Registration for the AAOMR annual session 2011 is now OPEN!

The 62nd AAOMR annual session will be held at the Millennium Knickerbocker hotel in Chicago, IL, December 7th - 11th. To make reservations, please visit the AAOMR website, or mention AAOMR if you make your reservation by phone.

Online registration is now available at www.aaomr.org. The information on the meeting can be found on the website under “Annual Session”. The theme of the conference is how OMR can help other specialties in dentistry. We have many exciting topics lined up, such as the use of CBCT in orthodontics and oral surgery, a round table discussion on OMR in the context of dental health care delivery, and a keynote address by Walt Bogdanich, a New York Times reporter with special interest in radiation protection for the public. The details on our keynote speakers can be found under “Program Outline” under “Annual Session” We are excited to announce the Level I certification in CBCT pre-congress course offered on Wednesday, December 7th. This course is meant to address the needs of non-radiologist dentists who would like an introduction to CBCT technology and interpretation.

For the residents, we have the 2nd annual residents’ luncheon and oration by Dr. William Scarfe, the editor of OOOOE, and a special CRC competition.

Please join us for the many chances we are offering for social interaction with other OMRs or OMR enthusiasts. The opening reception, H. Cline Fixott Luncheon and Oration (by Dr. Lars Hollender), the AAOMR annual reception and banquet are open to all registrants.

See you in Chicago!

Sponsors:
For those of you who still watch network TV, you might be aware of the “Top 10” lists of the Late Show with David Letterman. These always seem interesting when presented, but I cannot remember the contents of any of these lists. The AAOMR Newsletter might also be part of the slurred reality we all need to deal with from an excess availability of information that we either filter or simply turn off altogether. If you have previously tuned out of the “AAOMR Newsletter” I do urge you to browse through the archived issues as these do contain much information of importance to your discipline. Dania Tamimi and her crew can be applauded for their diligence in putting this together. It does make for interesting reading in spite of the President’s Message.

After more than three-quarters of my term as President, it is perhaps a good time for me present my “Top 10” list of issues I have learnt are important to the sustenance of Oral and Maxillofacial Radiology.” Unlike the Letterman list, the items listed here will be in no special order as all are important.

1) OMR is a DENTAL specialty and needs to work in close collaboration with other associations in the dental specialties and within general dentistry. Our specialty is dependent upon approval and periodic review by the DENTAL professions. Further, these represent our referral base of customers. Join the American Dental Association.

2) OMR is part of the healthcare enterprise and, as such, should concentrate on issues of access to care. As we are small in number, access to care may involve movement of the patient to the practitioner. We should endeavor to have the electronic patient made legally equivalent to the physical patient for this purpose. Such an idea of the “virtual patient” is found in ADA SCDI TR 1060 that included three AAOMR members as half of the main editors.

3) OMR has a responsibility to increase knowledge in our field of expertise through research, publication and presentation. There should be every endeavor to have the AAOMR membership represent a higher percentage of the published scientific articles to our journal, and also to be proud to present findings at our Annual Session.

4) OMR as the specialty from which you earn your living needs to be considered a place for bequests and giving. We are the only “all volunteer” specialty in Dentistry in the USA. We need to get a full time staff and perhaps a head quarters building if we are ever going to be as effective as the larger specialties.

5) OMR is a recurring yearlong activity. AAOMR should not be viewed as merely a once a year social/show. Indeed most of our activities are committed to events other than the AAOMR Annual Session.

6) Volunteer! We are always looking for new folk to help take OMR forward in the USA through activities within the AAOMR. We are looking for folk who wish to roll up their sleeves and get involved, not merely for a committee listing within your curriculum vitae. Share your good ideas, but don’t expect anyone other than yourself to take the lead to make it happen!

7) Become the OMR expert for the long term in such arenas as Medicare, CDT codes, IHE-Radiology, IEC, etc., etc. It is the familiar face in the crowd at such meetings that gets invited to supply an opinion. We need folk who remain focused for one or more term of four years depending on the limitations imposed from the respective roles.
President’s Message, continued

8) Don’t get too enamored with any one technology. Grow your skills in various modalities and, while avoiding fads, maintain currency of knowledge. The alternative is likely boredom and a less fulfilling career.

9) Speak up OMR and AAOMR. Help recruit new folk to the folk of the discipline and membership in the Academy. Podium presence matters – promote AAOMR during your continuing education courses.

