

# Archived Collabnet Discussions

## Dentistry Group Discussions

### DentistrySIG 2016 work flow discussion (collabnet topic id: topc7451)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
Dentistry SIG 2016 work flow discussion	I would appreciate as much input as possible prior to our meeting April 27/28 in Copenhagen. We will try to make substantial progress on our three key remaining work items for 2015 at that meeting also. Those are structuring how we wish to represent periodontal issues within SNOMED CT, furthering our discussion on how to best identify all substances used in dentistry, and to begin the process of "cleaning up" the terms relating to dental caries. For 2016, I will place these ideas on the table: 1) There are a lot of old terms in SNOMED CT related to dental. We need to identify if they are still used and if they have any specific relationships. We also have a significant percentage of primitive terms. As we look at this issue, what is the best way to approach it? The two ideas I have had are to "separate" the terms based on dental specialty areas (orthodontics, prosthetics, etc.) or to look at the concept categories within SNOMED CT, like we are doing with substances. Perhaps it needs to be a combination of a number of ways of looking at the issue. Any suggestions? (This will be on the agenda at the end of the month also). 2) There appears to be interest in a "ref set" of terms for general dentistry. Is this worth refining for use internationally? 3) It is likely the periodontal issue will bring up some additional need for new anatomy. This, I believe, will be a must for our 2016 plan. 4) In developing a long term methodology to identify terms used in dentistry as well as to create an easier way of maintaining the terms, should we look at various subsets? Based on concepts or based on specialty (much like #1 above). 5) Finally, I see an emerging issue that may become a high priority in dentistry and possibly increase the demand for adoption of SNOMED CT. Jorn Andre mentioned in our conference call that Norway is looking at a study in 2017 that could potentially define relationships between medical conditions and oral health status. This is an increasingly "hot topic" in the United States and likely throughout the world. Do we want to look at developing a ref set so that we can allow practice management system vendors a way to create structured data in the medical history and possibly develop decision support mechanisms from that? Is there a better way of approaching this idea? 6) Please add any suggestions of other areas or approaches the Dentistry SIG should consider for its 2016 work plan. Thank you.	mjurkovich	Fri Apr 03 15:56:56 Z 2015	forum1612	post11107	proj1163		A	topc7451
RE: Dentistry SIG 2016 work flow discussion	Hi Mark I have inserted a few comments in your text below. Those where no comments were placed either fall outside my clinical expertise (perio) or the limits of my knowledge of SNOMED and I am looking forward to learn more about them as we move forward. Benoit -----Original Message----- From: Mark Jurkovich (ihtsdo US) [mailto:jurko003@umn.edu] Sent: April 3, 2015 11:57 To: dentistry_disc_-dentistry_sig Subject: DentistrySIG 2016 work flow discussion I would appreciate as much input as possible prior to our meeting April 27/28 in Copenhagen. We will try to make substantial progress on our three key remaining work items for 2015 at that meeting also. Those are structuring how we wish to represent periodontal issues within SNOMED CT, furthering our discussion on how to best identify all substances used in dentistry, and to begin the process of "cleaning up" the terms relating to dental caries. For 2016, I will place these ideas on the table: 1) There are a lot of old terms in SNOMED CT related to dental. We need to identify if they are still used and if they have any specific relationships. We also have a significant percentage of primitive terms. As we look at this issue, what is the best way to approach it? The two ideas I have had are to "separate" the terms based on dental specialty areas (orthodontics, prosthetics, etc.) or to look at the concept categories within SNOMED CT, like we are doing with substances. Perhaps it needs to be a combination of a number of ways of looking at the issue. Any suggestions? (This will be on the agenda at the end of the month also). Probably as a result of my long term involvement at ISO, I have issues with the use of concepts that don't travel well and specialties happen to be one of them. To avoid the political strife that would undoubtedly result if we tried to introduce something based on US recognized specialties to another jurisdiction, I would suggest dropping specialty areas and using terms such as discipline or subject areas. Also while I am still very much at a beginner level in my knowledge of SNOMED, I think the fact it is a polyhierarchy is one of its strength and we should not be shy about identifying multiply parents for one child. 2) There appears to be interest in a "ref set" of terms for general dentistry. Is this worth refining for use internationally? As I mentioned during the April 1 call, my biggest issue is that SNOMED CT is not used at all for dentistry in Canada. A big part of the issue is that publicly paid care usually end up taking priority over privately paid dentistry and we usually end up having to move things forward with very little or no government support. In that context, having a limited "ref set" for general dentistry to simplify implementation, in particular by software developers would be extremely useful. I would therefore be very much interested in seeing this move internationally. 