



# AP Newsletter

A Publication of the Academy of Prosthodontics

Volume 107, Number 1

Spring 2026



**AP President Carlo Ercoli**

## President's Column

**Dr. Carlo Ercoli**

Dear Fellows of the Academy of Prosthodontics,

As I reflect on the past year, I am struck by how much the Academy has advanced, not only in action, but in purpose and energy. What we outlined at the close of 2025 as a roadmap for sustainability, innovation, and engagement has now translated into meaningful progress across multiple domains of our Academy.

At our Scottsdale meeting, we recognized that we were entering a period of purposeful transformation. Over the past year, that transformation has started to take shape through concrete initiatives that have strengthened our governance, aimed to strengthen our financial stewardship, continued the tradition of excellence in our annual scientific programs, and developed ideas to position the Academy for continued leadership in prosthodontics.

The work of the Governance Committee, under Fellow Arun Sharma, resulted in tangible progress toward modernizing our membership structure and, while maintaining our Fellowship distinction, welcoming a new cadre of young and promising leaders. Following Past President Wiens' report last

| <b>Articles</b>                          | <b>Page</b> |
|--|-------------|
| President's Column                       | 1           |
| Vice President's Message on 2026 Program | 4           |
| Secretary Treasurer's Report             | 6           |
| One on On with Dr. Lee                   | 8           |
| AP Associate and Active Fellows          | 15          |
| 2025 AP Annual Meeting Sponsors          | 16          |

*Continued on Page 2*

*Continued from Page 1*

year, proposed Bylaws changes were approved by the Executive Council (EC) to introduce a new membership category. These Bylaws changes will be presented at the upcoming business meeting for discussion and voting. The EC trusts that a thoughtful consideration from the Fellowship will support these Bylaws changes and usher an expanded inclusiveness of the Academy.

Leadership transitions across key committees were successfully implemented in accordance with our Bylaws and a new slate will be presented for your approval at our upcoming meeting, reflecting the strength of our succession planning and the engagement of our Fellows. In this sense, I would like to deeply thank Fellow Effie Habsha for her service as she made the personal decision to step down from the EC. Effie is a leader, a supportive Academy Fellow, a true friend and I am grateful for the service she has provided to the Academy.

At the same time, we made important strides in clarifying processes related to external funding requests to the Academy of Prosthodontics Foundation, ensuring alignment between Fellows, the Executive Council, and the Academy of Prosthodontics Foundation. For this purpose, I must acknowledge the leadership of Past President and Life Fellow Carol Lefebvre, Past President and Fellow Lisa Lang, and the trustees of the foundation for their continued support of the Academy.

Recognizing that sustainability begins with sound financial management, we implemented enhanced oversight processes with RES, including structured invoice approval systems to ensure accountability and transparency for all expenditures and make sure that the EC continues to fulfill its fiduciary responsibilities to the Fellowship. Importantly, the Financial Task Force, chaired by Fellow Arun Sharma, undertook an evaluation of the Academy's fiscal landscape, including contracts, meeting structure and length, and long-term financial

strategy and will report its findings at the Fellowship business meeting.

The Philanthropy Task Force, in collaboration with the Academy of Prosthodontics Foundation, worked toward a survey of the Fellowship to explore sustainable fundraising models, including initiatives aimed at supporting early-career prosthodontists and enhancing access to Academy meetings. Past President and Fellow Izchak Barzilay will present the Task Force findings and ongoing efforts that I hope will continue under Presidents Knoernschild's and Salinas's leaderships.

The Strategic Foresight Task Force, chaired by Fellow Frauke Muller met several times over this past year and we look forward to hearing the details of her report at the business meeting. The Task Force charge was to shape a framework to again position the Academy as the "think tank" for the specialty, identifying opportunities that will likely define the future of Prosthodontics and suggest activities that will support and continue the leadership role of the Academy.

The 2026 Scientific Program was successfully developed and finalized by Vice-President and Fellow Tom Salinas, reflecting the Academy's continued commitment to excellence in education and scholarship as well as the inclusion of several young and promising talents who have expressed the desire to join the Fellowship. Tom brought together leading voices, new prosthodontic talents and Fellows to highlight the integration of technology, clinical practice, and patient-centered care, in addition, of course, to the David Wands Lecturer, Mark Esposito who will lecture about the 4IR, the Fourth Industrial Revolution.

In parallel with the program scientific organization, new initiatives were implemented, by the EC and Secretary-Treasurer Kattadiyil, to enhance the meeting experience for our Fellows, guests and

*Continued on Page 3*

*Continued from Page 2*

corporate partners. These included the development of targeted communication strategies to broaden attendance, the introduction of tools such as a QR-code, and the creation of an early morning corporate forum designed to foster collaboration while maintaining CE integrity. The EC therefore created 2-3 morning slots that will feature, before our breakfast and exhibits openings, our most supportive corporate partners' message. Corporate Liaisons Chair, Fellow Kostas Chochlidakis and his Vice Chair, Kostas Michalakis have been hard at work to secure support for the Academy and I am deeply grateful for their effort. It is no secret that the environment for corporate relations is challenging and has been more so after the Covid pandemic. I call upon all of you to make sure that we show our support for this corporate forum initiative by attending the early morning sessions and interacting with our valued partners.

