Overview

Under the leadership of President Helen Whelton and an outstanding Board of Directors, the International Association for Dental Research (IADR) had another successful year of accomplishments in achieving our Mission. The 2013 IADR General Session in Seattle exceeded expectations, both in terms of attendance and quality of science presented. The World Congress on Preventive Dentistry (WCPD) furthered IADR’s mission of facilitating the communication and application of research findings. The IADR-GOHIRA® initiative was advanced with a Call to Action published in the Journal of Dental Research, as well as a WCPD pre-congress workshop. 2013 was the first full year under the new governance structure, which is giving the Board more strategic planning time and providing more opportunities for volunteer leaders at the committee level. In October 2013, the Minamata Convention on Mercury was signed and adopted with favorable language towards dental materials research.

In 2013, the Journal of Dental Research published two clinical supplements as well as one Advances, which was the proceedings of the Dental Materials Innovation Workshop held in December 2012. Another clinical supplement will be published in mid-2014 and an Advances issue was published in May, 2014, on the Proceedings of a Symposium commemorating 50 years of the University of Buffalo oral biology program.

President Whelton maintained a busy travel schedule during her term presenting her research and promoting IADR at the IADR Asia Pacific Regional Meeting in Bangkok, Thailand, the IADR Indian Division meeting in Delhi, as well as meetings in Moscow, Russia and 3 cities in China.

2013 IADR General Session

The 91st General Session & Exhibition of the International Association for Dental Research took place March 20-23, 2013, in Seattle, Washington, USA. This meeting was held in conjunction with the 42nd Annual Meeting of the American Association for Dental Research and the 37th Annual Meeting of the Canadian Association for Dental Research.

The meeting attracted nearly 6,000 people from 75 countries. Those attending the meeting could choose from among 3,897 scientific presentations, including 2,929 posters, 902 oral presentations, 40 poster discussion presentations, 27 Lunch & Learning topics, 25 symposia, 10 hands-on workshops and four plenary sessions. Delegates also had the opportunity to visit the exhibit hall, which housed 70 exhibit
booths: 39 commercial and 31 educational.

The Distinguished Lecture Series speakers were: Takashi Tsuji, Tokyo University of Science, Chiba, Japan, who spoke about “Tooth Regenerative Therapy as a Future Dental Treatment”; Nancy Maizels, University of Washington, Seattle, USA, who spoke about “Our Unstable Genomes: Implications for Cancer, Applications to Gene Therapy”; and Thomas Kirkwood, Newcastle University, Newcastle upon Tyne, UK, who spoke about “The Remarkable Challenges of Our Increasing Longevity.” To enhance the meeting experience for delegates, IADR/AADR offered a complimentary mobile app for the 2013 IADR/AADR/CADR General Session. Building upon the success of last year’s AADR Meet-a-Mentor Luncheon, IADR/AADR/CADR held a Meet-a-Mentor Luncheon this year for student attendees. Senior scientists, who were also past recipients of the IADR Distinguished Scientist Award and/or past AADR NSRG Mentor of the Year awardees, led motivational and realistic discussions about the paths they took during their academic careers.

Poster presenters have the option of uploading PDFs of their posters to our website. IADR/AADR members have access to these posters through the IADR members-only website.

The Inaugural Annual IADR Academy took place on March 18, 2013, immediately prior to the IADR General Session. This symposium was targeted to individuals who have had exposure to basic principles of clinical research. Topics discussed are more advanced and/or specialized than those typically included in discussions of basic concepts of clinical research methods. This symposium will be presented by the Center for Global Oral Health, University of Washington.

Council approved the formation of the Iraqi and Indian Divisions (up from Sections), the IADR Stem Cell Biology Scientific Group, and the IADR Student Training & Research Network (STAR). London, England was approved as the site for the 2018 General Session & Exhibition.

Council approved the 2013-2014 IADR Committee Appointments as presented by the IADR Board Operations Committee and a slate of nominees to stand for election as IADR Vice-president (2014-2015). [Later in 2013, the IADR membership elected Jukka Meurman, University of Helsinki and Helsinki University Central Hospital, Finland.]