3) It is likely the periodontal issue will bring up some additional need for new anatomy. This, I believe, will be a must for our 2016 plan. 4) In developing a long term methodology to identify terms used in dentistry as well as to create an easier way of maintaining the terms, should we look at various subsets? Based on concepts or based on specialty (much like #1 above). Same comment as above 5) Finally, I see an emerging issue that may become a high priority in dentistry and possibly increase the demand for adoption of SNOMED CT. Jorn Andre mentioned in our conference call that Norway is looking at a study in 2017 that could potentially define relationships between medical conditions and oral health status. This is an increasingly "hot topic" in the United States and likely throughout the world. Do we want to look at developing a ref set so that we can allow practice management system vendors a way to create structured data in the medical history and possibly develop decision support mechanisms from that? Is there a better way of approaching this idea? 6) Please add any suggestions of other areas or approaches the Dentistry SIG should consider for its 2016 work plan. Thank you.  Dentistry Group Discussions <a href="https://csfe.aceworkspace.net/sf/go/post11107">https://csfe.aceworkspace.net/sf/go/post11107</a>	bsoucy	Fri Apr 10 15:12:56 Z 2015	forum1612	post11113	proj1163	post11107	A	topc7451

Re: Dentistry SIG 2016 work flow discussion	Hi Mark, Below are my opinions/suggestions: 1. Old terms in SNOMED CT : Can old term be maintained as Synonyms in SNOMED CT? 2. Primitive terms: Agree with Benoit, to use disciplines or subjects since designation of specialties varies from country to country. Eg: some countries may have Geriatric Dentistry specialty but other not. Some country might classify as Restorative Dentistry Specialist but others as Prosthodontist/ Endodontist. 3. International SNOMED CT GP Dentistry refset: Refset is tailored specifically to the need of the user. But, it is still very helpful to the stakeholder/vendors if they have a "start-up" refset instead of starting from zero. It might increase the interest in SNOMED CT implementation. From our experience in creating refset, it is important to involve clinician from the beginning of refset development. 4. Maintaining the terms: The terms can be tagged with disciplines/subject and instead of creating new subsets. Attached is the sample of simple refset I try to create. I hope it helps. 5. "Structured data in medical history". I am not a fan of structured data in EMR but I understand the level of difficulty if we use free text. To create "Structured data in medical history", the combination will be huge. 6. Other areas: Have we include dental charting/periodo charting and cephalometrics measurements/data? Thank you.	smsalleh	Mon Apr 13 09:01:41 Z 2015	forum1612	post1127	proj1163	post11107	A	topc7451
Re: Dentistry SIG 2016 work flow discussion	Mark, I would like to see the Dental Sig pursue the idea of a General Dentist Ref Set in 2015-16 work plan with the future goals of adding the specialty areas as possible in separate Ref Sets. If we can get an international perspective from our members as to their support for the idea of creating a ( simplified or limited ) Ref Set at this coming April meeting along with any obstacles that will need to be addressed, to get their endorsements. Not being on the last call, have we reached out to our other members for their input at this time or are we waiting to address it in Copenhagen? I believe there is real value to introducing a smaller ref set to gain acceptance amongst the wet fingered dental community. Look forward to seeing you all in Copenhagen > On Apr 13, 2015, at 2: 01 AM, Syirahaniza Mohd Salleh (ihtsdo MY) <drsyirahaniza@moh.gov.my> wrote: > > Hi Mark, > > Below are my opinions/suggestions: > > 1. Old terms in SNOMED CT : Can old term be maintained as Synonyms in SNOMED CT? > > 2. Primitive terms: Agree with Benoit, to use disciplines or subjects since designation of specialties varies from country to country. Eg: some countries may have Geriatric Dentistry specialty but other not. Some country might classify as Restorative Dentistry Specialist but others as Prosthodontist/ Endodontist. > > 3. International SNOMED CT GP Dentistry refset: Refset is tailored specifically to the need of the user. But, it is still very helpful to the stakeholder/vendors if they have a "start-up" refset instead of starting from zero. It might increase the interest in SNOMED CT implementation. From our experience in creating refset, it is important to involve clinician from the beginning of refset development. > > 4. Maintaining the terms: The terms can be tagged with disciplines/subject and instead of creating new subsets. Attached is the sample of simple refset I try to create. I hope it helps. > > 5. "Structured data in medical history". I am not a fan of structured data in EMR but I understand the level of difficulty if we use free text. To create "Structured data in medical history", the combination will be huge. > > 6. Other areas: Have we include dental charting/periodo charting and cephalometrics measurements/data? > > Thank you. > > > https://csfe.aceworkspace.net/sf/go/post11127 > <Eg-SNOMED CT coded simple refset. xls>	dgordon	Mon Apr 13 14:12:38 Z 2015	forum1612	post11131	proj1163	post11127	A	topc7451
