava@normon.com / alhidalgo@normon.com

Visit us at: CPhI 9-11 October 2012 Feria de Madrid, Spain Stand Hall 7 Number 7 F43

18 // Tinget: Bringing the sterilization process to another level



STE-16/18/23D is a class "B" autoclave according to the European standard EN 13060, and works in the method of fractionated pre-vacuum. As the air is evacuated from the chamber with a very effective and quite vacuum pump, all instruments like solid, wrapped hollow instruments or textiles get optimal result of the sterilization.

- LCD graphic display
- 16liters, 18liters, 23liters
- Italy Water pump and valves
- Independent steam generator
- Overhead type water tank
- The sterilization and drying time can be adjusted
- Documentation: Printer interface and USB function. (Printer is optional)
- Fully automatic cycles: 7 sterilization cycles and 3 test programs
- 3 buttons, very easy to use, any people can run it easily
- With pressure protection locking system
- Each cycle with fractionated post vacuum for effective drying

Pujiang Optoelectronic Technology Co., Ltd- please contact Mr. Terence Ye.



www.tingetclave.com / info@tingetclave.com

19 // MOON-Evolution curing Lamp



Extremely precise and reliable, MOON Evolution is the most flexible and powerful curing Lamp on the dental market. This new lamp, which can be installed on any dental unit, can be used in straight or angular position and features SIX different polymerization programmes which make it suitable for all types of dental materials. The different emission cycles, which can be selected by means of the user-friendly control interface, have been

improved and optimized according to clinical recommendations which focus on the aspects of supplied energy in relation to minimum light emission times: an optimal combination of short treatment times and reliable results has therefore been achieved. Cycle B, for instance, with gradual soft start, has been especially designed for Bonding. Lamp is supplied with a high-quality optical fibre which ensures homogeneous light intensity over the entire output area and consequent complete and effective polymerization.



www.teknedental.com / info@teknedental.com

20 // Trident: though it's a brand new company, it's already experienced



It's hard to assure best quality together with affordable price, but thanks to our 40 years of gained experience in dental field, we know how to do. Italian design is well-known and valued worldwide; we want to maintain this precious source and, like some great and famous industries do, we constantly are searching for the best production sites. Our first product line is represented by SOLE BA steam sterilizing systems, our top model, available in 17 Lt or 22 Lt, both equipped with a clear lcd display; automatic door; usb or printer connection. A wide range of accessories and a quick 12Lt autoclave complete our offer. To produce this

line of sterilizers, we choose the world's largest manufacturer of dental autoclaves to combine our Research & Development Dept. We think that this is the only way to connect affordable price, long lasting warranty, Italian quality and get ...your satisfaction!

www.trident-dental.com / info@trident-dental.com

21 // The best piezo ultrasonic scaler in China



Baolai Medical aims to make the best piezo ultrasonic scaler in China. We are a high-tech enterprise in researching, manufacturing and marketing ultrasonic scalers. Our scalers, handpieces and scaler tips have been sold to 95 countries in the past 3 years. All products obtained CE certificate. P9 auto-water supply piezo ultrasonic scaler: PIONEER!

- Functions: scaling, perio and endo.
- Small size: 243x145x150mm.
- H3 aluminum alloy detachable handpiece: no cracking, more comfortable. Easy to disperse heat.
- Two wide-mouth bottles, more convenient for liquid changing.
- Water supply system without consumables.

Contact us for more information:

Nanning Baolai Medical Instrument Co., Ltd
Tel: 0086-771-3815998 Fax: 0086-771-3217883



www.boool.com / info@boool.com

22 // Powerful Ultrasonic Piezo Implant Surgery – ‘Surgystar Plus’.



Dmetec has developed all new ‘Surgystar Plus’ for its ultrasonic piezo surgery series. Our first piezo surgery ‘Surgystar’ launched in 2008 and penetrated market stably. With over 15 years of ultrasonic technology, our new ‘Surgystar Plus’ is more powerful and user friendly with optic handpiece (100,000 Lux). Dmetec is continually investing

it R&D ability to create better products. Based on safer and precise operation, ‘Surgystar plus’ allows more advantages for users such as below,

- Much more powerful than any piezo machine.
- 4.8” wide color TFT LCD touch screen.
- Foot lock and Foot free function.
- Compact handpiece with Optic (100,000 Lux).
- All water tubing and cables are autoclavable.
- 2 years warranty.

We are willing to have any inquiry from reliable distributors.



www.dmetec.com / sales@dmetec.com

23 // LeEject: a side-loading dental needle and syringe system that eliminates the need for recapping and unscrewing



LeEject product line was invented by a prominent oral and maxillofacial surgeon and it addresses the concern of needle stick injuries and is cost effective. The LeEject needle is inserted into the side of the specially designed LeEject syringe and is pushed forward and secured by the anesthetic cartridge. After injection and removal of the anesthetic cartridge, you simply tilt and rotate the syringe over your sharps container and the needle is discarded without ever

having to touch it. In addition, the LeEject system offers the same self-aspirating feature you would expect to find in premium priced syringes on the market today—yet, at a fraction of the cost. The LeEject system will be offered to selected dental schools and hospitals for clinical trials.



www.LeEject.com / info@leeject.com

24 // Tribest Dental Products Co.,Ltd.



TRIBEST DENTAL PRODUCTS CO.,LTD. is a professional manufacturer and exporter of dental disposable products, material and equipment for many years of experience and good reputation in this field. The company is located in Yangzhong city Jiangsu province near the country's largest port: Shanghai,China. Our main products are masks, dental bib, cotton roll, saliva ejector, micrubrush, denture box, impression trays, dental kits, sterilization pouch, oral health products, orthodontic products etc. Company ad here to the “elaborate production, heart management, ease of user and enthusiastic service” quality policy, in a more comprehensive concept of production and sales of high quality, low consumption products and customer satisfaction the greatest extent possible, all for customers, all for your smile!

www.tribestdental.com / kevin@tribest.cn



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25 // Right solution for impression – A Patented New Mixing tip



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26 // Maestro 3D Open Dental Scanner



Maestro 3D is the scanner for dental applications. The system simplifies and automates the process of planning and production of personalized dental prostheses. Maestro 3D dental scanner allows the user to get in a simple and intuitive way, with a precision of 10 microns, the open STL files that will leave the user the free choice of the center of production.

Maestro 3D Easy Dental Scan is the scan control software of the dental scanner.

Maestro 3D Ortho Studio is the software for orthodontics.

- Virtual Setup and Clear Aligner module: it allows to move the teeth of both arches evaluating distances and collisions and automatically build a set of virtual models ready to send to a 3d printer.

- the viewer version: is the software to view and inspect the models exported with Ortho Studio. (It's also available an Apple iPad Viewer). For more information contact AGE Solutions S.r.l.



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27 // Esthetic Dental Prosthetics



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Focus on the PRC - People's Republic of China



Facts & Figures

Total
population:
1,34 billion

Life
expectancy
at birth:
74

Urban-rural
income gap:
US\$2,355

Literacy
rate:
92.2%

Population
aged
over 60:
13.7%

Population
aged 15-59:
70%

Population living
in urban areas:
51%





The People's Republic of China is composed of 22 provinces, five autonomous regions, and four municipalities, usually referred to as "mainland China". The two Special Administrative Regions (SARs) of Hong Kong and Macau are also under Chinese government but hold a certain degree of political autonomy.

China is a Communist state ruled by a **one-party government** that has been pursuing economic liberalization since the 1980s, but it kept an authoritarian hold on the country's development. However, cultural changes taking place among new generations of educated Chinese citizens are shaping new ways to address political, social and economic issues.

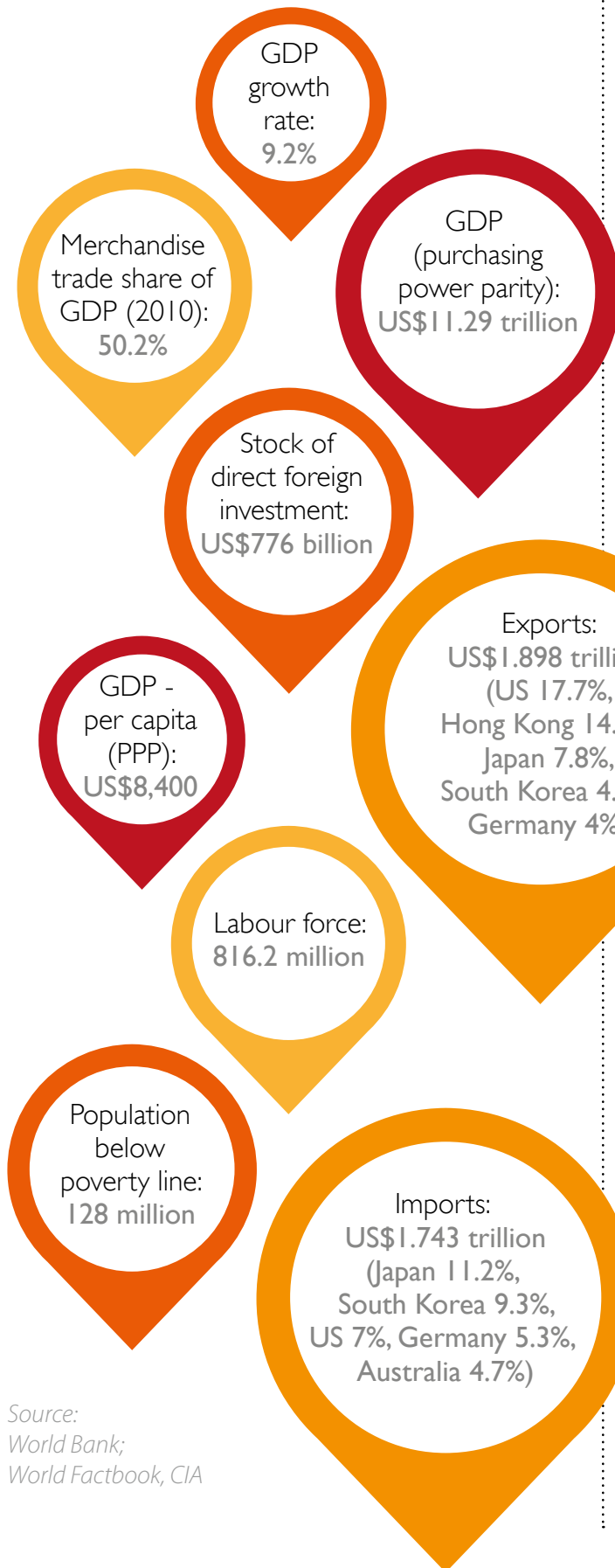
Since the economic reform program began in 1978, **foreign direct investment** supported by the creation of special zones brought massive amounts of capital into China, used by the government to build infrastructure and increase public spending to foster further growth and boost GDP growth.

The **rapid growth of the coastal cities** attracted millions of rural Chinese which found themselves discriminated by the Chinese household registration system as regards social security and benefits. On the other hand, living standards, literacy rates, life expectancy and health indicators have all risen considerably in the last three decades.

The global crisis of the last three years, however, showed how the economy's dependency on exports, government spending and foreign capitals is no longer an advisable pattern for China's future development. **Domestic economy** is now targeted as the main driver to enable sustainable growth over the long term. As incomes of a large part of the population remain below \$1,000 per year, redistribution of wealth has become a pressing issue for Chinese policymakers.

China does not only need to achieve economic sustainability; the massive industrial exploitation turned it into the most polluted country in the world, with soil and waterways contaminated by factories and chemical plants, and cancer arisen to the first cause of death. To face this serious situation, the government is investing in renewable energies and China is now the world's largest manufacturer of solar panels and wind turbines.

Economy in Figures, 2011



Source:
World Bank;
World Factbook, CIA

Highlights

- World Bank projects China to be no. 1 economy by 2020, with an estimated GDP of US\$29 trillion
- Chinese Middle Class is currently about 400 million, expected to reach 500 million by 2015 (More than 100 million people join the middle class every 5 years)
- Per capita annual income in 12 inner provinces now reaching US\$20,000-25,000

From export-led to domestic-led growth

China accounts for **1/5 of global manufacturing**. Low salaries, high productivity and market-oriented reforms introducing profit incentives and liberalization attracted foreign capitals and fuelled the economy during the booming years, recording double-digit GDP and export growth rates supported by undervaluation of the Chinese currency (yuan).

A group of households in the **middle-income range** of 60,000 yuan to 500,000 yuan per year (approx. US\$9,500 to 79,500) has emerged and is **now accounting for 23% of China's population**, according to the National Bureau of Statistics.