Council approved Constitutional changes for the 2013 ballot to split the current Institutional Section into an Institutional Section and Corporate Section and Bylaw changes to define the Affiliate membership category. The 2011 Independent Auditors’ Report and the IADR Budget for 2014 were also approved.

**IADR-GOHIRA® History and Update**

Immediately before the 2010 IADR General Session in Barcelona, Spain, a symposium was held on Global Oral Health Inequalities: the Research Agenda. Task groups on dental caries, periodontal disease, oral infections, oral cancer, craniofacial developmental abnormalities, and implementation and delivery reported on inequalities within their area, identifying gaps in our knowledge and understanding, and proposed a three- to five-year research agenda. The proceedings were published in *Advances in Dental Research* in May 2011.

Recognizing the need for diagonal integration across the disease areas a subsequent three-day closed-panel workshop was held in May 2011. The panel included the chairs of each of the task groups, the
steering committee, and members of the IADR Board of Directors. At the conclusion of the workshop three principal domains were identified; advancing research and identifying gaps in knowledge, integrating oral health and general health, and developing the knowledge base. Within each of these domains research priorities were categorized as basic research, clinical research, or implementation research.

The next step in the project was to broadly disseminate for comment the research priorities to the IADR membership. This was accomplished at the 2012 IADR Council meeting. Council adopted in principle the IADR-GOHIRA Report, and under the leadership of Harold Sgan-Cohen (then IADR Regional Board Member) this was further refined to a Call to Action which was published in the March 2013 JDR. Further, a pre-congress workshop was organized by the IADR GOHIRN immediately prior to the WCPD in October 2013 in Budapest. This resulted in the publication of the “Budapest Declaration” which went Online First in JDR in March 2014.

2013 Regional and Other Meetings

IADR/PAPR – Bangkok, Thailand
The 2nd meeting of the IADR Asia Pacific Region took place August 21-23, 2013, in Bangkok, Thailand. This meeting was very successful under the leadership of Dr. Pasutha Thunyakitpisal, chair of the local organizing committee, with a total attendance of 1,287. There were nearly 750 poster presentations and 130 oral presentations. Martha Somerman, NIDCR Director delivered one of the plenary lectures. I was fortunate to attend this meeting along with IADR President Helen Whelton and we were both favorably impressed with the quality of the science presented and the warm hospitality.

AADR Fall Focused Symposium – Ann Arbor, Michigan, USA
AADR held its 6th FFS in Ann Arbor under the leadership of AADR President Peter Polverini with the theme, “Personalized Oral Health Care: Concept Design to Clinical Practice” and was held October 24 – 25, 2013, at the University of Michigan North Campus. The two-day meeting consisted of four sessions that contributed to the overarching event theme; 1) Prospective Health Care/Transforming Primary Care Practice, 2) Development of Guidelines for Individual Oral Health/Transforming Primary Care Practice, 3) Clinical Applications in Dental/Oral Medicine, and 4) The Promise and Challenges of Individualized Oral Health Care.

IADR Indian Division Meeting – New Delhi, India
The Indian Society for Dental Research (IADR Indian Division) held its annual conference on October 3-6, 2013. Themed "Dental Research - Forging Ahead," this meeting took place in New Delhi at the Centre for Dental Education and Research - All India Institute of Medical Sciences. IADR President Whelton and I were in attendance at this four-day program which included a postgraduate researcher’s day, pre- and post-conference workshops, special symposia and brain storming open sessions. This meeting was historic, as it was the first one to take place since the ISDR became an IADR Division. Immediately after the Division meeting, I had the opportunity to visit Chennai, India and the Balaji Dental & Craniofacial Hospital, where the IADR STAR Network was launched, as well as the Saveetha University Dental School.