Re: Dentistry SIG 2016 work flow discussion	Hello Syirahaniza, Thank you for all of your comments. They are most helpful. I agree that we may have significant variation from country to country and your examples are excellent. We do need to make sure that we do not create artificial barriers and synonyms may be a good tool to help. I believe your points 1-4 have common support throughout the SIG membership. I would very much appreciate it if you could explain why you are not a fan of structured data in the EMR for purely personal reasons. I am assisting a couple of larger multi-location group practices with their implementation of new electronic records systems for their dental clinics. Because of the growing need for these groups to communicate with loosely affiliated medical groups, long term care facilities, etc. and the fact that, in the United States, we are heading down a path where the more structured the "message", the greater the potential for usability. Thus, I have been working to use and develop structure behind everything from the medical history forms to input screens for findings, observables, etc. I certainly do not claim to be an expert, so wish to take into consideration as many different viewpoints as possible. If you could expand on why you are not a fan of structured data, I would be grateful. As for #6; We have now basically completed the "substance" tools needed to populate an odontogram for dental charting, at least for the most common pieces. Previously, we completed tooth and surface verification. We had to add a select few terms (with the upcoming release) in order to allow for documentation where a clinician might not know the actual material when a new patient reports (i.e. tooth coloured restoration- the clinician may not be able to know if it is composite, glass ionomer, a compomer, porcelain, lithium disilicate, zirconium, etc.). We are continuing down the path of identifying substances and devices that are less frequently seen in dental patients, with the intent of making certain we can properly document these in the odontogram. That is part of our 2015 work plan. Again, if you have other ideas on how to approach this, please let us know. At our upcoming meeting in Copenhagen at the end of the month, we are beginning the entire discussion of how to properly document periodontal conditions and periodontal charting. We are planning on looking at this by starting with the generally accepted periodontal diagnoses' and then determining whether we have all of the anatomy available to us in a form we can use. (This was an obstacle for caries documentation and we needed to add about 16 terms to the anatomy). We will then determine whether we have all of the tools we need to do appropriate charting. We hope to finish this by the end of the year. It is also part of our 2015 work plan. Cephalometrics has been temporarily on hold. We have helped DICOM some to allow for proper messaging, but in a very limited capacity. We are exploring how to now look at visible light imaging, but much of the work needs to wait until any arrangement between IHTSDO and DICOM is finalized. For ceph measurements, we are running into similar issues with LOINC codes and the IHTSDO agreements. We have already added a considerable number through the incorporation of the American Dental Association's SNODENT, but I am certain there are still considerable gaps. I recognize this may be an unsatisfactory answer. If you could provide me with any details that could support a more immediate use case, I am willing to address this as something to consider for our upcoming work plans. Again, thank you so much for your involvement and ideas for the Dentistry SIG. I look forward to hearing from you at your convenience. Mark Jurkovich On Mon, Apr 13, 2015 at 4:01 AM, Syirahaniza Mohd Salleh (ihtsdo MY) <drsyirahaniza@moh.gov.my> wrote: > > Hi Mark, > > Below are my opinions/suggestions: > > 1. Old terms in SNOMED CT : Can old term be maintained as Synonyms in > SNOMED CT? > > 2. Primitive terms: Agree with Benoit, to use disciplines or subjects > since designation of specialties varies from country to country. Eg: some > countries may have Geriatric Dentistry specialty but other not. Some > country might classify as Restorative Dentistry Specialist but others as > Prosthodontist/ Endodontist. > > 3. International SNOMED CT GP Dentistry refset: Refset is tailored > specifically to the need of the user. But, it is still very helpful to the > stakeholder/vendors if they have a "start-up" refset instead of starting > from zero. It might increase the interest in SNOMED CT implementation. From > our experience in creating refset, it is important to involve clinician > from the beginning of refset development. > > 4. Maintaining the terms: The terms can be tagged with > disciplines/subject and instead of creating new subsets. Attached is the > sample of simple refset I try to create. I hope it helps. > > 5. "Structured data in medical history". I am not a fan of structured > data in EMR but I understand the level of difficulty if we use free text. > To create "Structured data in medical history", the combination will be > huge. > > 6. Other areas: Have we include dental charting/periodo charting and > cephalometrics measurements/data? > > Thank you. > > > https://csfe.aceworkspace.net/sf/go/post11127 >	mjurkovich	Mon Apr 13 14:19:49 Z 2015	forum1612	post11132	proj1163	post11127	A	topc7451

Re: Houg, my apologies once again for having the wrong call in number listed for our last SIG teleconference. I appreciate your opinion on the ref set. Yes, there is interest from both of our European representatives, Dr. Soucy from Canada, and just today, from Malaysia. I'm pretty certain we will move ahead with it. IHTSDO is also very supportive. I also want to apprise you of my thinking since our ref set meeting in Chicago. I went back and looked at the top CDT codes used and found that the top 40 accounted for over 92% of all submissions to insurers. I then went back and looked at what we had done and related the terms to the codes. We could probably satisfy the documentation for this 92% with under 70 terms. The remainder could still be documented in free text or some other form. I will probably make a further push to actually reduce the set. I do recognize both the relevance and value of every term we discussed and the 100+ we have yet to review. However, my GOAL