This group is not yet strong enough to propel the shift from an export-led to a domestic market-led growth model, since its purchasing power is still weakened by inflation and lack of extensive social security, but it is expected to **nearly double (up to 500 million) by 2020**, creating a huge consumer market.

The government is devising policies aimed at reforming income distribution, **reducing the gap between urban and rural residents** and stimulating consumption by rising wages and providing more extensive support for social security and medical expenses. According to premier Wen Jiabao, the target to reach over the next two decades is to bring middle-income families form the backbone of Chinese society.

Inland cities gaining momentum

According to a recent analysis by the Economist, **labour costs in China increased by 12% to 20% a year in the last decade**, and the trend is not going to change in the near future: China Briefing forecasts that combining together salary and welfare payments, and taking into account the country's plan to raise the minimum wages, China's average labour cost is set to become the highest in Asia after Malaysia by 2015, with minimum wages reaching over \$4,500.

Such trend questions the usual approach to China as low cost manufacturing base, opening up new perspectives on the future developments of Chinese economy. It is expected, in fact, that a relevant percentage of export-driven manufacturing activities move to lower-cost Asian nations, although the lack of a structured supply chain poses serious difficulties.

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However, a positive factor coming along with the increased salaries for average Chinese workers is the **expected rise in disposable income for consumption**, that is shaping companies' strategies on how to increase their sales in China's domestic market by establishing new manufacturing bases in the inland cities.

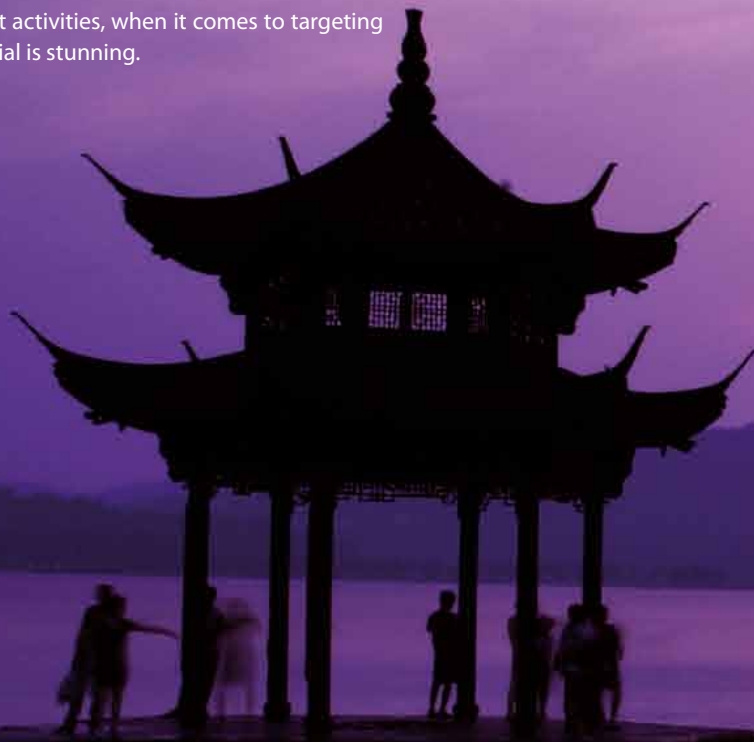
The greatest cities on the southern areas and eastern seaboard have long been the main clusters targeted by foreign investors due to tax advantages and efficient infrastructure, but the rising labour costs, together with better enforcement of labour laws and environmental regulations, are impacting on the flows of capital and workers, **driving more foreign investments towards the inner provinces**.

China's inland is also experiencing an increase in labour costs, but the pace is slower, and although high shipping costs from the interior to the ports make it less convenient to use these areas as manufacturing bases for export activities, when it comes to targeting the local market, the potential is stunning.

According to the World Bank, **China's 20 fastest-growing cities are located inland**, with per capita incomes that are rapidly catching up with coastal cities. Metropolis are drawing in people from the hinterland, while local governments have conducted extensive interventions to upgrade transport infrastructure, as they are eager to attract investment.


According to China Briefing magazine, compared to major, long-established industrial areas of Yangtze River and Pearl River Delta where Shanghai, Guangzhou and Shenzhen are located, or Beijing's area, other cities such as Wuhan, Chengdu and Chongqing are competing to attract foreign-invested companies and R&D centers.

It is also worth noticing that several provinces in interior China recorded over US\$200 billion GDP in 2011.




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GDP growth in China's selected inland provinces, 2011

| Province | 2011 GDP (US\$ bn) | % growth | Capital | Population (mn, urban area) |
|----------------|-----------------------|----------|-----------|--------------------------------|
| Henan | 427 | 11.6 | Zhengzhou | 3.1 |
| Sichuan | 340 | 14.7 | Chengdu | 7.1 |
| Hunan | 300 | 14 | Changsha | 3 |
| Hubei | 285 | 8 | Wuhan | 6.4 |
| Anhui | 237 | 13.5 | Hefei | 3.3 |
| Inner Mongolia | 221 | 15 | Hohhot | 1.9 |
| Shaanxi | 196 | 13.8 | Xi'an | 3.8 |
| Shanxi | 174 | 13 | Taiyuan | 3.2 |
| Chongqing | 145 | 16.5 | Chongqing | 5.4 |
| Xinjiang | 104 | 11.8 | Urumqi | 2.3 |
| Guizhou | 89 | 15 | Guiyang | 2.5 |
| Gansu | 79 | 12.5 | Lanzhou | 2.2 |

Source: China Briefing, National Bureau of Statistics

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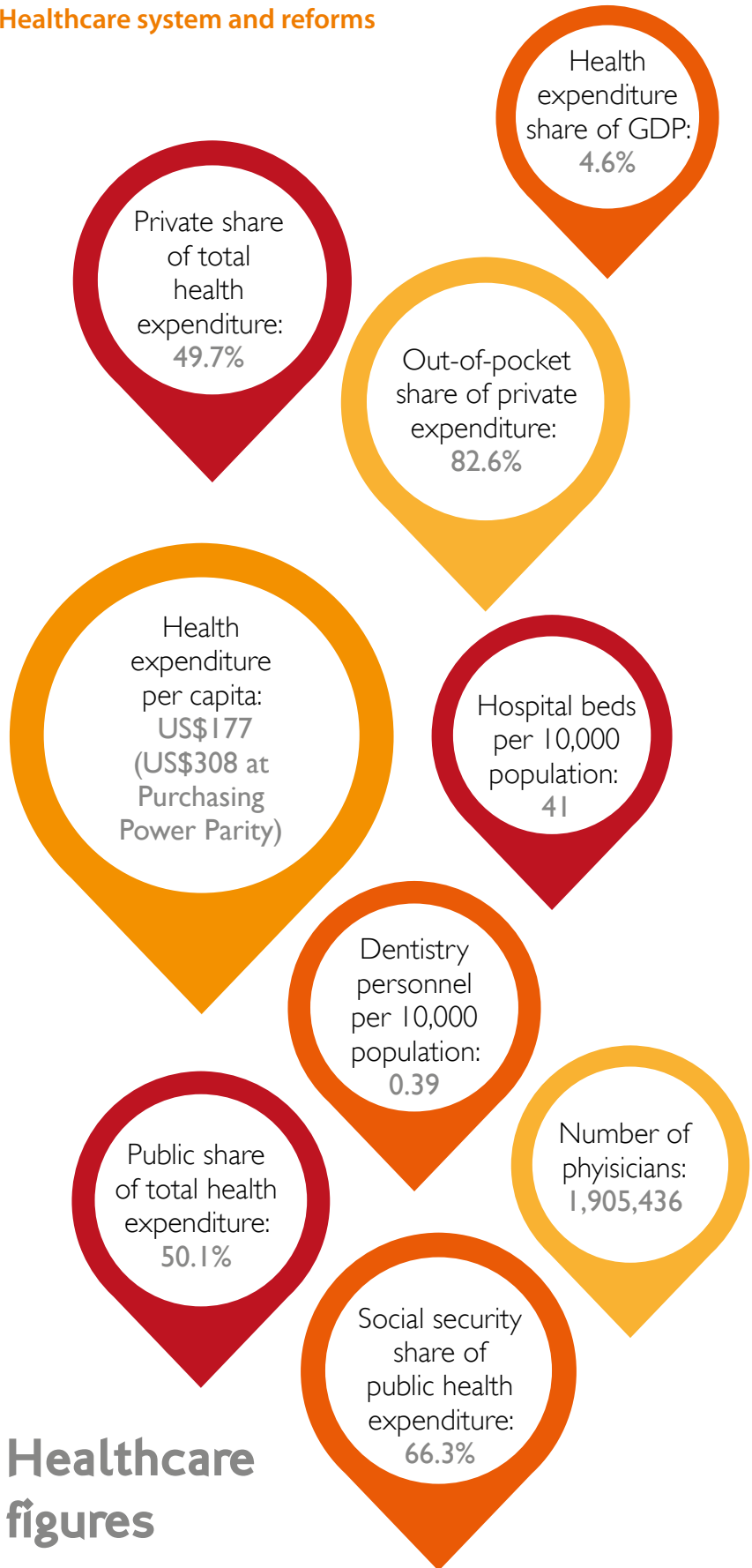
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Healthcare system and reforms



Healthcare figures

(Source: WHO, 2009)

Healthcare system

The Ministry of Health drafts laws and policies related to public health, oversees the administration of Traditional Chinese Medicine and administers China's rural health insurance system. Provincial Health Bureaus are the administrative authority that determine the implementation of centrally planned policies. Along with a system of national, provincial, municipal and local facilities, the MOH regulates a network of industry and state-run hospitals. The government controls prices, provider rates and hospitals' access to medical technology. According to MOH's Health Statistics Yearbook 2011, **China had 13,850 public hospitals and 7,068 non-public hospitals in 2010.** However, the majority of these non-public healthcare "hospitals" are not hospitals in the strict sense, but rather medical centres for elective procedure check-ups or dental offices. Traditional Chinese Medicine (TCM) is the preferred treatment option for many and is integrated into the national health care system and training for health care practitioners.

The majority of Chinese residents receive care at government-owned public hospitals, with the aid of public insurance, but it only offers partial cover. Generally outpatient costs are not covered and only 60% of inpatient hospital bills are compensated, which means that people have to pay the rest out of pocket by using their savings or borrowing. Low-income and rural households face significant barriers to access affordable care and medicines and it is unfortunately common that health bills plunge families into poverty.

Urban-rural gap

China's healthcare system has long been affected by **unbalanced investment focused in urban areas,** where the number of medical hospitals and beds grew by about 25% between 2000-2008. Rural health centres and primary care facilities have therefore been neglected both by policymakers and patients, who usually consider them less qualified and end up in long queues at local or urban hospitals even for minor diseases.

Inequalities in healthcare delivery and insufficient public funding for hospitals are the core challenges to Chinese health system, marked by a persistent gap between the country and the cities. Such duality is a legacy from the years of the economic boom when reforms privileged development in sectors other than public health, and the previous **rural cooperative medical care,** based on health personnel compelled to move to the countryside and a community-based insurance system, was reduced by migration and shifting policy priorities to cover only 10% of rural population in 2003. To address this problem, a pilot new rural cooperative medical care system was adopted in 2008 and now covers **96% of rural inhabitants,** as part of a more general effort of China's government to transform and modernize the country's healthcare system.

Healthcare reform

The health reform plan launched in 2009, with US\$125 billion budget, is the first step in government's plan to achieve comprehensive universal health coverage by 2020.

Main goals of the health reform:

- Develop a national health insurance system providing universal coverage for basic health care
- Shift to a market-oriented healthcare system encouraging foreign and private investment
- Increase financing to health providers and improve public health infrastructure
- Prioritize prevention and primary care
- Redistribute financial and human resources to poor regions

Achievements so far:

- Insurance coverage of New Rural Cooperative Medical Scheme (NRCMS) has reached 95%
- Reimbursement rate for getting treatment in primary care rose to average 60%-80%.
- Construction of Primary Healthcare network of 5,500 community health centres and 230,000 community health stations.
- Cooperation network between 1100 hospitals in urban areas and 2,139 county hospitals
- Essential Drug System reduced drug prices by average 30%

Challenges:

- Waste, inefficiencies in public hospitals, relying on drug prescriptions to generate revenues, and accepting under-the-table payments from patients to ensure best doctors
- Weak regulatory system and lack of third party, outcome-based monitoring and evaluation as well as resolution mechanisms for medical disputes and corruption issues
- Delayed financial coverage especially in rural areas
- Dominance of public entities in the healthcare market and comparatively small size of the private market



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Profile of the dental sector

Generally, dental care in China is delivered in **government-managed hospitals** and clinics that account for **more than 85% of all dental care services in China**, but due to underinvestment and staff shortages, the demand far exceeds availability. There are also about 15,000 private dental clinics, mainly concentrated in the more developed areas, mostly targeting higher income young population.