An additional thanks goes to Dr. Effie Habsha and Secretary-Treasurer Kattadiyil for leading the effort to revitalize our social footprint by engaging with a dedicated vendor, Vitamin D. I encourage all of you to engage in the posts that have been coming out. These initiatives are essential to expanding our visibility and ensuring meaningful connections with both current and future members of our profession. More to follow at the business meeting.

Our collaborative efforts extended well beyond the Academy through initiatives such as the presentation of the Italian Translation of the Glossary of Prosthodontic Terms in collaboration with the Italian Academy of Prosthetic Dentistry (AIOP). As Academy President, I attended the unveiling of the Italian GPT in Bologna this past November. I am grateful, not only to our AIOP colleagues, but to our dedicated Fellows, Lino Calvani, Luca Cordaro, Marco Ferrari, Mario Imburgia, Carlo Poggio, and John Zarb who have indefatigably helped in checking the correctness of the GPT-Italian. These efforts reflect our ongoing

commitment to advancing prosthodontics on an international scale.

### **Looking Forward**

The progress achieved this past year builds upon the previous efforts of Academy Past Presidents and Executive Councils. While changes will need to continue, the effort put forward by the EC and key AP Fellows is a testament to the dedication, expertise, and collaborative spirit of our Academy. What began as a set of strategic goals has evolved into measurable accomplishments, that while in need of support and continued dedication, I hope it will strengthen the Academy today while preparing us for tomorrow.

The Academy of Prosthodontics has always been defined by its willingness to lead, adapt, and innovate. This past year reaffirmed that tradition. Together, we have not only honored our legacy, but we also continue to actively shape its future.

I extend my deepest gratitude to all who contributed their time, insight, and energy to these efforts. Your commitment continues to define the strength and relevance of this remarkable Academy.

Warm regards,

**Carlo Ercoli, CDT, DDS, MBA, FACP**

***President, Academy of Prosthodontics***

## Vice President's Message on the 2026 Program

By Thomas Salinas



Registration is currently open for the 2026 Annual Meeting: [AP Annual Meeting Registration](#)

Through the generous philanthropy of Academy Fellow and friend David Wands, The Academy is proud to present a continued array of leadership lectures aimed at the optimism of the future. This coming annual session will usher in an invigorating lecture by Mark Esposito, Ph.D. on Artificial Intelligence: The 4th Industrial Revolution. Artificial intelligence will radically change our lives—just not in the ways you might think. The truth is AI will deeply change the nature of work itself and lead to the creation of jobs that don't exist yet. Dr. Esposito serves as Faculty Affiliate at the Harvard's Center for International Development at Harvard Kennedy School. He holds professorships of economics and public policy with appointments at Hult International Business School as well as Harvard University.

Dr. Esposito has written or co-written over 150 publications, both peer-reviewed and non-peer reviewed, and 13 books, two of which are Amazon bestsellers: "Understanding how the Future Unfolds" (2017) and "The AI Republic" (2019). His lectures are widely known as he is a visionary for

education and knowledge in the future of education. You can see a sample of his work at the following URL: [The Future of Work](#)

The scientific program is scheduled to be quite a wide array of topics related to prosthodontics, surgery and related disciplines. All four days are laden with significant in-depth discussions of these areas and will assuredly spark inquiry and inspiration. Corporate forum key opinion leaders will be speaking early on Thursday and Friday of the week by our industry sponsors Straumann and Ivoclar. Opening day Wednesday March 27th will provide significant discussion as mentioned and will also host an afternoon poster session that is a forum for our future prosthodontists. Later that evening, a welcome dinner will be on site that is also a superb forum for interaction with old friends and an opportunity with new ones.

With a tantalizing array of speakers occurring on Thursday, additional gathering at the Boca Raton Museum of Art will be planned for that evening. This is an informal event that allows a great venue for viewing contemporary art and exchanges with your friends and colleagues. The city center is also a great offering for local bars and restaurants adjacent to the museum.

Friday's Schedule also offers some excellent presentations into the afternoon preceding the business luncheon and ultimately the presidential reception and banquet in the evening.

Saturday's offering continues with tantalizing lectures on sleep disordered breathing and nasal alveolar molding among several others. This will conclude with the sneak peek at next year's combined meeting with the Pacific Coast society for prosthodontics in Kona HI.

*Continued on Page 5*

*Continued from Page 4*

### **Reminder for Your 2026 Trip**

[The Boca Raton](#) will be the site for the 2026 Academy of Prosthodontics Annual Meeting. This is a Forbes 5-star resort that is spectacular and is a great setting for both our scientific sessions and will also be a wonderful venue for our guests. In addition to a great scientific program, standard room rates are \$299/night for Academy of Prosthodontics fellows and guests. Tower studio, Yacht Club Junior Suite, and Beach Club Standard Guestroom are available as well as additional rates. Please register now as the room block will accommodate our typical Academy volume. This is a truly spectacular location and I'm hoping all of you can come to enjoy both the meeting and the splendor of South Florida!