is to achieve adoption by one or more practice management system (PMS) vendors. In my view, they will only add diagnosis codes if a) it is required in some way (and Medicaid need won't get us there); b) there is a demand from their users; and/or c) We keep it incredibly simple and basically give them the entire recipe so they have to invest minimal time in redesigning their databases. Elsbeth and I discussed how adoption would take place. What she told me is that she believes once several (maybe 10) large groups adopt diagnosis codes that all of the PMS vendors will be required to implement them due to demand from their users. I absolutely disagree, at least for the foreseeable future. There is nothing that is pushing the use of diagnosis terms and no way for insurance companies to use them without some form of consensus among users. The insurance companies cannot risk losing their network of smaller clinics simply to get information on diagnosis that won't result in any meaningful data for possibly many years. Thus, I don't want to be limited into using the broader ref set we seem to be developing. Additionally, this ref set contains several things that likely will need to be aggregated to even have enough in terms of numbers in order to have any validity in how dentists might wish to proceed. Let me use the example of mandibular tori, a finding and not a disorder in my mind. It is typical enough and we generally do not "treat it", unless it creates a problem, much like making a lower denture. Ditto for a knife ridge or too much soft tissue. All of these are ridge inadequacies that need documentation if we are considering a denture. Do we really need to know that we are doing some form of surgery to make an adequate ridge before doing the denture? Is breaking the information down from inadequate ridge structure to mandibular tori or knife shaped ridge of any value to anyone, even researchers? Will it lead us to "preventing" this from happening in the future? My point is that we can use natural language in our SOAP notes to document this for record keeping purposes and that we can write a narrative for the insurer to justify their payment consideration in the few cases each year we all do this. The carriers have no interest in developing such a deep database when they can only see that they will want to individually review these cases anyway. Why spend the extra money is their thinking and a justifiable one. Every time we increase the number of terms, the size of the "drop down" lists the PMS vendors need to construct, create good visualization, and organize and update grows and the corresponding expense grows. Thus, my desire to really limit terms to what we use every day and that our assistants and hygienists can also understand. Another example of this is Elsbeth's desire to have a term for "healthy periodontium". I cannot disagree with the idea, but it is redundant in my mind. If I have done a prophylaxis, by CDT definition, I have done this in a healthy environment. Even if I am rotating 1110 with 4910, I already have this documented to an extreme in my records, as does the claims database used by the carriers. Additionally, I likely have a full perio chart filled out for the patient or a limited one that indicates the gingival health, so why would I now add a "diagnosis"? I want to keep duplicative effort to an absolute minimum. Further, I don't see how researchers would use this, as they can compare info from claims data as or more easily for many years than if dentists start using a term for healthy periodontium. I am not trying to pick on Elsbeth at all. We just have very different views of how we might get diagnosis terms actually used by the average dental practice and my view is that we do it in baby steps with a very limited set so we can incrementally add as there is a demand from the users. Hope that makes sense and you can see where I am coming from. I would appreciate your input and thoughts into how you think this might roll out in our dental market place. Beautiful day here in the upper midwest. The Frozen Four had some good and bad weather in Boston and one of the most unusual tournaments I have attended in over 25 years. However, great fun. I did need to "remind" several of the North Dakota fans (they were one of the four teams and they tend to hate Minnesota hockey) that Minnesota Championship trophies were more recent than North Dakota and that we also already had a Frozen Four championship trophy for 2015 (women's team won for the third time in four years). That tended to mute the air of superiority they wished to carry off. Mark On Mon, Apr 13, 2015 at 9:12 AM, Douglas J. Gordon <Djordondds@aol.com> wrote: >> Mark, >> I would like to see the Dental Sig pursue the idea of a General Dentist > Ref Set in 2015-16 work plan with the future goals of adding the specialty > areas as possible in separate Ref Sets. If we can get an international > perspective from our members as to their support for the idea of creating a > ( simplified or limited ) Ref Set at this coming April meeting along with > any obstacles that will need to be addressed, to get their endorsements. > Not being on the last call, have we reached out to our other members for > their input at this time or are we waiting to address it in Copenhagen? 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## DentistrySIG first steps (collabnet topic id: topc7378)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
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DentistrySI G first steps	hi everybody lets try this	edelaeter	Wed Feb 04 15:19:20 Z 2015	forum1612	post1 0954	proj1163		A	topc7378
Re: DentistrySI G first steps	Great! Seems to work fine.	jjoergensen	Wed Feb 04 15:20:32 Z 2015	forum1612	post1 0955	proj1163	post10954	A	topc7378