World Congress on Preventive Dentistry – Budapest, Hungary
More than 400 delegates convened on October 9 - 12, 2013, for the 10th IADR World Congress on Preventive Dentistry (WCPD), as a joint meeting with the 6th Hungarian Preventive Dental Conference. The Novotel Budapest City Hotel and Congress Centre served as the venue for this congress. Co-sponsored by the World Health Organization, the 10th WCPD gave delegates the opportunity to view nearly 200 scientific posters, and attend plenary sessions and scientific symposia on topics that lent to the overarching WCPD theme “Effective Integration of Oral Health into Health Systems”.

Occurring once every four years, the 10th WCPD was designed to encourage the integration of oral health promotion and oral disease prevention policies into wider health promotion activities. This is including, but not limited to, a common risk factor approach; provide networking opportunities for the scientific interchange of best practices for oral health promotion; provide a platform for preventive dentistry research and successful implementation of evidence-based oral health promotion policies, especially from developing countries; and improve the quality of life of people worldwide through optimal oral health.

A WCPD pre-congress workshop titled “Implementing IADR-GOHIRA®: Making the Action Plan Real” took place on October 9. The five-hour workshop focused selectively on the key research objectives that have been identified to address these three challenges: gaps in knowledge and specifically insufficient focus on translational research and social policy; integrating oral health strategies with general health, and inadequate evidence-based data (including research-driven programs, capacity-building strategies, standardized systems for measuring and monitoring).

IADR Irish Division Meeting
On November 14-15, 2013, the IADR Irish Division held their annual meeting in Cork, Ireland. I had the pleasure of attending and of course, IADR President Whelton was in attendance. The keynote address was Professor Mark Ferguson, the CEO of Science Foundation Ireland who discussed research and funding opportunities. Other presentations on national or EU funding opportunities were insightful and may be a model for other Divisions to follow.

Miscellaneous Meetings in Russia and China
In February 2014, IADR President Whelton, IADR member Dr. Jennifer Kirkham, and I were invited to the Central Research Institute of Stomatology and Maxillofacial Surgery, Moscow, Russia. Dr. Whelton spoke on effective use of fluorides in different age groups. I spoke on the topics of global oral health and research advocacy. While Kirkham presented on the theme “learning from nature: biomimetic approaches to bone regeneration and repair.” In addition to sharing of scientific information, another intent of the meeting was to promote membership in the IADR Russian Section.

In April 2014, President Whelton and I were invited to the Second International Conference on Dental and Craniofacial Stem Cells in Chengdu, China. This provided an opportunity to visit two other cities in China to promote IADR membership and participation. Schools of Stomatology at West China University, Xi’an Fourth Military University, Peking University, and Beijing Capital Medical University were visited. In addition, we met with the Chinese Stomatological Association (CSA) in Beijing. The Deans at all of these universities as well as the CSA were committed to doubling their membership within two years and they also expressed a keen interest in hosting an IADR General Session.

2014 IADR General Session and Other Future Meetings
The 91\textsuperscript{nd} General Session & Exhibition of the IADR will be held in conjunction with the AMER Regional Meeting and will take place June 25 – 28, 2014, in Cape Town, South Africa. It will be the first IADR General Session held on the African continent. The Distinguished Lecture Series speakers are Helena Cronin, University of London, The London School of Economics and Political Science, UK, speaking on, “Sex at Work: The Truth About Male-Female Differences”, Arturo Zychlinsky, The Max Planck Institute for Infection Biology, Berlin, Germany, speaking on, “NETs – From Infection to Autoimmunity”, and Usuf M. E. Chikte, Stellenbosch University, Tygerberg, South Africa, speaking on, “Overcoming the Disciplinary Divides: Tackling Complexity With a Transdisciplinary Prism”.

The 2015 IADR/AADR/CADR will be in Boston, Massachusetts, USA. The 2016 IADR/PAPR will be in Seoul, Republic of Korea, and the 2017 IADR/AADR/CADR General Session will be in San Francisco, California, USA. The 2013 IADR Council approved London, England as the site for the 2018 General Session to be held in conjunction with the IADR-PER.