### **Tips for Air Travel**

Travelling to Boca Raton can be routed from Fort Lauderdale Airport (FLL), which is about 30 minutes south via Interstate 95.

Alternative airport options are:

West Palm Beach Airport (PBI) is approximately 35 minutes north from I-95 as well.

Miami International Airport (MIA) is about 52 minutes south via Interstate 95.

Rental cars are available at these airports:

[Miami Airport Services](#)

[West Palm Beach Airport Services](#)

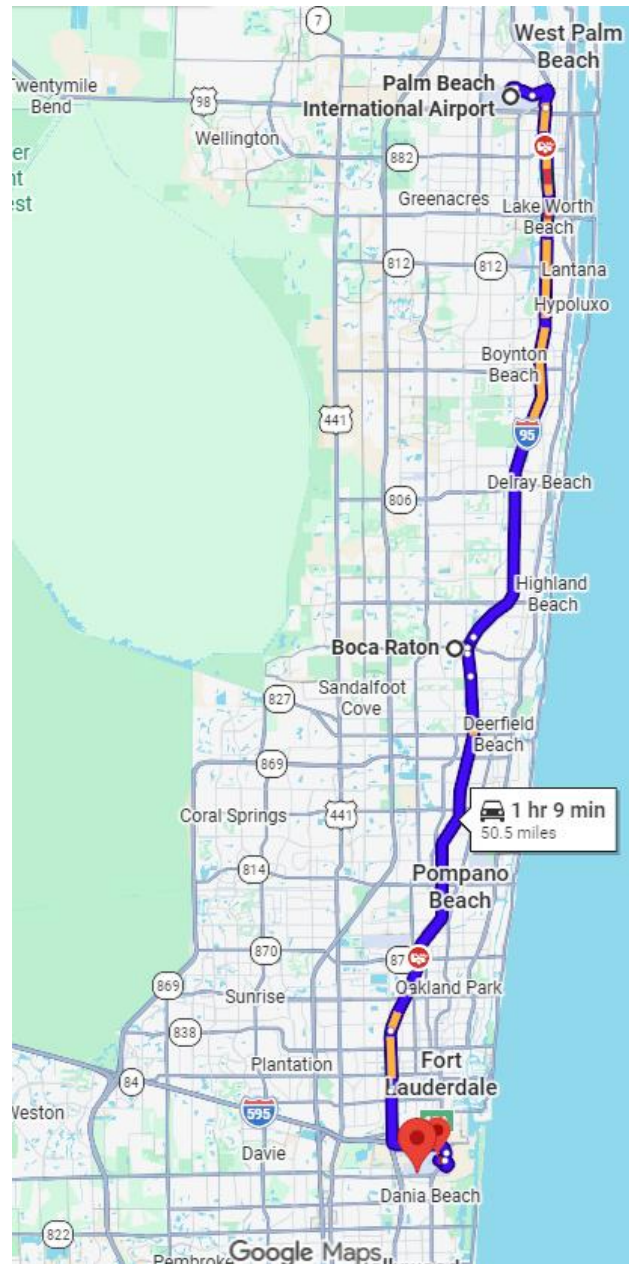
[Fort Lauderdale Airport Services](#)

*Uber and Lyft ride apps are available at these airports as well.*

Respectfully Submitted,

Thomas J. Salinas, DDS

*Vice President, Academy of Prosthodontics*



## Secretary Treasurer's Report

By Mathew Kattadiyil



### Membership Report

As of January 2026, the Academy comprises a total of 148 Fellows (70 Active, 16 Associate, 54 Life, and 8 Honorary). While these numbers reflect a strong and diverse membership, recent trends highlight the need to proactively strengthen our pipeline for sustained future growth.

In response, we have adopted the recommendations of the Fellowship Task Force (FTF) to introduce a new membership category. This category is designed to engage emerging professionals—both nationally and internationally—who demonstrate a strong interest in Prosthodontics. Individuals currently enrolled in, or recently graduated from, an advanced training program in Prosthodontics may be considered for membership upon nomination by their Program Director and/or an Active or Life Fellow. **The new membership category, along with the proposed bylaw changes, will be submitted to the Fellowship at least 30 days prior to the Annual Business Meeting.**

This strategic initiative is intended not only to broaden access to the Academy but also to cultivate the next generation of leaders within our specialty. We are confident that this effort will help reverse recent membership trends and ensure the

continued vitality and relevance of the Academy for decades to come.

### AP Financial Summary

Financial reports and ongoing assessments indicate that, following the Scottsdale meeting, the Academy has achieved a break-even position—most notably without reliance on financial support from the Academy of Prosthodontics Foundation (APF). This marks an important step toward strengthening the Academy's financial independence and reflects the impact of recent strategic measures.