Re: DentistrySI G first steps	Now we just need a topic :-)	phernandez	Wed Feb 04 15:20:33 Z 2015	forum1612	post1 0956	proj1163	post10954	A	topc7378
Re: DentistrySI G first steps	Good morning. Fred	fhorowitz	Wed Feb 04 18:26:17 Z 2015	forum1612	post1 0957	proj1163	post10954	A	topc7378
Re: DentistrySI G first steps	Hello Eric, I will begin using this and placing topics in the discussion forum as SIG members bring them to my attention or, better, start the "string" themselves. Mark	mjurkovich	Mon Feb 16 14:51:35 Z 2015	forum1612	post1 0989	proj1163	post10954	A	topc7378

## General\_\_Group\_\_Notifications

### DentistrySIG SNOMED CT and ICD-11 review (collabnet topic id: topc7003)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
Dentistry SIG SNOME D CT and ICD- 11 review	I wanted to follow up on discussions at the International Dentistry SIG earlier this week. As I raised, we are reviewing ICD-11 chapters and identifying where there are gaps in SNOMED CT and also reviewing the clinical definitions. We are currently doing Diseases of the Digestive System chapter of which Orofacial is one section. It contains 370 concepts. We seek at least 2, preferably 3 or 4 dentists who would be able to review the conclusions we have come to and provide SME feedback. The SNOMED CT/ICD-11 review work is now ready for this review so I would hope to convene a meeting of volunteers week of 18 August and this could certainly be done by end of September at the latest. I have 1 volunteer so far, is anyone else able to give IHTSDO some time to help with the work? The new SNOMED CT content would be edited into SNOMED CT in time for the January 2015 release, Please contact me at jmi@ihtsdo.org if you want to participate in this exercise Jane Millar Head of Collaboration	jmillar	Thu Aug 07 16:32:29 Z 2014	forum1611	post10 398	proj1163		A	topc7003
Re: Dentistry SIG SNOME D CT and ICD- 11 review	Dear Jane Millar, I am very new to the IHTSDO and am willing to help. I am not sure I have enough information or knowledge to be as useful as you hope. I will be meeting with Mark Jurkovich next week in Chicago and can try to have him help me understand the process. I have a little free time in August and September. Once October hits, I will be loaded down with work from multiple other responsibilities. You mention a meeting of the volunteers on 18 August, I presume this is a conference call, is that correct? One other question, what does SME feedback mean? I look forward to meeting you and hope to get up to speed and be more competent in the Snowdent arena quickly. Douglas J. Gordon DDS -----Original Message----- From: Jane Millar (IHTSDO staff) <jmi@ihtsdo.org> To: dentistry_notification -dentistry_sig <dentistry_notification -dentistry_sig@csfe.aceworkspace.net> Sent: Thu, Aug 7, 2014 9:34 am Subject: DentistrySIG SNOMED CT and ICD-11 review I wanted to follow up on discussions at the International Dentistry SIG earlier this week. As I raised, we are reviewing ICD-11 chapters and identifying where there are gaps in SNOMED CT and also reviewing the clinical definitions. We are currently doing Diseases of the Digestive System chapter of which Orofacial is one section. It contains 370 concepts. We seek at least 2, preferably 3 or 4 dentists who would be able to review the conclusions we have come to and provide SME feedback. The SNOMED CT/ICD-11 review work is now ready for this review so I would hope to convene a meeting of volunteers week of 18 August and this could certainly be done by end of September at the latest. I have 1 volunteer so far, is anyone else able to give IHTSDO some time to help with the work? The new SNOMED CT content would be edited into SNOMED CT in time for the January 2015 release, Please contact me at jmi@ihtsdo.org if you want to participate in this exercise Jane Millar Head of Collaboration  https://csfe.aceworkspace.net/sf/go/post10398 General Group Notifications	dgordon	Thu Aug 07 20:23:40 Z 2014	forum1611	post10 400	proj1163	post10398	A	topc7003

### DentistrySIG December 2013 meeting preliminary information (collabnet topic id: topc6789)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
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Dentistry SIG December 2013 meeting preliminary information	This forum will include the minutes of the October meeting for review, several spreadsheets and a tentative 2013-2014 work plan for comment and review. I have posted under documents the minutes for review, the potential work plan, and spreadsheets that include the administrative terms we will review for discussion and recommendation, the remaining terms for clarification and a spreadsheet that will relate, by line number, to the clarification concepts we did analyze at the recent meeting. Teleconference/ Videoconference (GOTO meeting will be used) dates: December 3, 2013 1400UTC (8AM CST) February 4, 2014 1400UTC (8AM CST) and if we do not have a meeting associated with the business meeting in Copenhagen April 8, 2014 1300UTC (8am CDT) I have also included a copy of the DICOM information presented at our October meeting for review. Again, as we attempt to make a system that works for dentistry, I believe it is critical that we do what we can to make it work for other organizations that affect dentistry as well. The primary consideration here is determining how to advance the supernumerary concepts, either as pre or post coordinated. Dr. Zeller was going to research this a bit more with IHE and find out if there are significant limitations or constructs that force them to work in one way or another. Also, be aware that the terms related to periodontology and orthodontics will be taken to the US specialty organizations for further clarification, as they were involved in the original development. Once that is received, those terms will be posted, with any additional commentary on this