The next IADR Pan European Region Meeting will take place September 10-13, 2014, in Dubrovnik, Croatia. The 7\textsuperscript{th} World Workshop on Oral Health & Disease in AIDS will be held in Hyderabad, India, November 6-9, 2014. The theme of the meeting will be “The Mouth and AIDS/HIV: Lessons Learned and Emerging Challenges in Global Oral Health.”

Marketing & Membership

Last year with the meeting in Brazil, IADR experienced a record membership year in 2012 with over 12,700 members. Many of these were new members and particularly new graduate student members. IADR budgeted to have a decline in members, knowing that despite our best efforts many of these new members would not renew for 2013. The year ended with a total membership of 11,657, a 9% decline – but not as much as budgeted. This decline masks the fact that IADR is growing in many Regions. The AMER Region is up 23% versus 2012, the PAPR Region is up 10%, and the NAR Region is up almost 5%. The PER Region has had a slight 2.3% decline. Actually, if you exclude Brazil from the analysis, the rest of IADR membership is up 3.5%. Of course, we are working with our LAR RBM and the leadership of the Brazilian Division to regain more of these 2012 members, but Brazil is still at historical highs. Excluding 2012, Brazilian membership has doubled from 2007 to 2013.

IADR continues to add content to our Knowledge Community, which is our online portal for recordings of sessions. We added the Distinguished Lecture Speakers from Seattle, as well as the AADR Fall Focused Symposium. Despite the growing library of resources, utilization remained low in 2013. To address this, the IADR Board approved adding the Knowledge Community as a membership benefit with no additional payment required for members. After this was launched in March 2014, utilization in just a few months matched all the utilization in 2013. We have continued our social media presence in 2013-2014 with our Twitter, Facebook, and Linked-In accounts.

Publications

The IADR and AADR jointly own and publish Journal of Dental Research (JDR) which is the number one journal in the “Dentistry, Oral Surgery & Medicine” category as measured by the Eigenfactor Score. The JDR has a Scientific Impact Factor (SIF) of 3.826, which is 2 out of 82 titles according to the 2012 SIF rankings released by the Journal Citation Reports (JCR) in June 2013. The 2013 rankings have not been released at the time of this writing, but should be available prior to the 2014 IADR General Session in Cape Town.
Publishing with SAGE, our commercial partner, continues to deliver or exceed our financial projections and is allowing a reinvestment in the journal and the association.

To highlight clinical and translational research, the JDR published two clinical supplements in 2013. One in July was on a variety of clinical research topics and a second in December was specifically around dental implant clinical research issues. Based on preliminary metrics, this has been well received and there is a call for papers was put out in late 2013 for a clinical supplement to be releases in July 2014.

There was one issue of Advances in Dental Research in 2013 – which was the proceedings of the Dental Materials Innovation Workshop held in December 2013 at King’s College London and in 2014, the first Advances issue was the proceedings of the symposium commemorating 50 years of the University of Buffalo oral biology program.

IADR Advocacy

The AADR as the largest Division of IADR serves as the model for research advocacy for other Divisions and Regions. The Region furthest along that route is the Pan European Region (PER). For the last five years, the then PER Regional Board Member Jukka Meurman attended meetings of the Initiative for Science in Europe (ISE). The ISE advocates for European Research Council funding. As in the AADR, Members realize it is important to work in coalition with other medical research and science-based organizations to achieve effective advocacy.

The IADR Global Headquarters continues to monitor developments out of the EU in Brussels and in previous years voiced support of the formation of the European Research Council. With the formalization of the Pan European Region, it is envisioned that dental research will have a stronger voice in Brussels. In September 2012, IADR President Helen Whelton attended the Platform for Better Oral Health in Europe meeting aimed at Members of the European Parliament. Dr. Whelton was able to bring a focus on dental research to the initiative. There will be a workshop on advocacy at the 2014 IADR General Session in Cape Town highlighting both American and European efforts and seeking advocacy leverage points in the rest of the world.