This progress is particularly notable in the context of the 106th Annual Meeting, which, despite strong international engagement and a well-executed program, resulted in a financial shortfall that was graciously supported by the APF. As you know, this experience prompted a critical reassessment of our financial model and reinforced the need for more proactive and sustainable planning.

In alignment with recommendations from the FTF, the Academy of Prosthodontics Executive Council (APEC) implemented a series of measures—approved by the membership at the last business meeting—to enhance long-term financial stability. These included revising Fellowship dues to \$1,835 to better reflect operational and meeting costs and authorizing the Executive Council to apply annual inflationary adjustments.

While continued refinement will be necessary, these actions have already contributed to improved financial performance. I would like to express my sincere appreciation to the Fellows of the Academy for their understanding, engagement, and continued support during this transition.

We also remain deeply grateful to the Academy of Prosthodontics Foundation for its continued partnership and past support. As the Academy strengthens financially, we hope to reciprocate by

*Continued on Page 7*

*Continued from Page 6*

contributing meaningfully to the Foundation's initiatives. To further align collaboration between the Academy and the Foundation, the APF and APEC have jointly approved a Sponsorship Request Form and accompanying guidelines, now available on the Academy website. All sponsorship or funding requests must first be submitted to the APEC for initial review.

**Applications should be submitted to the Secretary-Treasurer by April 15 annually**, with final consideration and approval taking place at the APF Annual Meeting in May. Submission of a request to the APF following APEC review does not constitute approval but rather represents the first step in a structured evaluation process.

The Executive Council will continue to closely monitor financial performance and make necessary adjustments to ensure long-term sustainability, fiscal responsibility, and continued growth.

### 2026 AP Poster Session Update

Poster submissions this year have exceeded those of previous years, with a total of 37 submissions received. Selected presenters will be notified by April 18, 2026. I encourage all Fellows to visit and support the poster session during the Annual Meeting. **The Poster Session is scheduled for Wednesday, May 27, 2026, from 3:30 to 5:00 PM.**

### Upcoming Business Meeting Discussions

The APEC will be submitting revised bylaws for membership approval. These revisions incorporate the inclusion of the new "Member" category and will be distributed for review 30 days prior to the Annual Business Meeting.

In addition, APEC will present a progress report on the recommendations approved at the 2025 Annual Business Meeting. These recommendations include adding a QR code to meeting identification badges

to enhance accessibility and engagement and establishing a Corporate Forum Breakfast to provide sponsors with presentation time on the main screen prior to the scientific sessions in support of continuing education requirements.

### 2027 Joint Meeting with the Pacific Coast Society for Prosthodontics

The Academy of Prosthodontics (AP) and the Pacific Coast Society for Prosthodontics (PCSP) have entered into an agreement to co-host the 2027 Joint Meeting at the Hilton Waikoloa, Hawaii.

This agreement establishes a collaborative yet structured partnership, with shared revenue, shared risk, and coordinated programming, while maintaining each organization's independence for select events.

The 2027 meeting is scheduled for June 8–12, 2027. The 60-acre oceanfront resort offers exceptional facilities for scientific sessions and exhibitions. Conveniently located approximately 25 minutes from Kona International Airport, it is easily accessible via major highways, with car rental services available both at the airport and on-site. Waikoloa Village features multiple resort properties, along with a variety of shopping, dining, and entertainment options, making it an ideal destination for both professional engagement and leisure. Additional details will be provided in the coming months.



*Continued on Page 8*

*Continued from Page 7*

## 2028 Annual Meeting

The 2028 AP Meeting will be held in Nashville, Tennessee, at The Westin Hotel, from Wednesday, May 31, to Saturday, June 3, 2028. The theme of the meeting will be *Prosthodontics in a Changing World: Clinical Mastery versus Intelligent Automation*.

Respectfully,

**Mathew Kattadiyil**  
*Secretary Treasurer, Academy of Prosthodontics*

## One-on-One with Dr. Sarah Lee: Leading the Future of Oncology Care and Prosthodontics

By Mathew Kattadiyil



### Section 1: Personal and Professional Journey

*Q: Please tell us a little about yourself and your background.*

S.L.: I grew up in North Carolina and am currently based in Rochester, MN, so I'm a Southern girl at heart. My family consists of my wonderful Australian-Greek husband, Foti, who is a professor of finance, my "fur-son", Patrick, a 6-year-old black greyhound, and my toddler human son Stathi.

*Q: What initially drew you to dentistry, and later to prosthodontics?*

A: When I was growing up, my mom was very insistent that my brother and I take care of our teeth. I later learned it was because she (and several other family members) had compromised oral health due to lack of care access while they were growing up in post-war Korea. I saw a big difference in my quality of life versus hers from this perspective in that I never had caries, don't need to go into a dental visit worrying about "bad news" like needing more restorative treatment, I can eat whatever I want without having to worry if something will come out or break – all because of how much my mom (and dad) prioritized preventative oral healthcare.