Oral health status: The need for extensive coverage of oral health care is huge: over 97% Chinese people suffer from dental diseases and about 50% of the adult suffers from periodontal diseases, with incidence rate of decayed teeth at 37%, meaning estimated 500 million decayed tooth patients. Currently, there are not adequate numbers of dentists to provide the necessary oral health care for people living outside metropolitan areas.

Dental coverage: According to a report by the organizers of Dental South China International Expo, there are **110,000 dentists and 110,000 dental lab technicians in China, with a dentist to patient ratio of 1 : 12,636, down from 1 : 25,000 in 2005**. However, distribution is very uneven, with density up to ten times lower in remote provinces compared to main urban areas.

Moreover, compared with other developed countries with ratios ranging around 1 : 1000~2000, the current figure is still too low and **goal is to bring it to 1 dentist every 4000~5000 persons by 2030, which means a five-fold increase in the number of hospitals and clinics over the next 20 years**.

Education: High school graduates take a nationwide entrance examination to apply for dental school, of which there are more than 50 in China.

A four year dental education leads to the BDS degree. Dental school graduates must then pass the nationwide licensure examination to practise dentistry.

The market for dental devices and supplies

The Chinese dental market is valued at **US\$600 million and forecasted to grow at an average rate of 15% over the next three years**. In 2012, growth is forecasted at 11%, driven by the increasing number of Chinese with higher disposable income and awareness about their oral health who seek for better professional dental care.

The higher openness of the healthcare network towards foreign investment will also allow more private providers of dental services to operate in the market and address the expanding Chinese consumer market. As the access to services increases along with the expansion of coverage brought by the health system reform, **more and more Chinese, especially in the educated middle and higher-income groups, are willing to take better care of their oral health conditions**.

The domestic market is already providing great opportunities for consumer products such as toothpaste, whitening products, dental floss and dentures, accounting for about three-quarters of overall Chinese dental product demand.

Professional dental product demand is also being boosted by an increasing number of dental visits per year, as patients and professionals' choices shift from repair and restorative products to cosmetic procedures using more aesthetic material. As income levels rise, such procedures are growing popular among Chinese consumers as well as **orthodontic products**.

Although there are many Chinese manufacturers of dental equipment, **high quality devices and products are still preferably imported from America, Europe and Japan**, especially by private clinics and specialty hospitals. Chinese dental industry in the high-end sector is challenged by lower quality and R&D capability, as well as low product performance and services.

Factors boosting the market

• Healthcare reforms and deregulation of dental services

In 2010 the state council of China announced an allocation of US\$123 billion as part of its new medical reform plan to improve health care through 2011. The plan would cover 90% of China's population under a universal health care system to significantly improve health care facilities and expand health related infrastructure.

• **Consumers' desire for better health care and higher quality dental services** has resulted in rapid expansion of dental clinics, which are expanding beyond basic dental care to offer higher value added services.

• There are more than 1,000 dental laboratories in China with production permits and **more than 50% of all dental lab equipment and materials are imported from overseas.**

• Health care facilities, including those offering oral healthcare, need to be **newly equipped** with advanced dental technologies as 60% to 70% of current equipment is from the 1970s or 1980s.

Trade and investment issues

Trademark protection

Although the risk for trademark infringement in China has decreased over the years, and it is now more focused in patent infringements rather than brands, **trademark protection remains a serious issue for companies looking to access the Chinese market.** In a recent article by China Briefing, some basic elements to correctly devise a trademark protection strategy were outlined:

1- **Separated jurisdictions in Mainland China, Hong Kong, Macau and Taiwan.**

Although it may not be always necessary to register a mark in each jurisdiction, it could be when a company plans to manufacture in China to sell to an area under a different jurisdiction.

2- **Trademark registration in the United States, European Union or elsewhere does not provide any protection in China.**

3- **China is signatory to International agreements** stating that if a mark is registered in multiple jurisdictions it may automatically obtain international recognition in other countries, but this may depend on other factors such as whether the mark is registered with countries employing the same protocols, or even whether the applicant's country has diplomatic relations or not.

4- Even if a mark enjoys international coverage under such agreements, **local registration is advisable to protect it in China**, since filing procedures and documentation are issued in Chinese language and this might be a significant support in case of any dispute.

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5- Trademark registration in China is not expensive, but often time consuming (up to two or three years), therefore it is advisable that it be carried out at an early stage when planning to enter the Chinese market.

6- Trademarks are organized into different categories identified in 45 different classes. Business activities may often fall into more than one category and trademark should be registered in all of them.

7- Domain names and other derivatives should be secured, as well as country prefixes.

Legal Structures for Foreign Companies

If a company needs to establish an operational base in China, tax-based considerations and legal structure issues must be taken into account. There are two main types of legal structures that foreign companies may use to operate in the Chinese market:

Representative Office (RO) operate as a liaison office only between parent company and China. They may not invoice, but are allowed to carry on marketing, sales facilitation, quality control work and on-going support roles for the China end of business.

Recent regulations have increased the tax liabilities of these entities, but nonetheless an RO can be a useful and relatively low-cost facility to have.

Limited Liability Company (LLC), allowed to invoice. Foreign investment in LLCs can be done through:

Foreign Invested Commercial Enterprises (FICE)

- Mainly for trading, franchising and import-export businesses, not for manufacturing;
- Low registered capital requirements are relatively low and they can also be used to invoice local customers in RMB;
- Corporate income tax and other taxes applies to profits but 100% foreign ownership is permitted.

Wholly Foreign Owned Enterprise (WFOE)

- Used mainly for manufacturing, possibly also for trade or services, advisable if wishing to combine imported parts with China domestically sourced parts to provide an end-product;
- Attention needed for taxation: value-added tax, customs duties and profits taxes apply.

Joint Venture (JV)

- Categorized as LLCs with a Chinese and a foreign partner;
- Useful for better guarantee of supply or manufacturing if sourced from China, as well as of parts of the supply and distribution chain;
- To be discussed in detail with expert legal and tax counsel in China.

Sources:

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"Middle income group grows", *China Daily*, March 27, 2012

- www.chinadaily.com.cn

World Health Organization - www.who.org

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"Closing rural healthcare gap tough challenge" *Global Times*, November 09, 2011 - www.globaltimes.cn

China Briefing magazine - www.china-briefing.co

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Market Overview: Colombia

Total expenditure on health as % of GDP (2009): 6.4

Capital City: Bogota

Population Growth Rate: 1.43%

Country comparison to the world: 53

GDP - per capita (PPP): \$10,100 (2011 est.)

Total expenditure on health per capita (Intl \$, 2009): 569

Figures

Average Life
Expectancy:
72.2

GDP -
real growth
rate:
5.7%
(2011 est.)

Total
population:
45,660,000

GDP (official
exchange rate):
\$321.5 billion
(2011 est.)

Branch of a coffee tree with ripe
hvoya / shutterstock

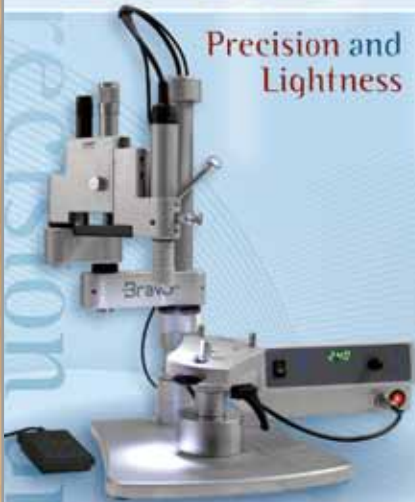


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“Palenquera” woman sells fruit on May 12, 2010 in Cartagena, Colombia. Palenqueras are a unique african descendant ethnic group found in the north of South America.

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Economy

For over 40 years, Colombia has endured a domestic conflict between the government and armed guerrilla groups, more recently involving drug traffickers, which caused a high rate of violence and mortality and also the displacement of entire parts of the population, hindering for many years the country's economic and social development.

The Uribe administration (2002-2010) achieved considerable results in controlling the violence and restoring an acceptable degree of security. Together with major economic reforms especially aiming to attract foreign investors in the oil, gas and mining sector, these results were crucial to turn Colombia into a more attractive place to target for foreign companies, bringing investment to be around 28% of the country's GDP in 2011, higher than both Brazil and Chile. Free trade agreements are in place with the EU, Turkey, Panama, South Korea, Japan, Switzerland, Canada and the United States, and other trade agreements with Mexico, Chile, Central America, the Andean Community of Nations, and Mercosur.

The estimated GDP growth for 2012 is between 4% and 5% in 2012. Per capita GDP has doubled since 2002, while unemployment fell from 12% in 2009 to 9.2% in November 2011.

Social issues

Despite the improvements in Colombia's economy, as well as the improvement of development indexes, the country still has a high rate of poverty (37.2%) and one of the highest levels of income disparity in the world.

International observers also point at the fact the Colombia's economic growth in the last decade took place at a disproportionately high social cost, concentrating wealth and power in the richer sectors of the population, committing abuses in the fight to control the territory and leaving rural communities, especially the indigenous groups, without many possibilities besides going to cities where they may hope to find a job and get better access to basic healthcare and education.

The estimated GDP growth for 2012 is between 4% and 5% in 2012. Per capita GDP has doubled since 2002, while unemployment fell from 12% in 2009 to 9.2% in November 2011.

A problem with the development pattern followed by Colombia lies in the little role played by the manufacturing sector, that now accounts for 15% of GDP from 25% in 1975, while resource extraction, extensive agricultural plantations and are the key target of government policies, with little benefit to the majority of population.

The new president, Juan Manuel Santos, has claimed to be addressing the problem of inequality, which in Colombia has risen since the 1990s, while it has fallen in the rest of Latin America. In a country of just under 50 million people, about 20 million live in poverty, 10 million of whom are said to be extremely poor, and more than 40% of the urban workforce is in informal employment.

Although the government plans to include more lower income groups in development strategies, it is targeting only the extremely poor and this might affect the efficacy of such interventions.

Healthcare

The General System of Integrated Social Security was created by Law 100 of 1993 and transformed the central government's old system health care into a social security system focused on administering the insurance and service providers, with a solidarity component to finance disadvantaged citizens.

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The State coordinates healthcare through:

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- National Council of Social Security in Health (CNSSS)
- National Superintendence of Health

Insurers are health promotion companies (EPS), pension fund administrators (AFPs) and insurance professional risks (ARP).

Healthcare providers are classified in four categories to address the degree of complexity and the types of medical procedures and interventions required.

Every citizen must be affiliated to the Colombian social security

The set political agenda for 2019 is achieving universal coverage amongst the Colombian population.

system (SGSSS) within the following schemes:

- **Contributive (about 51% of population):** for Individuals with a labor contract and their families, public servants, retirees, and independent workers which have the financial means to pay the contribution. The Health Care Promotion Companies (EPS in Spanish) offer insurance under this regime. The contributive system covers the Compulsory Health Plan (POS in Spanish), a mandatory plan that can be complemented with additional health plans (PAS, in Spanish), privately purchased, such as prepaid medicine programs, supplementary health plans and prepaid ambulance plans.
- **Subsidized (about 39% of population):** finances health care of individuals and their families that are not able to cover the health care cost by own means. Potential beneficiaries must register with the health branch address that will make the selection by the Selection System of Beneficiaries (SISBEN in Spanish). Prosthesis, orthodontic and periodontal treatment in dental care are excluded.



The System for the Selection of Beneficiaries of Social Programs (El Sistema de Selección de Beneficiarios para Programas Sociales), that identifies beneficiaries for social subsidy, classifies the population into 6 socio-economic levels, from 1 (extreme poverty) to 6 (highest level of affluence).

Most of the social subsidies and public health programs are focused in the 1 and 2 strata. Although this measure is meant to advantage the poorest strata of population, fraudulent expedient of low level SISBEN carnets is a current issue in the healthcare system and prevents subsidies from fully reaching their original target.

About 10% of the population still hasn't got any form of insurance. The set political agenda for 2019 is achieving universal coverage amongst the Colombian population.

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Workforce

Colombia has the highest density of physicians in the Andean area with 16 doctors per 10,000 inhabitants, and 8 nurses per 10,000 inhabitants, which means 1 for every 2 doctors.