or the documents portion of the site. I very much appreciate everyone's involvement. I believe we made good progress at our meeting earlier this month and hope to continue that momentum throughout the upcoming year. Please add any comments here or make changes to the documents on the document portion of this site. They are all editable and I will check against the original postings periodically. Mark Jurkovich A preliminary agenda for the December meeting is now posted on the documents page. Primarily, it will include providing any additional clarifications for the previously submitted dental terms, and updates towards the projects involving caries severity and tooth structure/anatomy. A brief update on discussions concerning DICOM's need for supernumerary identification and possibly periodontal terms may also be included, if time permits. Mark Jurkovich	ydaruis	Sun May 25 12:23:03 Z 2014	forum1611	post10118	proj1163		A	topc6789
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## DentistrySIG Invitation to VoteCOLON Vice-Chair for IHTSDO International Dentistry SIG (please respond) (collabnet topic id: topc6990)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
Dentistry SIG Invitation to Vote: Vice-Chair for IHTSDO International Dentistry SIG (please respond)	Dear International Dentistry SIG Members, Following the recent call for nominations for the Vice-Chair of the International Dentistry SIG, we were fortunate to receive nominations for a number of excellent candidates: Fred Horowitz Jørn Andre Jørgensen Elspeth Kalenderian The attachment to this message provides their relevant nomination details. We now invite you (as registered SIG Members), to vote for your next Vice-Chair. Please email me (at fmc@ihtsdo.org) by Friday 8th August (21:00 UTC) to indicate which candidate you support. DO NOT reply directly to this message. Many thanks, Fleur McBriar IHTSDO	fgilbert	Fri Aug 01 15:20:55 Z 2014	forum1611	post10380	proj1163		A	topc6990
Re: Dentistry SIG Invitation to Vote: Vice-Chair for IHTSDO International Dentistry SIG (please respond)	Hi Fleur, I'm assuming I don't vote, right? Thanks, Penni --- Penni Hernandez   Senior Terminologist IHTSDO Gammeltovej 4, 1, 1457 Copenhagen, Denmark <a href="http://www.ihtsdo.org">http://www.ihtsdo.org</a> t: +1 303 444 3224 On Fri, Aug 1, 2014 at 9:20 AM, Fleur McBriar (ihtsdo staff) <fmc@ihtsdo.org> wrote: > > Dear International Dentistry SIG Members, > > Following the recent call for nominations for the Vice-Chair of the > International Dentistry SIG, we were fortunate to receive nominations for a > number of excellent candidates: > > Fred Horowitz > Jørn Andre Jørgensen > Elspeth Kalenderian > > The attachment to this message provides their relevant nomination details. > > We now invite you (as registered SIG Members), to vote for your next > Vice-Chair. Please email me (at fmc@ihtsdo.org) by Friday 8th August > (21:00 UTC) to indicate which candidate you support. DO NOT reply directly > to this message. > > Many thanks, > > Fleur McBriar > IHTSDO > >  General Group Notifications > <a href="https://csfe.aceworkspace.net/sf/go/post10380">https://csfe.aceworkspace.net/sf/go/post10380</a> >	phernandez	Fri Aug 01 17:03:40 Z 2014	forum1611	post10381	proj1163	post10380	A	topc6990

## DentistrySIG Dentistry SIG teleconferenceCOLON Tuesday 5th August (13COLON00 - 14COLON30 UTC) (collabnet topic id: topc6986)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
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Dentistr ySIG Dentistr y SIG teleconf erence: Tuesda y 5th August (13:00 - 14:30 UTC)	Dear International Dentistry SIG members, Mark Jurkovich has asked me to remind you all that there is a teleconference arranged for the SIG next week on Tuesday 5th August (at 13:00 - 14:30 UTC). You will find the relevant documentation linked here: <a href="https://csfe.aceworkspace.net/sf/go/docf4349">https://csfe.aceworkspace.net/sf/go/docf4349</a> Dial-in details are as follows: ----- 1. Please join my meeting. <a href="https://global.gotomeeting.com/join/288858325">https://global.gotomeeting.com/join/288858325</a> 2. Use your microphone and speakers (VoIP) - a headset is recommended. Or, call in using your telephone: Denmark: +45 (0) 69 91 89 24 Australia: +61 2 9091 7606 Austria: +43 (0) 7 2088 1036 Belgium: +32 (0) 28 08 4345 Canada: +1 (647) 497-9372 Finland: +358 (0) 942 41 5788 France: +33 (0) 182 880 162 Germany: +49 (0) 811 8899 6928 Ireland: +353 (0) 19 030 053 Italy: +39 0 693 38 75 53 Netherlands: +31 (0) 208 080 212 New Zealand: +64 (0) 4 974 7243 Norway: +47 21 04 29 76 Spain: +34 931 81 6713 Sweden: +46 (0) 852 500 182 Switzerland: +41 (0) 225 3311 20 United Kingdom: +44 20 3657 6777 United States: +1 (805) 309-0027 Access Code: 288-858-325 Audio PIN: Shown after joining the meeting Meeting ID: 288-858-325 ----- Please email Mark if you have any questions (at jurko003@umn.edu). Best wishes, Fleur	fgilbert	Thu Jul 31 08:36:27 Z 2014	forum1611	post1 0375	proj1163		A	topc6986
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## DentistrySIG Spreadsheet review for October 2013 meeting (collabnet topic id: topc6791)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