10) Always remember that OMR is only a part of your life. Take time to smell the roses and to enjoy those closest to you.

My term as President ends in December when I pass the gavel to Dr. Alan Lurie. I will be meeting with Alan during the Summer to discuss issues of continuity and change so that the transition can commence and be finalized in Chicago.

Call for CRCs

Participants are being sought for the CRC session at the AAOMR 62nd Annual session. Cases as well as discussants are needed. To contribute to this session, please contact Dr. Juan Yepes at jfyepe2@email.uky.edu

Please help us continue this very popular segment of our annual session.

Call for Cases for Website

Cases are being sought for posting on the AAOMR website’s Case of the Month section. For more information, please contact Dr. Maria Mora at alejamora@hotmail.com
New OMR graduate program

The UCLA Oral & Maxillofacial Radiology faculty has applied to the Commission on Dental Accreditation for approval to start a new Postgraduate Training Program. This would be a two-year full-time postgraduate certificate program designed to train specialists in Oral & Maxillofacial Radiology. The mission of the Oral and Maxillofacial Certificate Program is to comprehensively train residents to become proficient radiologists, competent teachers, familiar with the foundations of research methodology, and to contribute their skills and knowledge in the service of the profession. It is anticipated that the program will begin on July 1, 2012.

The comprehensive curriculum consists of didactic education and clinical training in the radiation sciences, including maxillofacial radiological interpretation, radiation physics, and radiation biology and safety. The residents will actively participate in patient care in the OMR radiology clinic. The UCLA OMR clinic is well equipped and provides both conventional and state-of-the-art CBCT maxillofacial imaging to patients from the UCLA School of Dentistry as well as community dental providers. Residents will also gain clinical experience in head and neck interpretation using contemporary imaging modalities, through rotations, case conferences and seminars at the UCLA Ronald-Reagan Medical Center and the UCLA Santa Monica Hospital.

Residents will augment their diagnostic skills through clinical experiences in the oral facial pain clinic and craniofacial anomalies clinic. Residents will also participate in implant conferences and oral surgery lecture series and receive didactic education in oral medicine and pathology. The residents will participate in the pre-doctoral OMR curriculum. Residents are expected to participate in research projects and present their findings at national or international meetings.

The UCLA Oral & Maxillofacial Radiology Postgraduate Training Program may be taken in combination with academic programs leading to a MS or PhD degree. The combined programs usually last three years (MS) or five years (PhD), depending on the research background of the candidate. The objectives of the combined programs are to develop clinical competence in Oral and Maxillofacial Radiology combined with the research expertise to enable the graduate to pursue an academic career involving teaching and independent or collaborative research. Didactic, research, and clinical components develop simultaneously throughout the program, although different components are emphasized at different times.

This program is under review by the Commission on Dental Accreditation of the American Dental Association.

For information please visit the program website at: UCLA Oral and Maxillofacial Radiology

Program Contacts:

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The 18th International Congress of Dento-Maxillo-Facial Radiology (ICDMFR) was held in Hiroshima, Japan between May 25th and 29th, 2011. Two months before the meeting, a devastating earthquake and subsequent tsunami and damage of nuclear power plants occurred in the East of Japan. There were many victims and many of them are still suffering from the tragedy since the damaged nuclear power plants with high level radioactivity have not been completely salvaged yet. This has caused a big shock and fear around the world.

Despite these difficult situations, many dento-maxillo-facial radiology colleagues worldwide came to Hiroshima for the 18th ICDMFR. A total of 485 people attended the congress. Other than the 226 participants from Japan, there were 27 from Chinese Taipei, followed by Korea (26), Thailand (24), and Sweden (23). Many friends and companies provided strong support for the Congress. More than 500 people gathered at Hiroshima for the congress, including corporate attendees. Nearly three hundreds research abstracts, 4 guest lectures, and 10 keynote speeches were presented at the congress.

The International Association of Dento-Maxillo-Facial Radiology (IADMFR) gave travel grants to Asian low- and lower-middle-income countries. We had 11 applicants from India, 9 from Thailand, 7 from Bangladesh, 3 from Indonesia and 2 from People's Republic of China. Out of these 34, 15 candidates were supported by the travel grants.