According to the magazine "El Pulso", the number of dentists in Colombia is expected to increase from 24,873 in 2010 to over 57,000 in 2020. The dentist per capita ratio as well is estimated to increase from 1 : 1,061 to 1 : 886. Compared to WHO recommended rate of one dentist per 3,500 inhabitants, the density is too high and rises the unemployment rate for the profession.

The market for medical and dental equipment

The market for medical devices and equipment consists mainly of imported products (US\$ 661.6 million), while the domestic production of medical devices, instruments, equipment and furniture is not significant, mainly coming from multinationals established in Colombia and exported to Venezuela and Ecuador. **Dental products manufactured locally are instruments and prosthesis, teeth, articles and dental prosthetic devices and syringes.**

The local medical device industry as a whole counts 35 industrial establishments employing 2,200 workers. The gross national output of devices, instruments, equipment and surgical furniture registered in 2007 was close to \$73 million (\$32 million in intermediate consumption and 41 million in added value).



Cabo San Juan, Tayrona national park, Colombia javarman / shutterstock

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Among the main multinational companies operating in Colombia there are 3M, Baxter, Fresenius and Johnson & Johnson de Colombia. The import market for equipment and instruments is dominated by US, Germany, Japan, Switzerland and China. Netherlands, Belgium and Italy are other suppliers.

Medical tourism is an important component of the country's industry, expanding at a rapid pace due to competitive costs and high quality hospitals present in the main cities.

Registration of Medical Devices

DECREE 4725 of 2005 establishes the technical and sanitary standards for medical and biomedical equipment.

Medical devices are classified into 4 risk-based categories:

Class I: low-risk;

Class IIa: moderate-risk medical devices, subject to special controls in the manufacturing stage;

Class IIb: high-risk medical devices, subject to special controls in the design and manufacture;

Class III: very high risk medical devices, subject to special controls.

Companies engaged in manufacturing, partial manufacturing, packing and packaging medical devices, must obtain the Certificate of Compliance with Good Manufacturing Practices for Medical Devices (Certificado de Cumplimiento de Buenas Prácticas de Manufactura de Dispositivos Médicos - BPM), while importers and marketers of medical devices must obtain the Competence in Storage and/or Care (Certificado de Capacidad de Almacenamiento y/o Acondicionamiento - CCAA).

In a country of under 50 million people, 20 million live in poverty, 10 million of whom are extremely poor, and more than 40% of the workforce is in informal employment.

Both certificates are issued by the National Institute of Food and Drug Monitoring, (Instituto Nacional de Vigilancia de Medicamentos y Alimentos - INVIMA), that verifies their implementation and compliance by regular inspections. In Colombia it is possible to import, acquire or donate used biomedical equipment type I or IIa, while it is not authorized for used biomedical equipment of classes IIb and III.

Further information on medical device registration is available on the website www.gobiernoenlinea.gov.co (section: "Tramites y Servicios") and on INVIMA website <http://web.invima.gov.co>

Sources:

WHO – www.who.int

The Guardian, "Is Colombia's anti-poverty prescription the right medicine?", April 5th, 2012 - www.guardian.co.uk

El Pulso, "Sobre-oferta de odontólogos en Colombia" – www.periodicoelpulso.com

OSEC – "Colombian Market Report for Medical Devices and Pharmaceutical Products" - www.osec.ch

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All medical devices imported into or distributed within Brazil must be registered with the National Health Surveillance Agency known as ANVISA, the independent government agency responsible for the registration of medical devices and for the maintenance of a registered products database.

The whole registration process and related activities takes place within ANVISA, in contrast with other regulatory systems such as the EU Notified Body, the 510(k) of the US FDA, or the Canadian Medical Device Conformity Assessment System (CMDCAS).

Only companies based in Brazil can apply for ANVISA registration. Foreign companies who do not have any subsidiaries in Brazil must therefore appoint a Brazilian-based third party (either hosting companies or distributors) to carry on medical device registration.

As the local third party holds the ANVISA registration, its validity is tied to the commercial relationship between the manufacturer and the third party. If the manufacturer changes its local third party, the registration process must be repeated to keep marketing the medical device in Brazil.

Penalties for companies that fail to comply with the approval requirements go from financial assessments to the confiscation of unapproved products. Customs officials in Brazil will only authorize the importation of products after consulting with ANVISA's approved products database.

Relevant regulations

• **Resolution RDC No. 185 of October 22, 2012** for registration of all medical devices: describes the applicable device registration protocol and lists the documents required to legally register a medical device in Brazil.

• **Annex II of RDC No. 185** describes the classification structure applicable to medical devices, assigning medical devices to one of four distinct risk classes (I, II, III and IV) according to 18 different rules. The classification structure for medical devices in Brazil corresponds to that used in the European Union (EU) under Council Directive 93/42/EEC concerning medical devices.

• **RDC No. 206 of November 2006** for registration of in vitro diagnostic (IVD) devices

ANVISA Registration Process

1. Appoint as **Brazil Registration Holder (BRH)** a company that holds a Company Working Allowance permit (IN 01/94) from ANVISA (called an "Autorização de Funcionamento") allowing the company to import, distribute, store and sell the product in Brazil.

2. **Determine classification of the device** (Class I Class II Class III Class IV) using 18 rules found in Annex II of Brazilian Resolution RDC 185/01 published by ANVISA, which is similar to the European Medical Devices Directive (93/42/EEC). Generally, Class I/II/III/IV in Brazil are the same as Class I/IIa/IIb/III in Europe.

• The registration of most **Class I and II devices**, with low to moderate risk, can go through an abbreviated registration process ("cadastro").

• **Class I and II devices** with higher risk associated, listed in the Instruction IN-2, June 6, 2011, as well as Class III and IV devices, are subject to a more rigorous process: they must provide proof of compliance with Brazilian Good Manufacturing Practice as found in RDC 59/00 and RDC 25/2009, which is very similar to the US FDA Quality System Regulations (21 CFR Part 820) and based on an inspection conducted by ANVISA. Inspections conducted by ANVISA every 2 years.

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3. **Electrically powered devices** must obtain an additional certificate issued by a test agency accredited by INMETRO, the National Institute of Metrology, Standardization and Industrial Quality, in accordance with RDC 27/2011. INMETRO certification is required for devices such as dental chairs, handpieces, operating lights, electromedical equipment, gas mixers, inhalational anaesthesia systems, ultrasound physiotherapy system.

4. **Economic Information Report** complying with RDC 185/06 is required for some devices such as implantable medical devices, cardiovascular products, high-risk IVDs, dialysis equipment and personal hearing aid systems. High risk and new products with innovative technology may require clinical trials. The Economic Information Report must include pricing comparisons for other countries, patient/user information, marketing materials, and other data.

5. Prepare a **Technical File** which includes technical information on the device according to Annex III, Part A/B/C in RDC 185/01 plus proposed device labeling and instructions for use.

6. Obtain device registration certificate or **Certificate of Free Sale (CFS)** issued by the Ministry of Health where the manufacturer is based, proving that the device is approved for sale in the home market, and submit Letter of Authorization to Brazil Registration Holder. Both documents must be notarized at the Brazilian consulate.

7. Brazilian Registration Holder (BRH) submits registration application with Technical File to ANVISA and maintains control of the device registration. If the application is approved, ANVISA publishes registration number in the Diário Oficial da União (DOU). Registration is valid for 5 years.

Documentation required for ANVISA application

Although the exact definition of the necessary documentation must be determined according to the specific provisions for the device, documentation to be submitted to ANVISA usually includes:

1. Free sales certificate (or INMETRO certificate when applicable)
2. Certificate of Good Manufacturing Practice (GMP)
3. Instructions manual in Portuguese
4. Labeling and packaging
5. Letter from the device manufacturer, authorizing a Brazilian company to hold the product registration and distribute a device
6. Clinical trials (or INMETRO certification/literature proving the effectiveness of the device)

7. List of all device accessories
8. Economic Information Report, when applicable
9. INMETRO certificate, when applicable

INMETRO certification

The manufacturer should provide:

- User manuals translated into Portuguese;
- Quality manual and master control list of a manufacturer's quality management system;

Some certification agencies will accept a manufacturer's test reports, such as IECEE CB Scheme test reports, that have been issued within the past two years. Other acceptable reports are those issued by organizations accredited by signatories of the International Laboratory Accreditation Cooperation (ILAC). Under RDC No. 27 and Instruction IN-3, the third edition of IEC 60601-1 is now acceptable in Brazil for INMETRO certification.

- Declaration that the device remained unchanged since the test reports were originally issued.

When the certification body is satisfied that a product complies with applicable requirements, a pre-license inspection is performed, verifying compliance with **ISO 13485:2003** and performance of production tests. If the device and the device manufacturer are compliant with all applicable requirements, the certification body issues an **INMETRO certificate valid for five years**, and evidence of the certification is published in INMETRO's directory of approved products. The applicant can place certification marks on both the approved medical device and on the product packaging to demonstrate the device's compliance.

INMETRO certification requires **annual surveillance inspections**, that may also be conducted by local assessors when a certification body has locally qualified staff and facilities. The scope of these annual maintenance inspections is the same as the pre-license inspection conducted at the beginning of the certification process. After five years, INMETRO certification must be renewed. The device needs to be fully retested by any laboratory able to issue CB Test Reports or that is ILAC accredited, even if its design is unchanged since the initial product approval.

Source: www.emergogroup.com

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2012 ADA Annual Session

San Francisco, California October 18-21

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World Marketplace Exhibition

Shop at the ADA World Marketplace Exhibition and discover cutting-edge products and new services from more than 600 exhibiting companies. Meet face-to-face with hundreds of top suppliers of dental products and services from the U.S.A. and around the world and be sure to visit the New Product Showcase to witness the latest products introduced into the market.

Located in the World Marketplace Exhibition, the LOC (Learn*Optimize*Connect) offers 50,000 square feet of the latest high-tech trends in dentistry. Included in the LOC are:

Laser Pavilion

In collaboration with the Academy of Laser Dentistry, the ADA is offering participants the opportunity to see, touch and compare nearly every dental laser available, all in one course!

Pride Institute Technology Expo

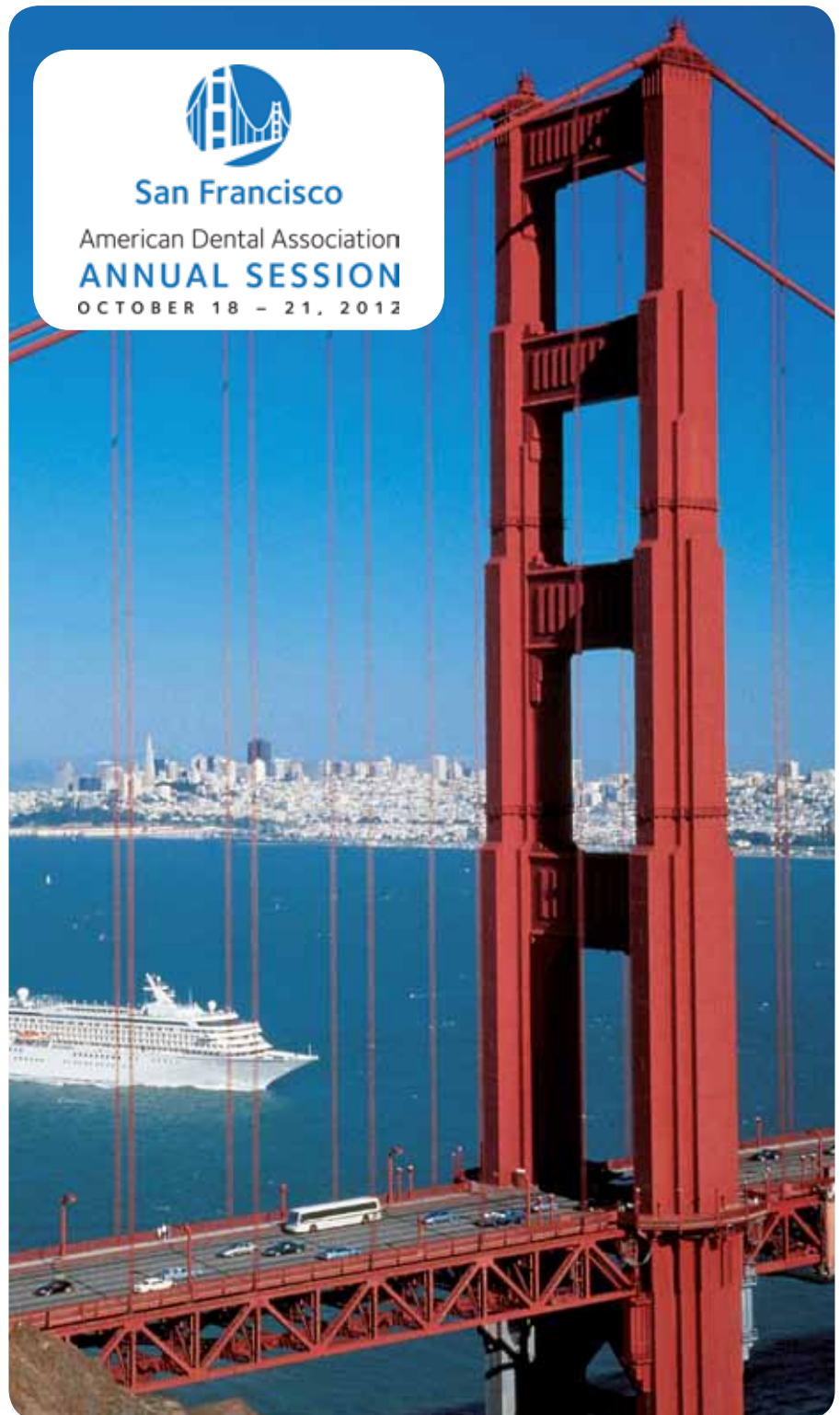
Engage in hands-on experiences with the 2012 Pride Institute "Best of Class" Technology Winners, a series of high-tech products selected by Pride Institute's Tech Expert Leadership Council as having the greatest impact in their categories. In addition, take classes to learn how to embrace technology in your practice.

