**Clinical Experts Discuss: Osteonecrosis of the Jaws—Bisphosphonates, Diagnosis, Management and Future Research**

*1:00 PM (Eastern Daylight Time)*

**Wednesday, May 30, 2007**

**Live Q&A Over the Internet**

**Register** to learn about the relationship between osteoporosis and bisphosphonate-related osteonecrosis of the jaws (BRONJ); the causes, symptoms, and whether your patients are at risk, during this important Webinar.

**The Situation:**
In 2003-04, oral and maxillofacial surgeons were the first clinicians to recognize and report a growing number of patients presenting symptoms of BRONJ, which is characterized by non-healing exposed bone in the maxillofacial region. Further investigation revealed that many of these patients had been treated with IV and, to a lesser extent, oral bisphosphonates.

BRONJ adversely affects quality of life and produces significant morbidity in afflicted patients. Oral and maxillofacial surgeons, who have been responsible for counseling, managing and treating a majority of these patients, believe it is important that their dental and medical colleagues, particularly those who are likely to treat patients undergoing bisphosphonate therapy, understand the symptoms and characteristics of BRONJ; the risk factors for the disease among patients undergoing bisphosphonate treatment for osteoporosis; treatment options for BRONJ; and possible steps to prevent the development of this disease. It is also important that dental and medical providers understand that at-risk patients can also present with other common clinical conditions that should not be confused with BRONJ.

**Register now** for this important 90-minute Webinar, Wednesday, May 30, 2007, 1:00 pm, Eastern Daylight Time.

**Faculty:**
- **Moderator:** AAOMS President W. Mark Tucker, DDS, Tampa, FL
- **Chair:** Salvatore L. Ruggiero, DMD, MD, Long Island Jewish Medical Center, Dept. of Oral and Maxillofacial Surgery, New Hyde Park, NY
- **Thomas B. Dodson, DMD, MPH, Massachusetts General Hospital, Dept. of Oral and Maxillofacial Surgery, Boston, MA**
- **John Fantasia, DDS, North Shore-Long Island Jewish Health Center, Div. of Oral Pathology, New Hyde Park, NY**
- **Richard E. Gliklich, MD, President, Outcome, Boston, MA; Associate Professor of Otology and Laryngology, Harvard Medical School, Boston, MA**
- **Michael McClung, MD, Director, Oregon Osteoporosis Center, Portland, OR**

**Registration:** Log onto [www.onjcme.com](http://www.onjcme.com) and register today. You will receive an e-mail reminder the day before the Webinar.

**For more information:** E-mail jteplitz@aaoms.org or call 847/678-6200.
Continuing Education Credit Designation:
The American Association of Oral and Maxillofacial Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The AAOMS designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity.

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06/01/2006 – 05/31/2010

Learning Objectives:
Upon completion of this session, the participants should be able to—
• Describe bone metabolism and the pathophysiology of osteoporosis
• Describe the role of bisphosphonates in the treatment osteoporosis including their mechanism of action and how long they stay in bone
• Describe the pathophysiology of bisphosphonate-related osteonecrosis of the jaw (BRONJ) and define its presentation characteristics
• Identify patients presenting with BRONJ or the potential for BRONJ
• Recognize current treatment algorithms for the management of BRONJ and describe
  - How to address patients
  - The general dentists’ role in diagnosis and management
  - The oral and maxillofacial surgeons’ role in diagnosis and management

Agenda:
1. Program Overview – W. Mark Tucker, DDS, President, AAOMS
2. Welcome and Introduction – Salvatore L. Ruggiero, DMD, MD
3. Bone Metabolism and the role of bisphosphonates for the treatment of Osteoporosis/MOA and how long they stay in the bone – Michael McClung, MD
4. How patients with potential BRONJ present:
   a. How to address patients – Thomas B. Dodson, DMD, MPH
   b. What the general dentist needs to know: John Fantasia, DDS
   c. What oral and maxillofacial surgeons need to know: Salvatore L. Ruggiero, DMD, MD
   d. What is unknown and how this can be addressed: Richard E. Gliklich, MD
5. Questions & Answers/Panel Discussion - Panel