

ONTARIO AGD

Core 1 – Credits

SUDBURY	FRIDAY, OCT 18, 2019	HEALTH SCIENCES NORTH (CONF RM A&B) - 41 Ramsey Lake Road
TORONTO	FRIDAY, FEB 21, 2020	LAKESHORE CONVENTION CENTRE - 806 Southdown Road
WINDSOR	FRIDAY, MARCH 27, 2020	HAMPTON INN & SUITES - 1840 Huron Church Road
OTTAWA	FRIDAY, NOV 13, 2020	PATTERSON DENTAL - 1392 Cyrville Road #1



DR. CLARK, BSC., DDS, MSC (ORAL PATHOLOGY), FAAOP, FRCDC

Dr. David Clark has worked as the Head of Dental Services at Ontario Shores Centre for Mental Health Sciences in Whitby, Ontario, Canada since 1988 and is also an Associate in Clinical Dentistry, Department of Oral Medicine, Faculty of Dentistry, University of Toronto, Toronto, Canada.

He obtained his MSc. in Oral Pathology at the University of Western Ontario in 1986 and is a Fellow of the Royal College of Dentists of Canada, the Pierre Fauchard Academy and Academy of Dentistry International.

His hospital-based practice has been devoted primarily to the general dental care of individuals undergoing primary care for various forms of psychiatric illness often co-existing with other medically compromising conditions.

He participates in the teaching of the undergraduate dental curriculum relating to the topics of Oral Medicine and Oral Diagnosis at the Faculty of Dentistry, University of Toronto. He is a part-time clinical instructor (Dental Hygiene Program) at Durham College, Oshawa, Ontario and at George Brown College, Toronto, Ontario.

Oral Pathology Review will replace Oral Care and the Elderly Patient in Sudbury
Sudbury registration: sudburydistrict.dentalsociety@gmail.com SUDBURY COURSE: Check-in at 8:30am - 9am

Visit ontarioagd.org to register or email ontarioagd@gmail.com for more info.

6 lecture hours. AGD Subject Code 730.

These courses are eligible for 3 core 1 credits each.

This core course is free for current AGD members, but registration is required to gain acceptance into the course. There will be no onsite registration and you will be turned away from the venue. There is limited attendance to the course. Your credit card will be taken and any cancellation within three weeks of the course will have a \$75 charge. AGD reserves the right to cancel or alter the course. The exact location of the course will be emailed within one month of the course. This is the only form of communication for the location of the course.

ORAL CANCER AND HPV: What We Should Now Know

Oral cancer is a disease with a multifactorial etiology. While the disease may occur with no prior history, traditional risk factors have included smoking and alcohol consumption in a population made up predominantly of males in the 5th to 7th decade of life and, involving high risk intraoral sites such as the floor of mouth, lower lip, and ventral/lateral surfaces of the tongue. The average 5 year survival rate has essentially remained unchanged over the past 50 years – approximately 50-52%. This poorer prognosis is high due to this disease being routinely discovered far too late in its development, i.e. at stage 3 or 4.

Increasing evidence now links a viral etiology to oral cancer, in particular, the role of the human papillomavirus (HPV) in the pathogenesis of this disease. HPV is now considered to be a risk factor for a subset of oral cancer – oropharyngeal carcinoma. This subset is defined by a younger demographic often favouring different intraoral high-risk sites that include the base of tongue, soft palate, and the tonsillar tissues.

Dentistry has always been about prevention and the dentist is in a strategic position amongst oral health care professionals to play a key role in this facet of oral care. On-going efforts at early detection and diagnosis of all forms of head and neck squamous cell carcinoma remain crucial to improving the current 5-year survival rate for this disease.

Oral Care and the Elderly Patient

Enormous strides have been made in our society to lengthen not only one's life but also the quality of that life. Our patients are entering these years with heightened oral health care expectations and will seek dental treatment in far greater numbers than those similar age-matched groups of previous generations.

Retention of teeth predisposes to an ongoing risk of caries and periodontal disease. These two conditions can be further intensified by the concerns of xerostomia due in large part to the increasing numbers of medications prevalent in this patient population. Sensory alterations in taste are also more common affecting nutritional intake and status. Other findings include psychological/neuropathic conditions as well as pathology of the oral mucosa, including neoplastic disease. Of utmost importance is the necessity for the entire dental treatment team to understand the myriad of chronic disease states that these patients live with on a daily basis.

In recent years there has also evolved increasing evidence showing a correlation between periodontal disease and chronic systemic diseases such as cardiovascular disease, cerebrovascular disease and diabetes. Treatment, management and also prevention of oral disease in the geriatric patient will improve not only their oral health but also have a significant impact on their general health.



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