Dentistr ySIG Spreadsheet review for October 2013 meeting	A spreadsheet that includes all submissions has been broken into segments by Dr. Geraldine Wade. In order to expedite our deliberations at our face to face meeting in October, I will collate all comments received on specific segments of the spreadsheet. These comments may help to speed up our discussions and recommendations to the content committee. Specifically, please review and update the spreadsheet loaded in the documents section. The spreadsheet is named spreadsheet for comment August 26. Please make comments and suggestions in column N. On the bottom of the sheet, you will see tabs that separate all of the concepts. Please review and comment on the terms under the following tabs: Need clarification, under review, cephalometry, measurements, add regions. Dr. Wade specifically requested that we identify any other regions that might need to be added. As you review the terms, keep in mind that the best way for our SIG to assist the content committee is by providing as complete and clear a definition/description as possible. We may also wish to add thoughts and ideas on the type of concept it should be, whether there are other synonyms, etc. I will leave the spreadsheet open for comments until September 20. At that time, I will collate all comments and post a new spreadsheet including the comments for all to review prior to our meeting In October. I will also post an agenda during the week of September 20. If you have suggestions and recommendations for the agenda, please let me know either through this forum or directly to my email at jurko003@umn.edu. Thanks to all of you for your time and efforts. I believe we are making progress toward getting a workable dental set within SNOMED CT. I look forward to continuing our work together. Mark Jurkovich	ydaruis	Sun May 25 12:24: 20 Z 2014	forum1611	post1 0120	proj1163		A	topc6791

## DentistrySIG Final postings for october 7 2013 meeting (collabnet topic id: topc6790)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
Dentistr ySIG Final postings for october 7 2013 meeting	I have updated the agenda and provided a couple of spreadsheets that are part of Dr. Wade's sorted sheet. I have sorted two tabs, international review and clarifications by color coding some of the concepts. Hopefully, this will allow us to work through them expeditiously. Several concepts are administrative in nature and we need to decide if these are appropriate additions to a clinical terminology. Others are related to measurements, orthodontic landmarks, etc. that we may wish to recommend as being added. Still others deal with caries nomenclature that we will be discussing in the afternoon. I will also be providing these at the meeting, should anyone wish to download them onto their computers, if not done from this site.	ydaruis	Sun May 25 12:23: 41 Z 2014	forum1611	post1 0119	proj1163		A	topc6790

## DentistrySIG February 4, 2014 meeting (collabnet topic id: topc6785)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
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Dentistry SIG February 4, 2014 meeting	Under the documents section, you will find a preliminary agenda and some supporting spreadsheets and documents. Please let me know if you would like to add or change anything on the agenda. Dr. Jim Case has proposed that, in order to more effectively monitor and track outstanding submissions, that we use the National Library of Medicine's USCRS system. This could very well reduce confusion and allow the SIG to provide additional information and clarifications in a more timely manner. He is willing to give a brief demonstration on how to use the system. Please let me know at my email address, jurko003@umn.edu if you are interested. We may be able to include it in our meeting or schedule a short goto meeting at another time. I have searched SNOMED CT under all of the categories of substances that have been brought forth to date. That spreadsheet also includes physical objects (because some dental crowns are classified that way). It also must include some implants, as some of the substances are coated in hydroxyapatite. I would like your review and comments particularly if you note any material (substance) gaps. We will need to review and suggest a best way to develop further the subset and recommendations for creating a system that can populate an odontogram as thoroughly and accurately as possible. Please add any comments or suggestions on any of the topics either in this discussion on the Collabnet or, if you prefer, you may use my email and I will add those comments to the agenda prior to our meeting. (jurko003@umn.edu). Finally, we are planning on a face to face meeting on Monday, April 28 in Copenhagen. It will be an all day meeting. I previously suggested that we consider getting together INFORMALLY on Sunday afternoon the 27th to further flesh out some of the discussion involving caries risk, periodontal methodology for terms, etc. I will keep you posted on a location when I know more. As of today, January 27, I have received no requests for agenda changes or additions. Thus, unless changes are made on the day of the meeting, we will use the preliminary agenda as the "final" agenda. Please note that there is a new posting on the documents segment, an update from Dr. White regarding the caries severity documentation. Please add any comments or suggestions about this or any of the previous posting to this forum. Thank you.	ydaruis	Sun May 25 12:20:30 Z 2014	forum1611	post10114	proj1163		A	topc6785
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## DentistrySIG April 1 Meeting (collabnet topic id: topc6784)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
Dentistr ySIG April 1 Meeting	An agenda has been posted under the documents tab. If you would like to make any changes to the agenda or add any further information, please respond to this discussion. Thank you. The preliminary agenda will be used for our meeting next Tuesday. A new document regarding substances has been posted. Please take a look at it and either make comments thru the Collabnet or at the meeting. Thank you	ydaruis	Sun May 25 12:19:48 Z 2014	forum1611	post10113	proj1163		A	topc6784