Regarding prosthodontics, I was initially drawn to maxillofacial prosthetics. I first encountered a patient with an obturator during a dental school rotation in a General Practice Residency (GPR) program. Later, during my own GPR training, I met a patient who was significantly debilitated after undergoing head and neck cancer care – to the point that they expressed that had they known how compromised their life would be, they would not actually have pursued curative care at all. From this, I saw how impactful dentistry could be in changing the trajectory of one's daily activities of living. It reinforced for me that there is a difference between being alive and truly living.

*Continued on Page 9*

*Continued from Page 8*

*Q: Was there a pivotal moment or mentor who influenced your decision to pursue maxillofacial prosthetics?*

S.L.: Dr. Glenn Minsley was the maxillofacial prosthodontist who was part of my training both in UNC pre-doctoral dentistry and post-graduate prosthodontics. He really facilitated my initial foray into the MFP practice by spending time with me and my patients, encouraging questions and exploration, and facilitating experiences in MFP that I was not even aware of myself to better understand this field. He did this while supporting other clinical practices in both the dental school and hospital while also serving as interim program director and chair of prosthodontics! I'm still so grateful for how his role modeling solidified my desire to practice in MFP and be a dental educator.

*Q: How did your training at UNC, Michigan, and Mayo Clinic shape your clinical philosophy?*

S.L.: The most important year of my dental training was my general practice residency experience at the Univ. of Michigan as it set forth experiences between the dental and medical realms that made me realize how I can contribute my skillsets, interests, and ideas into an actual career. Although I had wanted to be a dentist, I continued to see it as a "job" rather than a career that would inspire professional growth and creativity. In my GPR, I really saw (in action) how impactful my role in dentistry could be.

UNC is always "home" – the community set up my foundation in the basic principles of evidence-based clinical practice that guides my train of thought and practice. Mayo Clinic allowed me to explore how these tenants can be creatively applied with critical thinking and meditated foresight for complex cases.

*Q: What inspired you to pursue an academic and hospital-based career rather than private practice?*

S.L.: A negative experience as a student actually motivated me to go into academics! While I was pursuing my pre-doctoral dental training, I had a faculty member provide feedback in a manner that left me feeling diminutive, shameful, and unvalued. I remember distinctly (even though it's been over 10 years) that they called the work, that to me had been very challenging to accomplish, "crap". I contrasted that experience to other faculty who provided feedback in a way that inspired me to do better and realized how remarkably different the learning experience was and how that affected my motivation to want to learn.

I will, however, say that now that I'm on the other side of education (being faculty myself), I also realize that faculty need more support and that the negative experience with that faculty was likely not coming from "ill will" but maybe exasperation from having to balance (a likely impossible amount of) learners on top of all the other responsibilities and duties they were in charge of.

## **Section 2: Clinical Philosophy & Innovations**

*Q: As a maxillofacial prosthodontist working in a large medical center, how does your clinical environment differ from traditional dental practice?*

S.L.: Being based in a hospital gives me wonderful access to medical colleagues and has allowed me to truly practice multi and inter-disciplinary collaborative care. I regularly participate in the OR setting to facilitate prosthetic insertions for head and neck cancer patients, as well as for complex oral reconstruction. My clinical division participates in several multidisciplinary clinical case reviews and clinics; we are an expected part of our oncology patient's care journey.

*Q: What are the most significant changes you've seen in maxillofacial prosthodontics over the past decade?*

*Continued on Page 10*

*Continued from Page 9*

S.L.: Digital dentistry has been a key player in improving clinical workflows in maxillofacial prosthetics. Instruments like scanning (both intraoral and benchtop), milling and 3D printing, and virtual surgical planning have been pivotal for predictable prosthetic rehabilitation treatments.

*Q: How has digital technology influenced the treatment of head and neck cancer patients?*

S.L.: From a surgical perspective, it's been critical to have advanced imaging combined with biomedical engineering for virtual surgical planning to be able to reliably resect and reconstruct the oral cavity. When these efforts are combined with the prosthodontist, these patients have a greater chance of being able to be rehabilitated with reliably functioning prostheses as well. With more coordinated care like this, my hope is that these practices become the basic standard (kind of like two implant mandibular overdentures).

*Q: What role do digital workflows play in improving outcomes and efficiency in complex rehabilitations?*

A: Prosthetically, integration of digital workflows in the MFP practice has similar benefits to that of general prosthodontics. It can improve patient experiences when it comes to more efficiently recording oral structures but also from a laboratory standpoint, it consolidates a lot of the "manual labor" into the digital realm; albeit, the complexity of using digital tools is not well emphasized. I'd argue that lab technologists, particularly when dealing with MFP digital lab work, probably act more like biomedical engineers with trying to finagle a variety of software programs and their individual tools to be able to digitally design and build these prostheses.

### **Section 3: Evidence-Based Practice**

*Q: How do you incorporate research evidence into clinical decision-making, especially in oncology-related cases and how do you approach functional*

*and esthetic rehabilitation in patients with extensive surgical defects?*

S.L.: A lot of prosthodontic principles are crucial to guiding treatment planning and predicting outcomes. To me, the ultimate prosthetic rehabilitation is the denture and I use those treatment principles (from diagnostic information gathering, impression-making, maxillomandibular records, tooth set-up, etc.) to guide MFP cases as those considerations still hold true. Likewise, evidence-based implant protocols are very important in my clinical judgement, particularly when it comes to deciding implant design type, distribution, biomechanics, and prosthetic material choices. There's a misunderstanding that maxillofacial prosthetics is the "wild west" and we do whatever; but the reality is that I am constantly relying on evidence-based prosthodontics to serve as the structural basis for all of my recommendations in these complex care cases.