3-D Imaging Center

Presented in cooperation with The American Academy of Oral and Maxillofacial Radiology (AAOMR), this full-day certificate course includes a hands-on firing of a variety of the CBCT machines.

CAD/CAM Stage

Attendees will have the opportunity to attend a 45-minute presentation that will include a full demonstration of the making of a crown from when the prep is done to the delivery of the crown on a live patient.



Plan your day in the World Marketplace Exhibition in advance by downloading the Annual Session Mobile App. With a simple touch, you will be able to:

- Conduct searches for exhibitors and product listings
- Explore the exhibit hall floorplan
- Click through to exhibitor websites
- Use email contacts to set appointments with exhibitors you want to see
- Read exhibitor e-brochures and product information
- Get information on show specials

Special Services for International Attendees

As an international attendee, you are treated to a variety of special services and events in order to ensure a first-class experience. An official letter of invitation to attend the 153rd ADA Annual Session can be sent upon written request in order to facilitate travel and visa arrangements. Multilingual staff will be available in a dedicated international registration area. You are encouraged to utilize the international hospitality lounge where you can relax, refresh and send e-mails to family and friends back home. International attendees are also invited to a special reception in their honor.

Explore San Francisco

San Francisco has many ethnically and culturally diverse neighborhoods to explore, each with its own unique qualities. The best way to see and experience San Francisco is to get out your walking shoes and have fun exploring! From the eclectic shops of Haight Ashbury to the high-end boutiques of Fillmore Street, from crab legs to dim sum, San Francisco offers visitors some of the greatest shopping and dining found anywhere. When it comes to eating and shopping, one thing's for sure: in San Francisco there's something for every taste and budget.

Registration and housing for the 2012 ADA Annual Session opens online April 11 at www.ada.org/session. Beginning April 11, interested attendees will be able to register for the meeting, choose continuing education courses, reserve hotel rooms, purchase tickets to unique San Francisco area tours and more.

For more information, visit the ADA online at www.ada.org/session or email international@ada.org.

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The excellent results of EXPODENTAL 2012 consolidate the Salon as the second most important industry event in Europe

There was general satisfaction with the event, which attracted 7.6% more visitors than the previous edition, with 22,336 professionals.

The Fair also consolidated its importance as a benchmark event for the international market, with 31% more foreign exhibitors, and nearly 6% of the visitors were international professionals, from 59 countries.

Madrid, 1 March 2012. EXPODENTAL, the International Salon of Dental Equipment, Products and Services organised by IFEMA in partnership with the Spanish Federation of Healthcare Technology Companies (FENIN) and sponsored by MRW Clinic, closed the doors on its twelfth fair with excellent results. The participation figures, both for exhibitors and for visitors, showed the efforts of the industry to support a benchmark event for the dental industry, despite the difficult conditions affecting the economy across the board, to which this sector is not immune. This confirmed EXPODENTAL as the second most important date on the European dental trade fair calendar. In just three days, new business opportunities opened up, the most innovative trends and products of the sector were on display, and contacts were multiplied

The demand recognised the efforts of the fair's exhibitors to bring their most competitive offerings to EXPODENTAL, and this was reflected in the attendance of 22,336 visitors with top professional profiles. This figure was 7.6% higher than the previous edition, when 20,757 professionals attended. Of the total, 5.7% were foreign, from 59 countries, with Portuguese, Italian and German visitors dominating.

There were also more direct exhibitors, 284, about 10.5% more than the last edition held two years ago. It is especially interesting to see the increased participation of foreign companies, as EXPODENTAL 2012 had 31.2% more exhibiting companies from outside Spain than in the 2010 edition,

bringing together companies of 16 nationalities, with particularly strong representation for Italy, Germany and France. This increase in foreign participation confirms the importance of the Salon as a benchmark, the Spanish sector, as well as for the international market, especially in Europe.

Satisfaction and good impressions

The Organisation of the event was very pleased with the good impressions reported by some of the exhibitors, professionals who also expressed their satisfaction with one of the new initiatives introduced for the 2012 fair: the Speakers' Corners, spaces designed for presenting and explaining the latest advances and products developed by the companies, which reached a professional and highly qualified audience.

Another new feature this year, Students' Day, was also extremely warmly received. Thanks to this initiative, on 23 February, coinciding with the inaugural day of the Fair, 4th and 5th year dentistry students had the opportunity to explore in person the professional sector they are soon to join. To encourage their visits, transport was provided from some Spanish Regions, and students were welcomed from Granada, Salamanca, Seville, Murcia, Valencia, Bilbao and others, as well as from the faculties of Madrid.

To summarise, for three days EXPODENTAL has been a forum where professionals, as well as seeing the most competitive products from all segments of the industry, could find out the latest trends and exchange opinions on current matters of interest in a sector which in Spain alone comprises more than 300 companies, employs around 3,000 people, and has a turnover of some 500 million euros.

For more information please visit www.expodental.ifema.es

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Dental Salon Moscow to show up 18% Growth Dental-Expo Expects More...

31st Moscow International Dental Forum and exhibition DENTAL SALON 2012 finished successfully on April 26th at the fairgrounds of Crocus Expo. To be mentioned, this year spring session of bigger Moscow dental events broke all records showing not only 18% of space increase to last year exhibition, but even getting bigger than traditionally leader DENTAL-EXPO in September, which itself was a record in 2011.

| | |
|------------------------------------|--------|
| Total attendance: | 27,522 |
| Exhibition visitors: | 22,379 |
| RDA delegates and VIP: | 596 |
| Exhibitors staff: | 4,276 |
| Organizing committee staff: | 188 |
| Dental Press: | 83 |
| Total area, sq. m.: | 20,000 |
| Exhibitors: | 423 |

DENTAL SALON represented Swiss National Pavilion and a traditional Pavilion "Made in Russia" organized by Russian Dental Industry Association. Scientific program as usual offered a wide range of education for any topics of dentistry. Two events attracted special attention of Russian dentists: the 1st Moscow Congress of IAPD (paediatric dentistry) and Moscow Seminar of ICOI (implants).

| | | | |
|-----------------------------|----|---------------------------|----|
| Total events held: | 83 | | |
| Implants | 4 | Prosthodontics | 21 |
| Orthopaedics | 57 | Therapy | 81 |
| Dental Surgery | 2 | Radiology | 6 |
| Dental Management | 33 | Cosmetic Dentistry | 36 |
| Dental Lab | 79 | Endodontics | 56 |
| Hygiene | 33 | Periodontics | 14 |
| Laser Dentistry | 17 | CAD/CAM | 15 |
| Paediatric Dentistry | 7 | Other topics | 42 |

In 2012 Dental Salon moved to the two bigger halls 7 and 8 of exhibition pavilion 2 in Crocus Expo. Organizers counted on these spaces to be enough for the coming 2012-2013, but it seems to be wrong. Demand for the coming DENTAL-EXPO 2012 (September 17-20) is so high that there is a need in the third hall, which is already reserved and ready to be added to the space campaign. Public opinion in Russia is common: the exhibition was a big success. The coming DENTAL-EXPO is even more interesting because it will be held together with the key event in Russian dentistry – Congress of Dentists of Russia. This event is highly supported by the Ministry of Health of Russia and is held every 5 years. Overall number of participants of the congress expected in Moscow from the whole Russia is 5,000. This will be a good supplement to the exhibition which collected in 2011 more than 30,000 attendees. At DENTAL-EXPO are expected national pavilions of Germany, USA, Brazil, Korea, Italy, Taiwan, China, Slovakia. Organizers expect an outstanding event with more than 500 exhibitors from the whole World and report start of sales campaign.

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An incredible Eastern European congress celebrates its 5th anniversary

From the 27th to the 30th of September the capital of Bulgaria - a small and quiet Eastern European country – will host an impressive dental event – **Sofia Dental Meeting**. The ambitions of the small and young organizing team greatly exceed the limitations imposed by the size of the country and the number of practicing dentists.

Over the years a constellation of star-lecturers have shared their clinical experience and philosophy becoming themselves vigorous supporters of the event. Worth mentioning are the names of Dr. Henry Salama, Dr. Mauro Fradeani, Prof. Angelo Putignano, Dr. Rafi Romano, Dr. David Winkler, Dr. Gianluca Gambarini, Prof. Andre Saadoun, Dr. Fouad Khoury, Dr. Cobi Landsberg etc. Within the four days of the last year edition of the congress more than 70 lectures, live clinical demonstrations and workshops have taken place, running in parallel sessions in seven different conference halls.

The intention of the organizers is to highlight the fifth anniversary of the event with a memorable program featuring leading clinicians and hot topics from the contemporary dental practice. Several active members of the European Academy of Aesthetic Dentistry will be present this year – some of them former presidents of the organization: Prof. Nitzan Bichacho, Dr. Eric Van Dooren, Dr. Stephano Gracis, Dr. Tidu Mankoo, Dr. Walter Devoto and Dr. Roberto Spreafico. Dr. Sasha Jovanovic will take part with a webinar directly from his clinic in L.A.

The live demonstrations on patients will present full protocols of fabrication of porcelain and composite laminate veneers, endodontic retreatment and removal of a separated instrument, surgical treatment of multiple recessions, laser applications on hard and soft tissues, fiber-reinforced direct adhesive bridge and a simplified implant placement protocol.

Some of the most intriguing topics related to the hottest problems of the modern dental practice will be: dental sleep medicine and the treatment of sleep apnea with special anti-snoring devices, treatment of traumatized teeth in children, an update on the latest techniques and instruments in endodontics, practical ways of achieving functional occlusion, handling of vital and non-vital emergency situations in the office and various applications of Er-Yag, Er Cr YSGG and diode lasers in dentistry.

The discussion panels are among the most attractive modules in the program. Skillfully moderated by some of the most experienced experts in each field, they allow us to compare the viewpoints and philosophies of the lecturers by confronting them with difficult clinical situations from the daily practice. **Some of the top events at Sofia Dental Meeting as well as videos from the previous editions of the congress will be accessible via internet on the website: www.sofiadentalmeeting.com.**



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Sino Dental - the 17th China International Dental Equipment & Scientific Conference

DATE & VENUE

June 9 (Saturday) - 12 (Tuesday), 2012
Venue: China National Convention Center (CNCC)•Beijing

BACKGROUND

SINO-DENTAL, the largest dental exhibition in China, is a benchmarking dental show, which enjoys high reputation both in China and around Asia. In 2011, 72328 professional visitors from 82 countries and regions had visited SINO-DENTAL.

EXHIBITION

In 2012, the total exhibition area will grow to 35,000 sq meters and about 660 exhibitors from over 20 countries and regions will be presenting their products and service in SINO-DENTAL.

Exhibitors from Germany, Japan, Korea, and USA will be participating as national pavilion.

Our exhibits include various dental products such as dental instruments, equipment, materials and healthcare products, etc. The most advanced international products, as well as the Chinese ones which are superior in technology and quality while very competitive in price, will be exhibited in SINO-DENTAL to meet various demands of the visitors.

ONLINE VISITOR PRE-REGISTRATION

Please visit www.sinodent.com.cn to submit your visitor Pre-registration application for free before April 30, 2012. Online registered visitor could collect visitor's badge at Pre-registration Desk without waiting in the long queue and enjoy free catalog, drinking water and present.