On May 25th, the 52nd Annual Congress of Japanese Society for Oral and Maxillofacial Radiology (JSOMR) and the board meeting of IADMFR were held simultaneously. In the evening, IADMFR President Keiji Tanimoto invited the JSOMR as well as IADMFR board members and other distinguished guests to dinner at Mitaki-so restaurant to foster friendship between the two organizations. We enjoyed excellent Japanese food and the beautiful Japanese Garden during the “get together”.

On May 26th, after the opening ceremony, we had two guest speakers. Mr. Takashi Hiraoka, the former Hiroshima City Mayor, and Mr. Nori Nakamura, the representative from the Radiation Effects Research Foundation. They addressed “The Role of Hiroshima in the Nuclear Era” and “Hiroshima Report 1: How radiation exposure increased the risk of leukemia among atomic-bomb survivors?” respectively. On May 27th, the second day of the congress we had another guest speaker, Dr. Ozasa, who gave the Hiroshima Report 2 entitled “Epidemiological studies of the late health effects of atomic-bomb radiation in Hiroshima and Nagasaki.” The lectures will be uploaded onto the 18th ICDMFR website later.

In the evening, we had a welcome party near the venue. We brought the Misako’s radiation exposed piano (that once traveled to New York City), and this was played by a handicapped pianist Ms. Maiko Hiraoka. We also enjoyed Prof. Paul van der Stelt playing the piano. Ikkan Fukuhara, who played a Japanese flute in the opening ceremony, also attended this party.

Continued on the next page
On May 27th – as previously mentioned - the Hiroshima Report 2 was presented by Dr. Kotaro Ozasa entitled “Epidemiological studies of the late health effects of atomic-bomb radiation in Hiroshima and Nagasaki”. This lecture was very important for radiologists, and the detailed contents were introduced in the HP of 18th ICDMFR. There was a morning scientific session and guest lecture delivered by Prof. Jie Yang on “Incidental CBCT findings of skull base and cervical spine”. Then, we went to a magnificent Miyajima tour by Boat. Although it was a rainy day, we enjoyed Miyajima, a World heritage site. We had group pictures taken in the site. Everybody was so happy!

During the congress, the Japanese traditional culture corner was offered by Profs Honda’s and Tanimoto’s wives. This was very popular throughout the congress. Japanese calligraphy was also offered by Yasuda Women’s University.

In the afternoon on May 28th, the DICOM Dental Standards committee held a round table discussion. In the meeting general assembly, future ICDMFR sites were debated, and the 2015 and 2017 ICDMFR will be in Santiago, Chile and Kaohsiung, Chinese Taipei respectively. The ICDMFR research awards were awarded to Dr. Jigna V. Raja from India as first prize ($7,500) and Bart Vandenbergh from Belgium as the second prize ($2,500). The poster awards from the president of 52nd JSOMR were awarded to Dr. Kaan Orhan (100,000 JPY) and Dr. Hiroaki Shimamoto (50,000 JPY).

In the evening the Banquet was held in ANA Crowne Plaza Hotel. The president decided to make this party as Japanese themed as possible. Some of Japanese attendants, including the president, wore the kimono. Traditional Kagura was also very popular.

On the last day, Mr. Nori Nakamura gave Hiroshima Report 3 entitled "Why chromosome aberration in lymphocytes did not persist following fetal exposure?" The poster session was well attended. More than 170 posters were presented in the session.

Despite all the difficulties, Prof. Keiji Tanimoto and his organizing team did an excellent job and hosted a very successful IADMFR congress in Hiroshima, Japan. Colleagues Allan Farmer, Stuart White, Sharon Brooks, Jie Yang, Debra Gander, Shin-Mey Rose, James Geist, Bruno Azevedo, Takako Imai Tanaka, Debra Lee Gander, and Wisam Al-Rawi represented North American and Andres Briner, Elisa Parraguez, Claudio Costa, Emiko Saito Arita, Francisco Haider-Neto and others represented South American in the Congress.

Respectfully Submitted

Keiji Tanimoto, DDS, PhD
Immediate past president of IADMFR

Jie Yang, DDS, MMedSc, MS, DMD
North American Regional Director of IADMFR
Adventures in Academia

At the start of a teaching career, it is assumed that life will be quiet, repetitive, and stress-free. I presumed no different as I ventured into my academic career as an oral and maxillofacial radiologist. I could not have been more wrong. Of course, there were moments of repetition and quiet, but never a dearth of excitement and constant change. Even those repetitive tasks, such as teaching the same subject yearly, changed along with the student body. With every new batch of students, the lectures felt different, and eventually it dawned on me that the listeners’ responses greatly influence the teacher and the lecture, making it a unique experience every time.