*Q: What areas in maxillofacial prosthetics still lack strong clinical evidence?*

S.L.: Quality of life studies are lacking – and this is probably true in general prosthodontics too. These types of studies are "not sexy" and also are harder to conduct particularly as variables are hard to either control, reliably test, or the information content is weak as QoL tends to rely on survey responses. But evidence like this is so important when it comes to justifying to insurance companies (and politicians to a degree) the need for providing better means for covering medically necessary care.

The realities in the MFP world are that there are too few clinicians, too little time, insufficient funding, and way too much stochastic changes for sustaining a collaborative, multi-center controlled prospective study environment to create strong evidence-based research pipelines. I would love for these circumstances to be different but there are so many different factors, a lot out of the control of the specialty itself, that slows down progress when it comes to MFP care.

*Continued on Page 11*

*Continued from Page 10*

*Q: How can clinicians balance emerging digital technologies with long-term clinical predictability?*

S.L.: I feel that technology is supplemental – it does not replace the fundamentals of analog practice in that the clinician needs to still be able to use information from the diagnostic work-up, coordinate treatment steps with purposeful intent, understand material indications and limitations, and reinforce maintenance (and routine surveillance) to effectively predict outcomes and guide prognostic longevity.

*Q: What advice would you give prosthodontists who want to stay current with research while managing a busy clinical schedule?*

S.L.: I encourage clinicians to read vetted journals (like the Journal of Prosthetic Dentistry), attend meetings, and be a part of a study club to facilitate discussion with other providers (and personnel like dental technologists) as digital technology is evolving at a fast pace and it's hard to be up to date when isolated.

#### **Section 4: Education and Mentorship**

*Q: What have your experiences as a dental educator in a hospital-setting with residency and fellowship programs been like?*

S.L.: This is a tough topic as Mayo Clinic, through a period of evaluation and assessment, has proceeded to sunset all of our dental residency programs and primarily focus on the development and growth of the maxillofacial prosthetics and dental oncology fellowship program.

It was a challenging situation, particularly as the new program director of the Prosthodontics program and the current vice chair of education for our department to work with institutional leadership and change the trajectory of our education focus. I learned a lot about the

importance of transparent communication, strategic planning with a mindfulness for sustainability, acknowledging the need for interventions to allow for growth, and an open-mindedness to explore potential possibilities that are not part of the “original” vision.

I'm grateful for how the Prosthodontics residency at Mayo Clinic brought forth important educators and leaders in the specialty field and provided a foundation for me to build professional bonds and experiences. I'm hopeful that in the new direction that our group is taking with fostering our MFP program, we will build a new foundation for future leaders in managing the art and science of complex oral reconstruction and rehabilitation in both prosthodontics and MFP.

*Q: What are the most important competencies prosthodontic residents and MFP fellows must develop today?*

S.L.: In this generation of residents and fellows, I value an individual who comes in with a growth mindset. This means that this individual wants to actively engage with opportunities to learn, proactively reflects on what that learning means to them and their patients, and confronts challenges with humility and an aspiration to grow. An educator can always teach a student how to do something, but we cannot necessarily teach someone to have the desire to learn.

In that same vein, I think it's also important for educators to work towards calibration and faculty development to better comprehend teaching and mentoring strategies to foster the growth of a learner.

As educators are the de facto role models to learners, it's important to also to be accountable for learning how to teach and communicate with different learners in an effective manner.

*Continued on Page 12*

*Continued from Page 11*

*Q: How has resident education changed with the rise of digital dentistry and interdisciplinary care?*

S.L.: The best analogy I've heard about residency, most especially in prosthodontics, is that a resident is basically "drinking up" information that is given to them at the rate of water coming out of a fire hydrant... in short, there is so much to learn and with the added tools of digital dentistry and the complexities of medically compromised patients and surgery (that require a grasp on the medical side of patient care).

With that said, I do think that we need to reiterate to up and coming prosthodontists that the basics do not change. There's a reason why classic articles are still relevant and important to know because those principles both in diagnostic work-up and techniques have been tried and true. The digital part of dentistry is not a replacement but are intended to be a supplement to knowledge.

*Q: What strategies do you use to prepare residents for careers in academic or hospital-based practice?*

S.L.: I strongly encourage our learners to lean into their abilities to be a part of a multidisciplinary team. I think it's a really unique asset to be able to discuss, be knowledgeable, and to synergistically collaborate with our providers within and outside of your clinical scope. The patient's care is elevated when different practices can harmonize and collectively work together towards a mutual goal.