SERVICES FOR INTERNATIONAL DEALERS

- Free food and beverage in the International Dealers Lounge
- International Dental Dealers Day during 10:00-16:00 on June 10th in the International Dealers Lounge. Major Chinese dental manufacturers will introduce their products and we will provide free luncheon for this event.
- Free interpretation service.
- We encourage you to invite more international dealers or traders to SINO-DENTAL. We will provide you with free local accommodations during June 8-12 if you could invite 20 or more dealers or traders.

VISA SERVICE

We provide free visa service to assist you apply for Chinese visa. Please visit www.sinodent.com.cn and submit invitation letter application in your VISITOR ACCOUNT.

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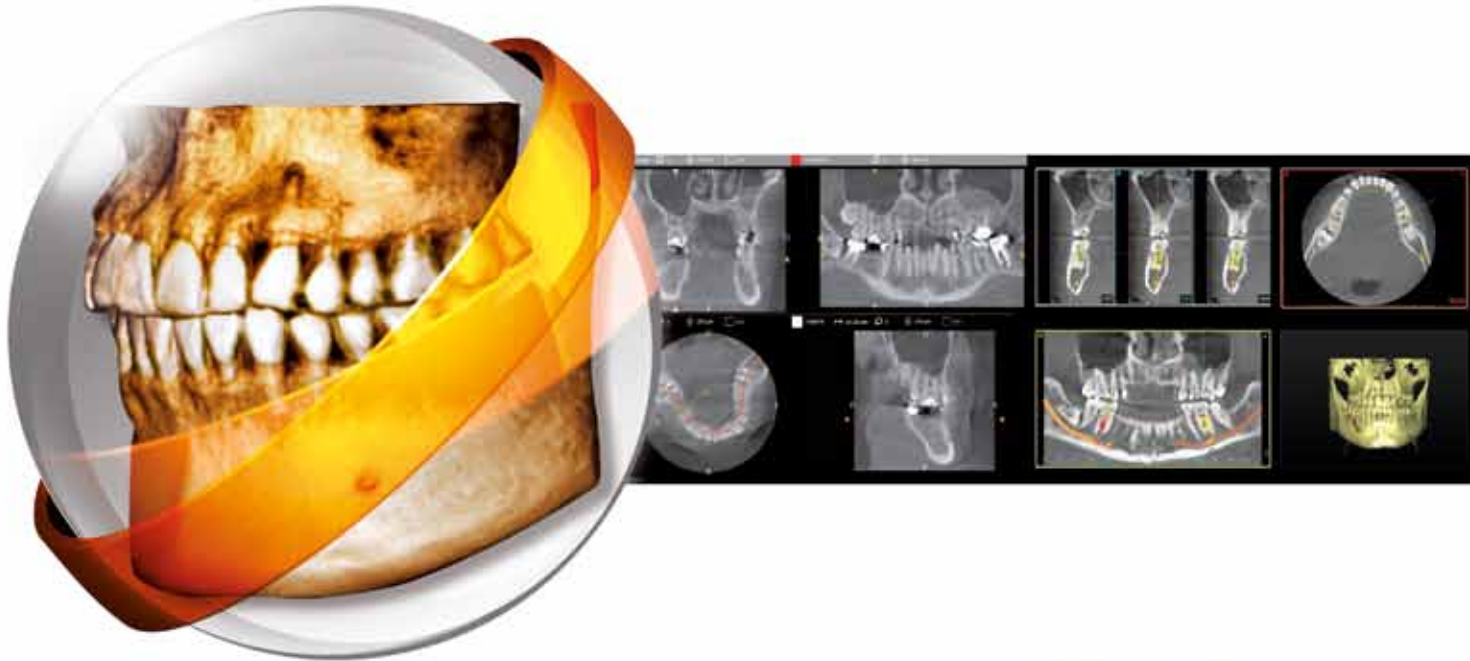
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CEDE 2012 - Central European Dental Exhibition

Poland, Poznań, September 20-22, 2012
Venue: Poznań International Fair grounds

CEDE the most important dental event in Poland and Central Europe once again is going to be great and state of the art.

In 2011 CEDE exhibition was visited by 14,494 dentists, dental technicians, assistants and professionals connected with the dental industry. Guests not only from Poland, but also from Czech Republic, Slovakia, Slovenia, Ukraine, Belarus, Estonia, Lithuania, Latvia, Germany, France, Russia, Sweden, Croatia, Montenegro, Switzerland, USA, Italy, Spain, Taiwan and China visited 4 large pavilions with a total area of 18,500 sq m, with a very clear division of exhibition to: dental equipment, dental materials, technical equipment and hygiene, prophylaxis and sterilization.

CEDE is not only the exhibition.

Live dental surgery presentations and talks on modern dental medicine issues on Arena CEDE 2012. The Congress of Dental Teams has been developed for practising dentists who wish to employ the latest achievements of modern stomatology in their professional practice. The lectures shall take place in two basic sessions. Session „Practitioners for practitioners” deals with professional development and discusses the issues relating to clinical periodontology connected with dental prosthetic and implant treatment, prosthetics of 21st century with the use of the most modern clinical and laboratory techniques as well as issues relating to appearance of temporomandibular joint dysfunctions resulting from prosthetic, orthodontic and non-invasive treatment.



Session „Experts for practitioners” is going to be a continuation of enjoying huge popularity in the previous year sessions dedicated to psychology, workflow organisation and law provisions in force. As every year the exhibitors will organise many scientific and training meetings.

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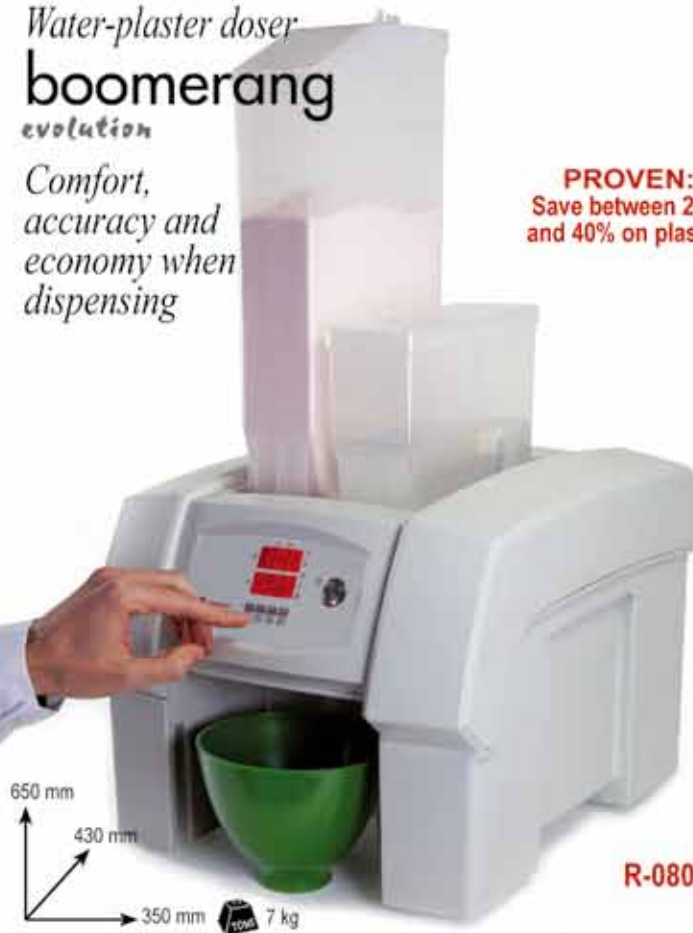
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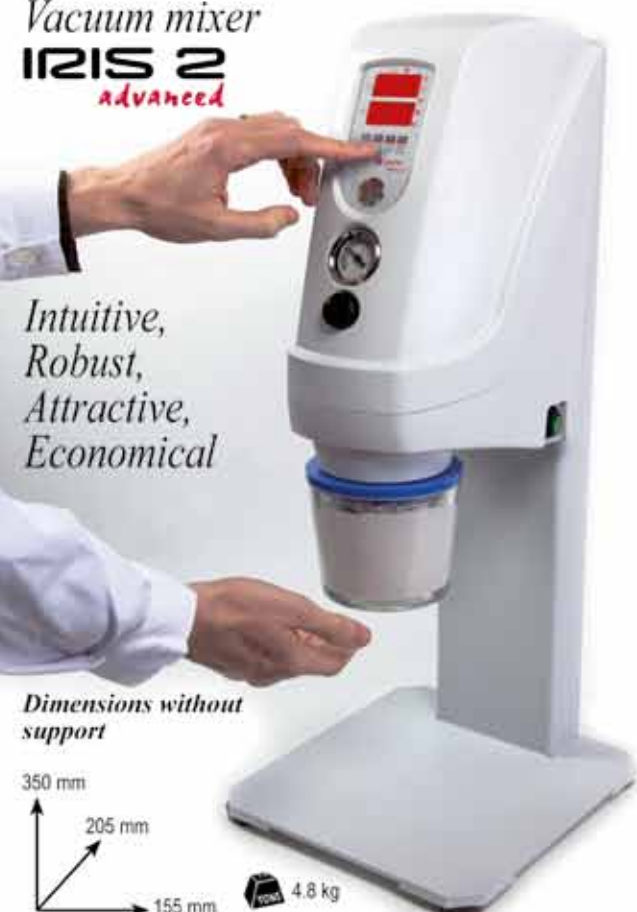


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Health and environmental safety issues

The safety of dental amalgam used as filling material is a controversial issue and has been widely debated, due to the presence of mercury, exposure to which is associated with toxic effects on health.

According to a report from the 2009 WHO Meeting "Future use of materials for dental restorations", mercury is a highly toxic element and harmful for health. WHO states, mercury is easily "absorbed in the blood through the lungs, causing damages to lungs, kidneys and the nervous, digestive, respiratory and immune systems".

Mercury is widely used in a variety of products and processes all over the world, including dental restoration as amalgam filling material

Among the effects from excessive mercury exposure there are tremors, impaired vision and hearing, paralysis, insomnia, emotional instability, developmental deficits during fetal development, and attention deficit and developmental delays during childhood. Dental amalgam has also been found to be a contributor to oral lichenoid lesions and it may be associated with an increased risk of other autoimmune conditions such as multiple sclerosis, lupus, thyroiditis and eczema.

Nevertheless, mercury is widely used in a variety of products and processes all over the world, including dental restoration as amalgam filling material. Dental personnel may experience occupational exposure in dental clinics with poor mercury handling practices and dental fillings made with amalgam can be a source of human exposure to elemental mercury vapours as amalgam surfaces release mercury vapour into the mouth and lung. Depending upon the number of amalgam fillings and other factors, the estimated average daily absorption of mercury vapour from dental fillings varies between 3 and 17 μg mercury.



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In addition to these concerns, a significant amount of mercury is estimated to be released to the environment from the use of dental amalgam either as an indirect result of the diversion of traded amalgam for other purposes or as a result of improper waste management practices or through cremation. When released from dental amalgam use into the environment through these pathways, mercury is transported globally and deposited. Mercury releases may then enter the human food chain especially via fish consumption.

Considering the environmental impact, the WHO claims that mercury from amalgam and laboratory devices accounts for 53% of total mercury emissions, and that one-third of the mercury in the sewage system comes from dental amalgam flushed down the drain. Amalgam removed from teeth is classified as toxic waste in various countries, but in many countries it is not regulated, including the United States. However, environmental risks might be significantly diminished through a proper disposal of amalgam waste, for instance by following ISO standards.

The WHO states that the awareness of the environmental damages coming from the use of mercury has increased and this has trend has been mirrored in dentistry as well. Moreover, research for alternative dental restoration materials has also grown significantly in the framework of an effort to better serve patients, producing tooth-coloured materials.

A significant amount of mercury is estimated to be released to the environment, transported globally and may enter the human food chain.

The use of dental amalgam varies across regions

The use of dental amalgam differs greatly from a geographic area to another.

In the African region, for instance, restorative dental care as a whole is hardly available for the majority of the population especially in rural and remote areas, as part of a general lack of oral health services. Only a few countries have a formal policy on the use of dental restorative materials.

However, private patients' demand is more directed towards composites, for aesthetic reasons, and this might in time reduce the use of amalgam which by now it is the cheapest and easiest solution to treat severe and large carious lesions.

In the USA, dental amalgam has been used for about 150 years; the first American Dental Association (ADA) specification was developed about 70 years ago. Until 30 years ago, 80% of all restorations were amalgam.