AADR Advocacy/Government Affairs

The National Institutes of Health (NIH) National Institute of Dental and Craniofacial Research (NIDCR) is the largest funder of dental research in the world. Many of our IADR members outside the US benefit from NIDCR funding, either with direct grants, or through collaborating with US colleagues who themselves have direct grants. Please see the 2013 AADR Annual Report for a summary of AADR Government Affairs activity.

IADR Regional Development Program
Two Regional Development Programs were approved for funding in 2013; an Australia/New Zealand (ANZ) Division proposal (Health in Orphanages Project (HOPe): Oral health and dental treatment needs of children residing in orphanages in Kerala, India) receiving $23,888 in funding, and a Continental European Division proposal (Practice-Based Research Network in Three Southeastern European Countries) receiving $22,500 in funding. Since its inception in 1996, the Regional Development Program has distributed more than eight hundred thousand dollars in funding to enhance research capacity and research infrastructure.

Finance

The 2012 Audit was completed and the Association received an “unqualified opinion”, meaning that the auditors found our financial statements to present fairly, in all material respects, the financial position of the International Association for Dental Research as of December 31, 2012, and the changes in its net assets and its cash flows for the year then ended to be in conformity with accounting principles generally accepted in the United States of America. As of December 31, 2012, IADR’s total assets were $11.5 million (up from $9.7 million on 12/31/11), with $8.8 million of those assets in investments. The statement of activities for 2012 shows total operating expenses at $3.5 million and net assets at the end of year at $9.4 million, up $850K from 2011 driven largely by investment gains.

On December 31, 2013, the IADR portfolio was estimated at $10.4 million up about $1.6 million or 18% from 12/31/2012. Cambridge Associates continues to provide investment advice to IADR and at the direction of the Board, all U.S. Equities were shifted into funds that did not include tobacco investments.

External Relations

FDI

IADR participated in the FDI World Dental Congress in Istanbul, Turkey August 28 - 31, 2013. IADR organized a symposium, “The Future of Dental Materials for Direct Restorations in a Post Minamata Convention World”, which was a summary of the December 2012 IADR Innovation in Dental Materials Workshop held at Kings College London. I represented the IADR at the FDI General Assembly and submitted a report of IADR activities of interest to the FDI. John Clarkson is the IADR appointed representative to the Science Committee and attended as well.

WHO

The IADR is one of two oral health NGOs to the WHO (the other being the FDI). As such, we have a responsibility to continue close collaboration with the Oral Health Program and Dr. Poul-Erik Petersen. IADR has partnered with the WHO Oral Health Program on several initiatives, including the 2004 HIV and Oral Health Conference in Phuket, the 2005 World Congress on Preventive Dentistry, and the 2006-07 conferences on fluoride held with the FDI in Geneva and China, and support for the passage of the 2007 World Health Assembly (WHA) resolution, “Oral health: action plan for promotion and integrated disease prevention”. The resolution included a specific recommendation to strengthen oral health research. In 2009, the WHO has joined the IADR in co-sponsoring the WCPD and Dr. Petersen addressed the delegates in the opening plenary. In 2011, IADR participated in the conference on Fluoride Use in Asia and in 2013, WHO was a co-sponsor of the WCPD meeting (see above).
The World Health Organization (WHO) hosted the Third Global Forum on Human Resources for Health in Brazil, at the Pernambuco Convention Center, Recife, November 10-13, 2013. IADR was in attendance as a nongovernmental organization in official relations with WHO and was represented by Rita Villena, IADR-Latin American Region Regional Board Member.

ISO

While many of our members have been involved in ISO/TC 106 for years, IADR only applied for official “liaison membership” to ISO/TC 106 last year and received notification in September 2011, that IADR was unanimously accepted. The 2013 ISO/TC 106 meeting was in Seoul in October 2013. While IADR did not send an official representative, we have been kept informed of their activities and provided a report of our activities for their meeting.