*Q: What role does mentorship play in shaping the next generation of prosthodontists?*

S.L.: Mentorship has been essential to my own professional development. I think that there is sometimes a misunderstanding on how mentorship develops. I encourage learners to actually seek mentorship out – it doesn't have to be a grand gesture. It can simply be emailing a speaker that you've appreciated their seminar (prosthodontists

like to talk!) and an organic conversation can emerge right there and grow into a mentoring relationship. I say this from my own experiences and thankfully most prosthodontists "don't bite"!

It's been humbling to reflect on how much my mentors encouraged and also challenged me, particularly when I was full of doubt or lost on focus, to harness my skill and abilities even when I was not confident in them. I still feel "young" when it comes to prosthodontics, but I hope to emulate my mentors and "pay it forward" in letting learners know that I'm available to support them as they continue their professional journeys.

## **Section 5: Interdisciplinary Care and Collaboration**

*Q: How does the prosthodontist contribute to multidisciplinary oncology teams?*

S.L.: Like the definition of "prosthodontics" in the Glossary of Prosthodontic terms dictates, the prosthodontist replaces parts of the mouth that are missing. This is the main role that a prosthodontist plays in an oncology team. Technically one would imagine that our roles would be primarily reserved for the "aftermath" of a patient's oncological treatment; however, the nuances are that we can use our expertise to provide the teams with advanced treatment recommendations that account for downstream care considerations. For example, we can facilitate primary implant placement (and other adjunctive pre-prosthetic procedures) in a patient who is going to be undergoing radiation therapy and provide advanced notice to the patient and their care teams on long-term maintenance expectations with the associated prosthesis. This type of collaboration allows each team to collectively share and unify our messaging.

*Continued on Page 13*

*Continued from Page 12*

*Q: Can you describe a memorable interdisciplinary case that highlights the importance of collaboration?*

S.L.: A really special, and on-going project, is using dental procedures and digital dentistry to design, manufacture, and predictably insertion customized devices called Oral Positioning Devices (OPDs, also known as radiation stents) that are used in head and neck radiation therapy patients. I'm thankful to Mayo Clinic for allowing me, as a fellow (at the time) to develop a workflow, have it piloted, and then expand it with implementation between the departments of radiation oncology, dental specialties, and biomedical engineering. It's been a great experience to be able to connect with different people and specialties through this project and to also see how it has evolved over time to something bigger than I could've imagined at its inception.

*Q: What communication strategies help ensure successful outcomes when working with surgeons, oncologists, and other specialists?*

S.L.: I've learned that consistency in being present at meetings, timely responsiveness, and proactive approachability are important blocks to building rapport and trust between specialists, particularly those who are not as familiar with our prosthodontics realm. Working with other teams is an investment in time, one of the most valuable resources we have, which can be a pain point initially, but gives dividends at the other end.

*Q: How can prosthodontists strengthen their role as leaders in complex treatment planning?*

S.L.: I find that prosthodontists can embrace our creative problem-solving side to approach leadership and its challenges with managing a multidisciplinary case. What this means is that we can provide context to our collaborators on the pros and cons of a certain treatment strategy and "meet in the middle" when it comes to

compromises that may need to occur when handling a complex situation. This is a strength when it comes to developing a relationship with other care providers as they are more willing and likely to invite the prosthodontist for future care or even also yield a bit when it comes to treatment planning.

## **Section 6: The Future of Prosthodontics**

*Q: Where do you see maxillofacial prosthodontics evolving over the next 10 years?*

S.L.: I'd like to imagine that we will use our digital dentistry tools to effectively, but also efficiently, treat rehabilitation cases while also improving the actual chairside experience for patients. I can see that maxillofacial prosthodontists will need to not only have more familiarity but also more proactively engage with digital technologies.

*Q: What digital or biomedical technologies hold the most promise for oncology patients?*

S.L.: Preventative medicine, to me, is something that really needs to be emphasized when it comes to head and neck oncology. There is definitely a role for vaccines in preventing human papilloma virus cancers that have been very effective for adolescent age groups and I'd like to see if this could be further expanded in its efficacy to older age groups as HPV-related oropharyngeal cancers are growing in numbers (but thankfully as well as survival). I'd also like to see how artificial intelligence-based machine learning can provide information on earlier markers for disease that can then be used for early disease screening by dentists and healthcare providers.

*Q: What challenges do you foresee for academic prosthodontic programs in the coming decade?*

S.L.: Supporting our educators has been an issue in prosthodontics. Support is multidimensional –

*Continued on Page 14*

*Continued from Page 13*

meaning we ideally need to provide a means to assist program directors in providing guidance to learners, we need to address ways in which to provide learners appropriate clinical oversight, we need to facilitate mentorship to educators as well to foster their growth in effectively training new prosthodontists, and we need to facilitate succession pathways to more clearly transition faculty leaders into new roles and responsibilities. These are definitely not straightforward issues and would require a very dedicated group of facilitators in a situation where most of educators are already strapped for time and resource.