Challenges inherent to coexistence and collaboration make every day an interesting exercise, whether it be between students, colleagues, staff, or patients; far from my preconceived notions of a stress-free, quiet academic work environment. One does occasionally wonder why people choose this part of their life.

I am positive that I would not have survived without the intellectual stimulation opportunities presented by involvement in research. I was not only a teacher, but a student as well, constantly learning; it is a unique experience for an academician.

I have come to realize that academic life is like an ocean. It has a stable and well-established ocean bed in the form of a strong framework and faculty community, but the layers above teem with vibrant life, rejuvenating that ocean bed with every new student population, bringing new ideas, technological breakthroughs, innovations, and new challenges. All in all, these experiences, this part of my life is something I would not trade for anything in the world.

Aruna Ramesh, BDS, DMD, MS
Tufts School of Dental Medicine
I was born and raised in the city of Benghazi, the second largest city in Libya, located on the Mediterranean coast with a population estimate of 800,000. I received my BDS degree from Al-Arab Medical University in Benghazi in 2003, and then joined the medical school in the same university and received a Master’s degree in anatomy in 2008. I worked on the CT variants of sphenoid sinus and vidian canal for my master’s thesis. My interest in Oral and Maxillofacial Radiology developed during my 3-year training in oral and maxillofacial surgery where advanced images used to be interpreted by medical radiologists who do not have adequate exposure to the anatomy and pathology of dento-maxillo-facial complex, and subsequently their interpretive reports were inadequately informative. I always realized that the gap between medical radiology and Oral and Maxillofacial Surgery had to be filled by a specialty of Oral and Maxillofacial Radiology without even awareness of the existence of such a specialty. Unlike other dental specialties, Oral and Maxillofacial Radiology is an intellectual practice which demands innate aptitude skills and acquired knowledge of radiation physics, anatomy and pathology. There is a saying that the only difference between clinician and radiologist is that the later knows how image is generated; well, I do not believe this is the case with Oral and Maxillofacial Radiology especially with the peculiarity of the dento-maxillo-facial complex. I would not encourage everyone to take up this profession. Not everyone is suited for any particular field. I was so excited when I first learned about the existence of Oral and Maxillofacial Radiology as a discrete specialty, and I certainly remember the reply of the head of radiology at my institution when I informed him about its existence: “We are in need of this specialty”.

When I first moved to the United States, culture shock and homesickness were largely dissipated by the diverse culture and welcoming people of the country. My experience in University of Connecticut is tremendously exotic to me. Abstract radiology is not the only thing I am learning from Dr. Lurie; professionalism and teamwork are integral determinants of a competent Oral and Maxillofacial Radiologist (OMR). These skills are gained by the family atmosphere created in the program, and by the interaction with other dental specialties. The program is designed to create a full option OMR. The first two years of the program kept me busy in Oral Clinic and Cone beam facility, along with active involvement in predoctoral seminars and lectures. Our section has thorough collaboration with the Department of Radiology. Such collaboration was partly represented in the full-time six-week rotation in Medical Radiology. I personally have enjoyed working with Dr. Douglas Fellows, one of the pioneers in neuroradiology nationwide, and his wonderful teaching. I also have become familiar with nuclear medicine under the tutelage of Dr. John Vento throughout my rotation in his department. Next year (my third year), I can’t wait to start up a one-week rotation in radiation oncology at University of Connecticut Health Center and two-week rotation at Department of Diagnostic Imaging at Quinnipiac University. The third year is largely devoted to research and image interpretations. For my master’s thesis, I’m working on an MRI observation of discal attachment of superior head of lateral pterygoid muscle and possible etiology in TMJ internal derangement. We’ve recently had accepted a publication in OOOOE, and have a couple more manuscripts under review.

The ongoing crisis in Libya is having ultimately a critical impact on me. Unsurprisingly, Dr. Lurie constantly gives me support and sympathy during those hard times in my home country. My sincere prayers for a peaceful, stable, united and free Libya.

Dr. Galal Omami
Third year Resident, UConn
Better diagnosis through radiography. Safer radiography for patients and staff.