Due to the concerns raised by some groups opposing the use of amalgam in dentistry, the Food and Drug Administration (FDA) issued a final regulation in 2009 where it classified amalgam as the same as other restorative materials such as gold and composites, but it introduced some provisions aimed to help dentists and patients make informed decisions about the use of dental amalgam.

Labelling, in fact, should include a warning against the use of dental amalgam in patients with mercury allergy; a warning that dental professionals use adequate ventilation when handling dental amalgam; and a statement discussing the scientific evidence on the benefits and risks of dental amalgam, including the risk of inhaled mercury vapour.

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The use of composites and alternative materials in the USA is influenced by the coverage given from the dental insurance, which do not always include composite restoration.

The situation is different in Canada, where 60% of population receive oral health services under the fee-for-item-of-service from private dental clinics, while social and children programmes vary from province to province.

Private patients' demand is directed towards composites, for aesthetic reasons, this might reduce the use of amalgam the cheapest and easiest solution to treat carious lesions

However, access to oral healthcare is a growing problem particularly in remote areas and among the disadvantaged and leaves an estimated 20% of the population untreated. Health Canada, the regulatory authority, encourages dentists to opt for non-mercury filling materials for children and pregnant women, and it also discourages use of amalgam in patients with impaired kidney function, or allergic hypersensitivity to mercury. The use of amalgam is declining: according to the Dental Industry Association of Canada, the sale of amalgam dropped from 3000 kg in 1999 to 2500 kg in 2006.

In Latin American countries, caries prevalence and experience vary between countries with differing risk factors, scope of services provided, availability of community prevention programmes, economics, education and human resources available, but on general terms the burden of dental caries is high. Given the high restorative treatment

needs, using composites and glass ionomers instead of dental amalgam would lead to over \$936 million extra health spending, and most developing countries in this region cannot afford it.

Dental caries, especially in primary dentition, is a growing public health problem in South-East Asia, with an estimated 90% of caries remaining untreated. Dental amalgam restorations are still taught in the dental curriculum, but much emphasis is placed on tooth-coloured restorative materials, leading to an increasing trend in using more composite resins and glass ionomers than amalgam in the future.

Costs of materials also vary between countries, with an important role played by manufacturers in reducing costs of materials, such as it happens in Indonesia, where local production has reduced costs and improved access, and composites and glass ionomers are being used. The European region has been the most restrictive so far, especially northern Europe. Denmark, Norway and Sweden have banned the use of dental amalgam in the framework of a comprehensive ban of mercury products in the European Union and globally. In Finland 5% of restorations are in amalgam. In the Netherlands less than 10% restorations are amalgam and over 81% are composites. In countries of Central and Eastern Europe, no systematic data are available on the use of dental restorative dental materials.

While there is a trend towards the reduced use of amalgam in some European countries, a ban on amalgam is seen as potentially problematic, particularly for low resource countries and countries where funding impacts on the type of restorative treatment provided. For example, in Ireland the state funded dental practices insert mainly amalgam restorations for posterior teeth in children and adults, whilst semi-state funded practices use both amalgams and composites. In contrast, private practices place 70% of composite and 30% amalgam restorations on posterior teeth.

Dentistry. Wisdom teeth and dental tools

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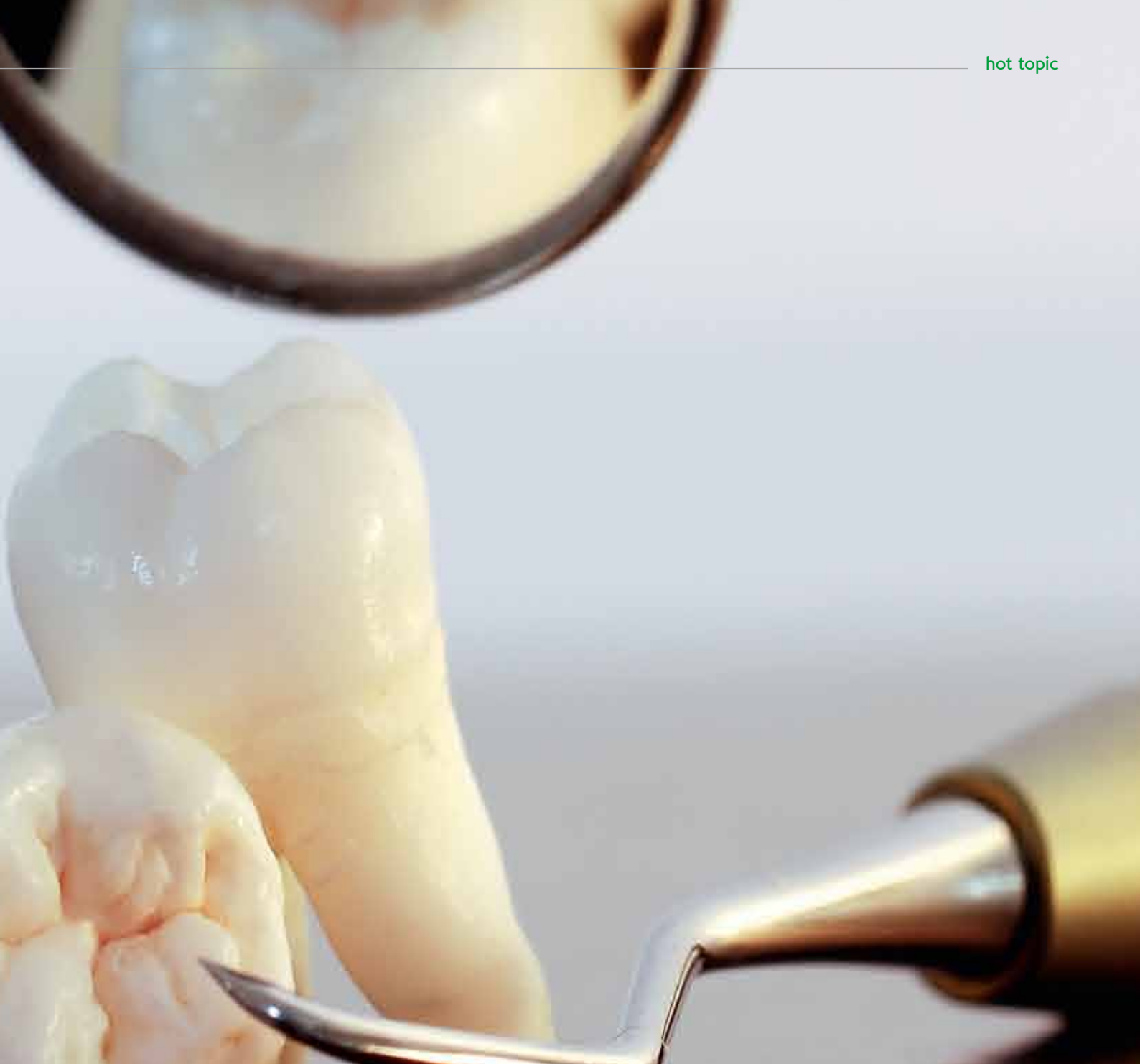
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Use of dental amalgam in selected Chinese provinces:

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| Hong Kong | Dental amalgam is the most commonly used, particularly in government clinics. |
| Xian and Shanxi Province | Composite resins is used in large hospitals (70%), middle level hospitals (60%) and small hospitals and private dental clinics (50%). Amalgam use is decreasing. |
| Guangxi Province | Dental amalgam is used in every public hospital, but only for 8-10% of dental restorations, and in 80% of private dental clinics. |
| Beijing | Composite resins are used in large hospitals instead of amalgam. Dental amalgam is still used in other hospitals and private dental clinics, but decreasing. |

Source: WHO, Future use of materials for dental restorations

In the Eastern Mediterranean region, the burden of dental caries is significant although uneven, but on general terms, dental amalgam is more commonly used in government clinics than in private dental practices.

Mercury is widely used in a variety of products and processes all over the world, including dental restoration as amalgam filling material.

For instance in Kuwait amalgam is used in 50% of restorations made in government dental clinics, 20% in private practices and 25% in dental schools. In Jordan, amalgam is used in over 90% of restorations made in government clinics, 70-80% of restorations made in dental schools and 60-70% of restorations made in dental practices.

However, tooth-coloured materials are increasing although some countries like Bahrain experience difficulty in the delivery of composites and other alternative materials by local dealers.

China has a long history of using amalgam and precious metals for dental restorations, mostly manufactured locally. The use of dental amalgam is more common in Hong Kong, less in Xian and Shanxi Province.

Even in some countries where there wasn't any direct effort to phase-out dental amalgam, its use has declined because of the broader implementation of preventative services. Moreover, in developed countries, the increased demand for alternatives such as resin composite fillings as well as public concern about the mercury content of dental amalgam resulted in a steady decline in dental amalgam, and research on alternative materials has made them available on the market, with clinical studies and tests already conducted.

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There is consensus regarding the need to improve the education and awareness about the effects of mercury.

However, the WHO highlights that alternative dental materials still haven't been subject to a sufficient amount of research as regards their long-term performance, considering parameters such as durability, fracture resistance and wear resistance. Research also needs to further explore possible adverse effects and viability of such materials.

The situation in many developing countries is different: in third-party payment systems dental schemes do not recognize the use of alternative materials, making their use for restoration of more expensive than dental amalgam, and restoration itself is already too expensive for some groups, leading to tooth extraction instead of restoration.

Therefore, in many low- and middle-income countries the use of dental amalgam is still preferred for dental fillings or build-up material.

For all these reasons, the WHO claimed that dental amalgam should remain available to the dental profession but with attention towards the development of new materials to be used in public healthcare, so rather than a phasing out, amalgam should undergo a "phasing down".

The debate continues but there is consensus regarding the need to improve the education and awareness about the effects of mercury for both dental professionals and consumers, and also to better protect susceptible subpopulations.

Sources:

"Future use of materials for dental restorations", WHO, 2010 –

www.who.int

FDA, Dental Products Panel – www.fda.gov

www.mercuryexposure.info



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VII MOZO-GRAU Implantology Symposium

Madrid. 27-28 January 2012

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The 2012 Seventh Mozo-Grau Implantology Symposium attracted over 1,850 attendees from more than ten countries to IFEMA Northern Auditorium in Madrid, Spain, on 27 and 28 January.

Close to 55 experts presenters guided the attendees through the main programme and 5 parallel theoretical and practical courses. The keys to the successful attendance to the Seventh Mozo-Grau Implantology Symposium were both the attractive scientific programme and the prestigious speakers.

One focus of the main programme was on Special Techniques. A highlight were the presentations by Dr Miguel Peñarrocha Diago, Dr Marco Esposito, Dr Pietro Felice and Prof. Carlos Navarro Vila, Head of the Oral and Maxillofacial Surgery Service of the Gregorio Marañón University Hospital, Madrid. Other presentations in this session were held by Dr Eduardo Estefania and Dr Enrique Solano.

Another congress session focused on Planning and Guided Surgery, where among others Dr Juan Antonio Hueto, Dr Carlos Concejo, Dr Jose I. Salmerón carried out presentations. Of high scientific interest were the presentations held in the Re-

generation and Bone Graft Session by Dr Santiago Ochandiano and Dr Florencio Monje.

Aesthetics in implantology is always an interesting topic, this session included the presentations by Dr Arturo Bilbao, Dr Pedro Bullón and Dr Santiago Barrientos from Colombia.

Bearing in mind that the best way to learn is to practice, limited-attendance courses were organized on implantology for beginners as well as sinus lifts and bone grafts.

The Science and Research Programme -where universities, hospitals and doctors could present the results of their ongoing research with Mozo-Grau products- was a remarkable success. Also, courses addressed to dental technicians and assistants strengthened the scientific framework of Mozo-Grau Symposium.

This Seventh Mozo-Grau Implantology Symposium was the opportunity for launching the new narrow 3.3 mm MINI MG-Inhex dental implant, the Explorer Code and Implant Card devices, which gave good proof of Mozo Grau as a company that provides innovative solutions not only on implantology, but also on resources to offer information to the patients.



Dr. Navarro Vila



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Silfradent New procedures for the construction of the implant tunnel using the new PEC Piezo Expansion-Cresttechnique

In recent years, the imperative of modern surgery has become minimal invasiveness and low biological impact. Piezo-electric surgical techniques fall perfectly into this category. In developing these procedures, I have devised a personal manoeuvre, which can be identified using the acronym PEC, Piezo Expansion-Crest. With this procedure, in one surgical session, it is possible to achieve the bone thickness necessary in order to insert one or more implants in crests which are atrophied due to post-extraction or post-traumatic infections.