*Q: How can prosthodontics maintain its identity and value within increasingly corporate and technology-driven healthcare systems?*

S.L.: Fundamentally, the identity of any specialty is based in the people who are a part of it. I do feel that we need to continue to invest in the educational aspects of prosthodontics – and particularly at the pre-doctoral level of training and most especially in the educators who provide the basis for all dentists-in-training. In retrospect, having specialists train me in the earliest stages of my dental career on the basic principles of fixed, removable, and implant prosthodontics had a profound effect on the level of accountability and quality I held for myself. Although not necessarily a tangible metric to measure, I do believe that these experiences carry through in learners as they mature in their careers and can transcend their respective practices and specialties in creating a valued space for prosthodontics.

## **Section 7: Reflections and Advice**

*Q: What has been the most rewarding aspect of your career so far?*

S.L.: Connection with people! Through clinical experiences and professional engagements, I've learned so much through connecting with patients undergoing treatment for their complex needs,

learners who are interested or entering into maxillofacial prosthodontics, and mentors who have built the evidence basis of our field.

*Q: What lessons have you learned from treating medically complex or oncology patients?*

S.L.: Communication is always something I'm learning to improve as it's such a critical tool for helping these patients, their support system, and our clinical teams to effectively collaborate. Through communication, I've learned the importance of minimizing assumptions, striving to be empathetic and understand others' perspectives, vocalize vulnerability in an empowered way, and also to quietly and respectfully hold my ground.

*Q: What advice would you give dental students or residents considering prosthodontics as a specialty?*

S.L.: Learn how to become empowered by imperfection. Myself and probably a lot of personalities who come into dentistry and prosthodontics tend to identify ourselves as "perfectionists" and we're used to achieving at a high level – however, I have found myself and learners struggle with struggling. I've found that it is healthier and much more helpful to take "mistakes" into learning opportunities. By acknowledging that I did not do something as perfect as I wanted to, breaking down what went well but also what went wrong, and coming up with alternatives, I allow those vulnerable moments to transform into growth.

*Q: What qualities define a successful prosthodontist in today's healthcare environment?*

S.L.: I'm going to caveat my response to this question to recognize that I still feel like a "toddler" (or now a "tween") in prosthodontics. I have much to learn and I'm sure my answer to this will be completely different in the years ahead!

*Continued on Page 15*

*Continued from Page 14*

I find that a prosthodontist who can coordinate and collaborate with peers, staff, and patients will find success no matter where and what they are doing. In order to do so, a prosthodontist really needs to hone the art of open-minded discussion, embrace pivoting, and have a strong foundation in evidence-based clinical practice.

Q: What legacy would you like to leave in prosthodontics and dental education?

S.L.: I hope my legacy reflects that I was shaped by a community that believed in me and gave me opportunities I couldn't have created alone. Because of that, I want to give back by strengthening that same sense of community in our field and helping others find their own purpose within it.

## Congratulations to the New Associate Fellows and Fellows!

### Associate Fellows:

Daniel Galindo  
Dima Ghunaim  
Thomas Gugliano  
Mario Imburgia  
Lambis Petridis

### Active Fellow:

William Martin

### Life Fellows:

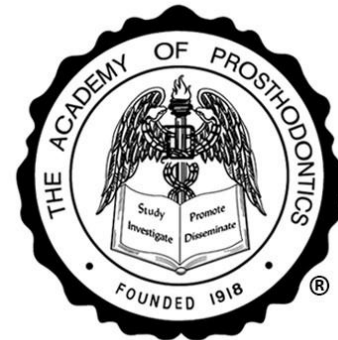
Theodore Jacobson  
Ken Malament

## Follow us on Facebook and Instagram!

The AP is actively working to strengthen engagement with our current members while expanding our reach to new audiences through our social media platforms. In collaboration with Vitamin D, we have revitalized our longstanding Facebook page and launched a new Instagram account.

We encourage you to follow the AP, and to like and share our posts to help amplify our community and initiatives.

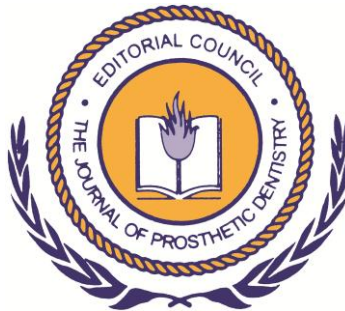
**You can find us on Facebook and Instagram under our handle: [@academyofprosthodontics](#)**



Our Sponsors

Academy of Prosthodontics  
AP Annual Scientific Session - May 27 - 30, 2026  
Corporate Sponsorship and Exhibitors:

Graduate Prosthodontic Student Sponsorship - *generously sponsored by:*



President Sponsor



Platinum Sponsor



Silver Exhibitor



Bronze Exhibitors





Join the Inaugural Meeting of the  
Academy of Prosthodontics &  
the Pacific Coast Society for Prosthodontics

**Leading the Paradigm Shift**

June 9-12, 2027  
Hilton Waikoloa Village | Waikoloa, Hawaii

[www.academyofprosthodontics.org](http://www.academyofprosthodontics.org)  
[www.pcsp.org](http://www.pcsp.org)