That was the two-pronged vision when research and development began on Interactive Diagnostic Imaging’s (IDI) Tru-Align™ x-ray positioning system (incorporating rectangular collimation). The road to market has been long and arduous. But a dream and passion has been realized, and here’s the backstory:

Tru-Align™ is the creation of two of the early pioneers in digital radiography in North America. Following 7 years of private dental practice, Dale A. Miles, DDS, MS has taught oral and maxillofacial radiology to auxiliaries, dental students, dental graduate students and dentists for over 30 years. He is IDI’s VP of Research and Development. Dr Miles holds 4 patents on x-ray technology and has a web site for educating dental professionals about digital x-ray and cone beam imaging.

After building a successful dental practice, IDI’s Chairman and CEO Michael R. Razzano, DDS, was responsible for the introduction of the first intraoral digital x-ray system to the U.S. market as CEO of Trophy Radiology from 1990 to 1995. He left Trophy to continue his international consulting service and continues to be a leading advisor to international corporations and universities in the healthcare field.

As dental professionals, Dale and Michael have a keen understanding of the challenges of dental x-rays—from safety and accuracy to reducing retakes as well as general equipment design. They decided to merge their decades of clinical and senior management experience to develop products to address these challenges, and Interactive Diagnostic Imaging was born.

Dale and Michael formulated a simple mission to guide IDI’s product development efforts:
- Enable dentists to better diagnose patient problems
- Make the practice of dental x-ray imaging easier and safer for dentists, their staff and their patients
- Increase the practice’s profitability
- Reduce the costs associated with labor and material

Embodying this mission, Tru-Align™ is IDI’s first product to market. Tru-Align incorporates rectangular collimator with a unique alignment system, ensuring consistently accurate x-rays. Other high-tech diagnostic products are in development at IDI, aiming to create an integrated group of products to provide a total solution to in-office imaging and diagnosis, especially at the point of care. The next scheduled product launch is the IDX-60 x-ray generator.

Products are designed (and patent protected) with active participation by members of the IDI Advisory Board—including current AAOMR president Dr. Allan Farman, along with other leading dentists, educators, and researchers, each renowned and respected in their area of expertise. Advisors regularly share their experience and suggestions on how IDI’s product offerings can be improved to better diagnose dental disease. IDI’s zeitgeist was beautifully summed up by a team member:

“We are compelled to combine a passion for diagnostic innovation with a commitment to help make the workflow within every dental practice safer, better, and faster.”
My name is Matt Carpenter. I have been a dental laboratory x-ray technician for over ten years at Brockton Dental X-Ray Laboratory, Inc. in Riverside, California. My father, Mike Carpenter, opened our lab alongside Bill Campbell back in 1973. The images, at that time, were all produced on film for both x-rays as well as photography. A basic orthodontic survey would have consisted of a full mouth set of periapicals with bitewings, lateral jaw exposures, a cephalometric profile, a posterior-anterior head film, right and left uncorrected tomograms, upper and lower occlusals, and clinical photographs. Accordingly, that would have required at least a forty-five minute appointment for the patient in our office with additional time required by our office after the patients’ release. As for the reports, they would then need to be mailed to UCLA to allow for Dr. Stuart White to look over them, read them, and pen a detailed report on his findings. Today, a basic survey consists of a cephalometric profile, panoramic view, and clinical photographs which are all produced by digital imagery. The complete survey only requires about ten minutes to produce.

Furthermore, I have noticed that the progression in technology is changing the way procedures are being performed... some good, and some not so good! The cephalometric profile, for example, in use for orthodontic diagnosis, was exclusively utilized as a tool to assess a patient’s bite and occlusion. The tracings were then developed for further computation of measurements based on a specifically accurate distance from the x-ray tube to the patient and film. This was designed for simple consistency to ensure the measurements and angles would result in the most accurate calculations possible for every patient. Today, with the modern cephalometric views, those measurements were unfortunately overlooked when building some of these new digital machines. There are ways of digitally creating the correct magnification and distortion, however, from my experience; most offices do not do this. In many cases, I do not believe the cephalometric tracings are even generated. The digital images are extremely clear and precisely sharp if taken at the correct exposure. However, if they are not, the images can be manipulated digitally which may cause the operator not to concentrate as much on choosing the correct exposure setting for that particular patient. To me, this is a primary reason offices refer their patients to an imaging center. They want their patients to be provided with correctly produced images that are clear, with the lowest radiation necessary to assist them in a proper treatment plan.