Today, patients are coming to our surgeries with two priority needs: dental reconstruction with a high level of aesthetic importance and the rapid morphological and functional restoration of missing teeth. It is obvious that it becomes a priority to have surgical procedures that make it possible to replace missing teeth with implants. For this purpose, it is possible to use piezo expansion-crest procedures.

Let us now analyse this technique in detail: the expansion-crest makes it possible to create a permanent dilation suitable for accepting the implants, thereby making the surgical intervention quicker and more predictable. It is very important not to confuse the expansion-crest with the split-crest, two procedures which are apparently similar but totally different in terms of substance and results. The split-crest is performed by opening a partial-thickness flap and using greenstick fracture of the crest and elastic deformation under tension of the disjointed bone gaps. The expansion-crest, however, is performed with a full-thickness flap and takes advantage of the viscoelastic properties of the bone, allowing a gradual separation of bone segments with permanent dilation and plastic deformation devoid of tension. The lack of tension on the implants is the key feature that makes it easier to stabilise the bone, reducing the risk of absorption and allowing a more predictable therapeutic outcome in the short, medium and long term.

Operational difficulties in the execution of the separation of bone segments, especially in the jaw, are easily overcome by using the new PEC technique. As a matter of fact, the inserts that I have developed in cooperation with Silfradent, which provided the technical support necessary for their creation, make it possible to create

the appropriate plastic dilation with minimum effort in the progression in depth and with the maximum preservation of the adjoining bone walls. The result is a kind of new implant tunnel site that is both a passive stabilisation and active bone proliferation site, extremely vibrant from a biological point of view for the construction of the new implant site.



To this end, I have made a kit consisting of piezoelectric inserts with increasing diameter, calibrated for the most common implant procedures, with a non-working apex in order to avoid iatrogenic fenestrations and at the same time enable the tips to behave in a self-centring manner. The clinical case presented highlights the easy management of this procedure which, even in extremely critical clinical conditions, allows less experienced operators to easily insert fixtures in crests with marked atrophy which, with the usual procedures, would first require bone increase and then, at a later date, the implant could be performed.

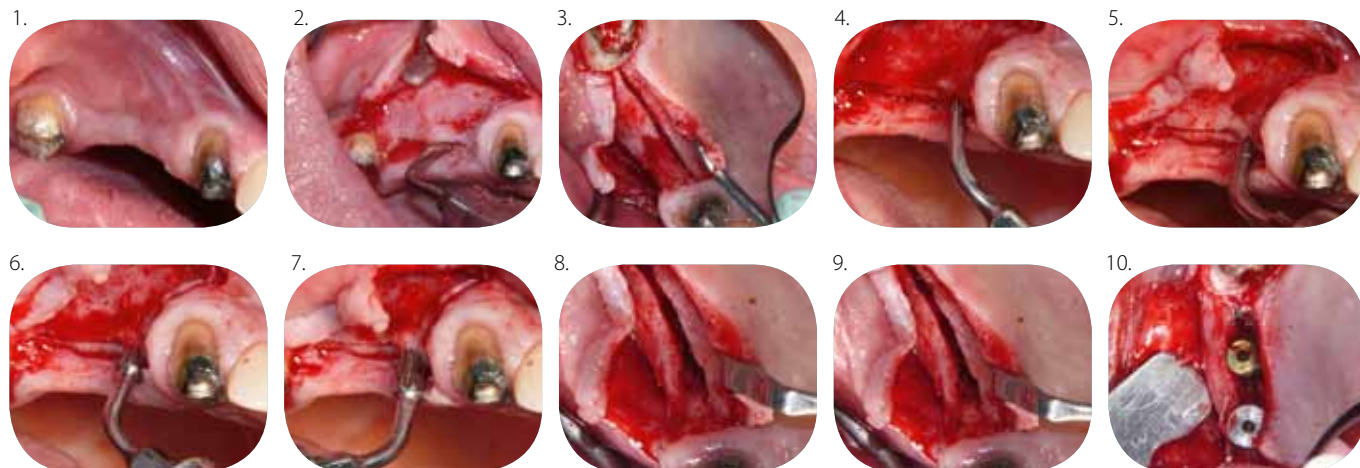
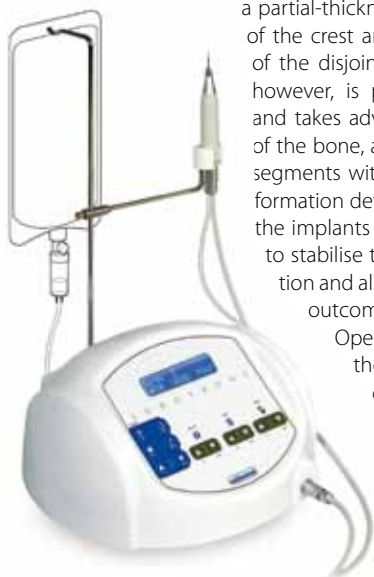
Today, using mini PEC procedures, it is possible to create implant tunnels without rotary cutters, creating biological conditions which are conducive to faster and more effective healing from both an aesthetic and functional point of view, improving the quality of the intra-operative stage and its course, satisfying today's contextual demand for minimally invasive surgery with low biological impact.

CAPTIONS:

- 1 - Upper right quadrant in need of implants in zone 14 and 15.
- 2 - Full-thickness flap and horizontal bone incision with piezo insert.
- 3 - Horizontal osteotomy completed.
- 4 - First deep piezo insert for implant tunnel.
- 5 - Second deep piezo insert for implant tunnel.
- 6 - Third deep insert.
- 7 - Fourth and final insert for implant tunnel.
- 8 - Dilating osteotomy completed.
- 9 - First implant inserted in zone 14 and simultaneous osteotomy in 15.
- 10 - Implant insert on 14 15 in PEC (Piezo Expansion-Crest)

AUTHOR BOX:

Luca Lancieri, freelancer in Genoa -Italy - E-mail: lucalanc@fastwebnet.it



Climbing Kilimanjaro - this is your chance!

Summiting Africa's highest mountain for charity Bridge2Aid was a once-in-a-lifetime opportunity, says leading implant and cosmetic dentist Zaki Kanaan.

He jokes that he was "blubbing" with jubilation and exhaustion by the time he reached the 5,895 metre summit, but for Zaki Kanaan climbing Kilimanjaro – Africa's highest mountain – was quite literally the pinnacle of his achievements. "You can't describe the experience of seeing the world from up there: you just can't describe it," says cosmetic dentist Zaki, 39, who along with his wife Dominique climbed the mountain to raise funds for dental charity Bridge2Aid.

"Without a shadow of a doubt this was the hardest thing we have ever done but also the most satisfying," explains the co-owner of K2 Dental Clinic in Fulham, London, and vice-president of British Academy of Cosmetic Dentistry. "All we could think about were the kind donations and it really did help us get up there... for that we are truly grateful."

Staggering

Tanzania's famous snow-capped mountain reaches a staggering 5,895 metres above sea level. The trek was part of the Kanaans' bid to raise over £6,000 for Bridge2Aid, a charity that provides free dental care, education and training in northwest Tanzania alongside a community development programme to help the poor and disabled in the city of Mwanza. Bridge2Aid celebrates its 10th anniversary this year, having been set up by British dentist Ian Wilson and his wife Andie to train local healthcare workers in basic dental techniques. In many rural areas of Tanzania there is little access to dental healthcare: people suffer for years in silence, often turning to traditional remedies and cures which cause more harm than good. More than two million people have now been helped as a result of the training it provides and the charity is soon to expand into other parts of Africa.

Why Kilimanjaro?

Zaki and Dominique took the chance to sign up for Bridge2Aid's August 2011 Kilimanjaro Climb – an experience he claims was "life-changing" and which is offered again this year to new volunteers. "I kept seeing their [Bridge2Aid's] stand at dental shows and I was really impressed by what I had read and heard. They have a real and lasting impact." He adds: "I wanted to do something different; unfortunately it wasn't possible to join one of their regular volunteer trips as we have young kids back home. So this was the next best thing."

According to Zaki, climbing Kilimanjaro was also "just something that appealed to both Dominique and I: it sounded like a real challenge and it was just one of those things we'd wanted to do for a long time." In all, the trip took seven days to complete, with a training weekend in the Derbyshire Peak District in May beforehand.

Summiting

The highlight was "obviously getting to the top!" laughs Zaki. "I never thought I would cry but I was blubbing like a baby by the end!" On the final night everyone set off for the summit at 11.30pm. But the surprise is: there are two summits.

"You reach one summit at 6am, whilst it's still dark; then the second point a couple of hours later. The sight is amazing – the light has come up by then and the amazing glaciers glisten in the sunlight. Those last two hours, are by far the hardest, but the goal is in sight. It's all worth it when you get to the top."

High points, low points

There are extreme highs and lows to experience during the climb. "Each day you finish, you get into your sleeping bag and you think: 'I've got to get up and do that all over again tomorrow!'. Despite walking at a "snail's pace" due to the altitude, and two people vomiting 10 times on the last night, everyone summited, thanks to the expertise and encouragement of our guide Henk and all of us pulling together. Friendships were important, too. "By the end we'd become really close-knit, making these deep bonds of friendship. People still come to visit and stay with us...we're like an extended family...a 'Kili' family." "If you've ever wanted to do something like this, I completely recommend it. This is not something you do on your own or just a couple of people. A big group for a worthy cause such as this makes all the difference," he says. "The people you meet are amazing. Don't think about it just sign up – it's well worth doing and you won't regret it!"

So go on...what are you going to do this summer?

TO SIGN UP FOR THE 2012 KILIMANJARO CLIMB

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•• **14-16/06/2012 Salon Dental Chile 2012- 9th International
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June '12

•• **14-18/06/2012 2012 APDC, 34th Asia Pacific Dental
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Website: www.apdc2012.org

Congress Secretariat - Contact person: Janet Tung

Tel: +886 2 2311 6001 ext 211

Fax: +886 2 2311 6080

E-mail: info@apdc2012.org

Venue: Taipei World Trade Center, Hall 1, Section A

•• **22-24/06/2012 SIDEX 2012, the 9th Seoul International
Dental Exhibition & Scientific Congress (Seoul - Korea, South)**

Organized by Seoul Dental Association (SDA) and Korean Dental
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Managed by: SIDEX Organizing Committee

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Website: www.sidex.or.kr

Referent: Brandon(Young-Bum), Kang

E-mail: brandon@sda.or.kr

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- Hall C and Hall D

August '12



•• **29/08-01/09/2012 FDI Annual
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•• **03-07/09/2012 ADA 2013- The 35th Australian Dental Congress (Melbourne – Australia)**

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 Venue: Melbourne Convention and Exhibition Center

•• **05-08/09/2012 Expodent 2012 (Buenos Aires – Argentina)**

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 Venue: Centro Costa Salguero

•• **15-16/09/2012 Expodent 2012 - Mumbai (Mumbai – India)**

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•• **17-20/09/2012 Dental-Expo 2012- 32nd International Dental Forum - International Exhibition (Moscow – Russia)**

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 International Affairs Manager:
 Ms. Savchenkova Maria
 E-mail: international@dental-expo.com
 Website: www.dental-expo.com
 Exhibition Venue: Moscow, Crocus Expo

September '12



•• **20-22/09/2012 CEDE 2012 - 22nd Central European Dental Exhibition (Poznan – Poland)**

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 Referents: Mr. Dariusz Sobczak and
 Mr. Marek Wiktorowski
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•• **27-29/09/2012 BIHE & Stomatology Azerbaijan 2012- 18th Azerbaijan International Healthcare Exhibition (Baku – Azerbaijan)**

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 GiMA GmbH (part of ITE Group PLC)
 Ms. Cornelia Limbach
 healthcare@gima.de
 Organiser's contact information:
 http://www.healthcare-events.com/pages/contact_us.html
 Venue: Baku Expo Center

•• **27-30/09/2012 Sofia Dental Meeting 2012 (Sofia – Bulgaria)**

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Exhibition Venue: Excel, London



•• **05-07/10/2012 World Dental Show 2012 (Mumbai - India)**

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2nd Floor, Bombay Mutual Terrace
534 Sandhrus Bridge, Opera House
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Fax: +91 22 2368 5613
Co-ordinator WDS:
Ms. Tejal Khanna
E-mail: info@wds.org.in

Website: www.wds.org.in
Venue: MMRDA Ground, Bandra Kurla Complex, Bandra (East) Mumbai, Maharashtra, India

•• **18-20/10/2012 ADA 2012, 153rd American Dental Association Annual Session (San Francisco, CA - USA)**



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