UNEP

The IADR is a member of the United Nations Environment Program (UNEP) Global Mercury Partnership (GMP). The goal of the UNEP GMP is to protect human health and the global environment from the release of mercury and its compounds by minimizing and, where feasible, ultimately eliminating global, anthropogenic mercury releases to air, water and land. UNEP has also conducted the Intergovernmental Negotiation Committee (INC) meetings which concluded in early 2013 with the agreement to the text of the Minamata Convention on Mercury.

IADR attended INC-2 in Chiba, Japan in January, 2011, INC-3 in Nairobi, Kenya in November, 2011, INC-4 in Punta del Este, Uruguay in June 2012, and the final INC-5 in Geneva, Switzerland in January 2013. In addition to myself, Ken Anusavice attended INC-2 and Gottfried Schmalz attended INC-3 and INC-5. The FDI attended these meetings with a larger delegation. IADR and FDI worked in concert to make appropriate “interventions” as needed to support the continued availability of dental amalgam as a public health measure. The IADR/FDI strategy is a “phase-down” of dental amalgam as a result of increased oral health promotion activities (which would decrease the use of all dental restoratives), increased research into alternatives to dental amalgam, and the appropriate environmental handling of amalgam waste.

To address the “research into alternatives” questions, the IADR conducted a two-day workshop on Dental Materials research with the support of the WHO, the FDI and King’s College London as the host venue on December 10-11, 2012. The proceedings of the workshop were published in the November 2013 Advances.

Minamata Convention Signed

On October 10, 2013, the Minamata Convention on Mercury was signed and adopted as international law. IADR President-elect Yoshimitsu Abiko attended the signing ceremony in Kumamoto, Japan.

The Minamata Convention on Mercury – a global, legally binding treaty – was agreed to by governments in January 2013 in Geneva, Switzerland. The Minamata Convention – named after the city in Japan where serious health damage occurred after industrial release of mercury into the environment – aims to reduce mercury emissions and releases to the air, water and land. It is wide-
ranging and addresses the supply of and trade in mercury, use of mercury in products and industrial processes, measures to be taken to reduce emissions from artisanal and small-scale gold mining, measures to be taken to reduce emissions from power plants and metals production facilities, storage and treatment of waste containing mercury.

The Minamata Convention contains provisions for the phase down (as opposed to a phase-out or ban) of dental amalgam and calls on countries to increase dental prevention, thereby eliminated the need for any dental restoration, increased research into alternative dental restoratives, and best management practices for handling amalgam waste

**IADR/GSK Innovation in Oral Care Award**

In its 10th year of award support, GSK Consumer Healthcare has contributed more than $2.25 million to the IADR/GSK Innovation in Oral Care Awards, which has supported 30 research projects. Each of the three 2013 winners will receive a $75,000 unrestricted research grant, which is funded by GSK Consumer Healthcare and administered by IADR. The 2013 winners were; Marlise Klein, and co-investigators Danielle Benoit, Hyun Koo and Megan Falsetta Wood, all from the University of Rochester, New York for “Controlled Release in situ of Antibiofilm Agents via pH-activated Nanoparticle-Carriers”, Dong Wang and co-investigator Richard Reinhardt, both from the University of Nebraska Medical Center, Omaha, USA, for “Dentotropic Pluronics as Novel Formulation Excipients for Oral Hygiene Products”, and Bernhard Ganss and co-investigator Eli Sone, both from the University of Toronto, Ontario, Canada, for “Novel Peptide Mimetics to Reinforce Dentogingival Attachment.”

**Closing**

In closing, I extend my thanks and appreciation to the IADR and AADR Global Headquarters Staff, who have been exemplary through 2013 and early 2014. Also, I thank both IADR President Helen Whelton and the entire IADR Board of Directors, who, work tirelessly to further the Missions of the Associations.

**IADR Mission**

- To advance research and increase knowledge for the improvement of oral health worldwide.
- To support and represent the oral health research community.
- To facilitate the communication and application of research findings.

Respectfully submitted,

Christopher H. Fox, DMD, DMSc
Executive Director

May 28, 2014