It has been quite an amazing experience to witness our office transform from a simple x-ray laboratory into a complete dental imaging center that can not only produce quality traditional film and digital images for our local referring doctors, but additionally, work with images from just about anywhere in the world! From 3D orthodontic records to implant and computer assisted virtual surgeries to creating 3D orthodontic portfolios for surgical stints...The spectrum of assistance is vast and ever evolving.

Continued on the next page
Not only embracing the technology in our imaging center but being provided the ability to use different tools on the internet to meet and connect with people globally has made an immense impact on our business. Testing newly available software, such as Dolphin 3D and other vitally progressive software, has helped to keep our imaging center current and slightly more advanced than most dental offices. We pride ourselves on customer service which includes providing our doctors with the latest, most advanced, hardware and software technologies available without the burden of investing in their own equipment and software while trying to keep pace with technology! With so many advancements being made every day in our field, the most current technologies available on the market are outdated and no longer relevant within a short period of time. This can pose a very expensive journey for most offices. Yes, cone-beam CT machines will lower in price over time... But, the upgraded, more advanced machine will still be costly as they are the most progressive machines on the market. There will be a basic model that will cost closely the same as a digital panoramic and then there will always be a newer, more advanced, model that will produce amazing, more superior, sharper 3D images and will integrate seamlessly with so many other pieces of equipment to produce and endless array of choices and views in the dental world.

After many years of service, Dr. Sharon Brook has stepped down as editor of DMFR and the IADMFR has appointed Dr. Ralf Schulze as the new editor and Dr. Mel Mupparapu has been appointed as an associate editor.

The diplomates of American Board of Oral and Maxillofacial Radiology have elected Dr. Mel Mupparapu to be the new director of ABOMR. He will assume the directorship on January 1, 2012. Dr. Mupparapu will assume the role of Secretary - Treasurer of ABOMR from January 1, 2013.
Dr. Michael K. Shrout is retiring from Georgia Health Sciences University [formally Medical College of Georgia] after 22 years of service. Before that he was in private practice for 8 years and spent 6 years at the Washington University.

Dr. Steve Matteson was reelected editor of the Texas Dental Journal at the annual meeting of the Texas Dental Association held in May at the San Antonio Convention Center. This publication is the oldest continuously published dental journal in the U.S. and has received many journalism awards from the International College of Dentists. 9000 copies are distributed monthly and its abstracts are available on pubmed. Steve would welcome submission of interesting cases from his radiology colleagues. Please submit material to the Managing Editor of the TDA, Ms. Nicole Scott: nicole@tda.org or directly to Steve: texde@ted@gmail.com

Dr. Diane J. Flint (Assistant Professor, Oral and Maxillofacial Radiology, Texas A & M Health Science Center, Baylor College of Dentistry) received the Dallas County Dental Society (DCDS) Baylor Faculty Award for 2011 on May 19, 2011. It is given in recognition of outstanding teaching, active participation in research, education or service missions of Baylor College of Dentistry to a faculty member who is active in the DCDS.
Meeting Calendar

September:
- 7-11: American Society of Head and Neck Radiology 45th Annual Meeting
  San Diego, California
- 8-10: European Society of Head and Neck Radiology Annual Meeting and Refresher Courses
  Brugge, Belgium

October:
- 10-13: American Institute for Radiologic Pathology Neuroradiology Categorical Course
  Silver Spring, MD

November:
- 27-Dec 2: RSNA
  Chicago, Illinois

December:
- 7-10: 62nd AAOMR Annual Meeting
  The Knickerbocker Hotel, Chicago, IL

February:
- 23-25: Chicago Dental Society Midwinter Meeting
  McCormick Place West, Chicago, IL
  [http://www.cds.org/Midwinter_Meeting/Midwinter_Meeting.aspx](http://www.cds.org/Midwinter_Meeting/Midwinter_Meeting.aspx)

March:
- 1-5: European Congress of Radiology
  Vienna, Austria

April:
- 17-21: American Academy of Oral Medicine Annual Meeting
  Charleston, SC

Do you have a meeting or continuing education course that you would like to see added to this list? Please contact the Editor at newsletteraaomr@hotmail.com