## DentistrySIG Call for NominationsCOLON Vice Chair of the International Dentistry SIG (collabnet topic id: topc6799)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
Dentistr ySIG Call for Nominations: Vice Chair of the International Dentistry SIG	Nominations are invited at this time for the post of vice-chair of the IHTSDO International Dentistry Special Interest Group (SIG). The SIG was established to provide advice on new as well as updated Dentistry content in SNOMED CT through projects agreed by the IHTSDO Content Committee and prioritised by Members part of the IHTSDO annual work plan. The post of Vice-Chair of the International Dentistry SIG is for two years, after which the Vice-Chair will become Chair of the SIG for a further two year period. Thus the overall term of office is four years. However, the initial period as Vice-Chair may be shortened if the term of office of the current Chair ends during that period. Such an approach is to ensure succession planning. While serving in this role, the elected Vice-Chair is expected to attend International Dentistry SIG meetings and assist the Chair in all aspects of the SIGs work, in liaison with the IHTSDO. Work will be undertaken through regular phone conferences and the IHTSDO Business Meeting in October each year, if a face to face meeting is required. The Vice-Chair should also be willing to assume the responsibilities of the Chair when the Chair is unavailable. Nominations, using the form attached, should be sent to Fleur McBriar at <a href="mailto:fmc@ihtsdo.org">fmc@ihtsdo.org</a> by this Friday, 30th May 2014 23:00 UTC. If there are a number of candidates, a process of election will take place and decisions signed off by the Healthcare Professional Coordination Group. The successful candidate is expected to start immediately. The IHTSDO Conflict of Interest Policy (referred to in the nomination form) can be viewed at: <a href="http://www.ihtsdo.org/fileadmin/user_upload/Docs_01/About_IHTSDO/Publications/Policies_and_Regulations/IHTSDO_Conflict_of_Interest_and_Code_of_Ethics_Policy_version_1_00_20120522.pdf">http://www.ihtsdo.org/fileadmin/user_upload/Docs_01/About_IHTSDO/Publications/Policies_and_Regulations/IHTSDO_Conflict_of_Interest_and_Code_of_Ethics_Policy_version_1_00_20120522.pdf</a>	fgilbert	Tue May 27 08:06:59 Z 2014	forum1611	post10130	proj1163		A	topc6799

## DentistrySIG February teleconference possible dates (collabnet topic id: topc6796)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
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Dentistry SIG February teleconference possible dates	We have reached ten members. I anticipate a few to several more joining the Dentistry SIG in the next several weeks. I believe we have enough critical mass to begin discussions on several aspects relating to dentistry and SNOMED CT. I would like to set up a first teleconference and desire your feedback on possible dates. Since most members are from North America, I am going to use a morning meeting time in North America and hope that others can participate, either by phone or through the forum, as soon as an agenda is posted (anticipated by January 28). I would like to suggest one of the following days: February 14, 18, 21, 25 or 27. I propose an 8AM Central Time start and would anticipate no more than 90 minutes and more likely 60. Please let me know your availability and I will select the time that works for the most members. I am certainly willing to adjust by an hour or two and am open to other days, with Tuesdays being unworkable for me at present. Topics that have been forwarded or previously discussed include the possibility of adding procedures to the current dental subset of SNOMED CT, per a request from our European colleagues, possibly adding other terms from SNOMED CT into the dental subset such as locations, etc. This will require some methodology for searching the current SNOMED CT set and identifying what is already available, prior to looking at adding further terms. A concern has been expressed that there is overlap in the terms tooth and teeth and we may wish to see if we can standardize the use, with one being plural and one being singular. A further area deals with changes in periodontal terms in the United States and it may be appropriate to consider if some of the terms previously used in the United States may be used elsewhere or if some of these are now inactive. Please let me know of other possible discussion points for the dentistry SIG through this forum and we can add them to the agenda. I look forward to working with all of you as we get started on these endeavors. Mark Jurkovich	ydaruis	Sun May 25 12:27:45 Z 2014	forum1611	post10125	proj1163		A	topc6796
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## DentistrySIG Preliminary information for April 2013 Dentistry SIG meeting (collabnet topic id: topc6795)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
DentistrySIG Preliminary information for April 2013 Dentistry SIG meeting	The Dentistry SIG is planning meetings April 8 all day and April 9 in the afternoon at the IHTSDO Business meetings in Copenhagen, Denmark. The times and locations of these meetings can be found in the business meeting agenda for the April 2013 meetings. If you are not able to attend in person, but would like to attend via teleconference, please let me know not later than Friday, March 22, end of day. I will then work with the IHTSDO staff to have the room properly set up for phone access, if possible. I have posted, under the documents tab, a preliminary agenda and a spreadsheet of additional dental terms that have been reviewed by the US National Library of Medicine. The status of the terms within SNOMED CT is listed. There are concepts that need clarification as well as others that have been rejected. Part of the time planned during our meetings is to review these and provide assistance and recommendations as to next steps. We should plan on providing clarification where requested and to review the rejected terms to see if they should be resubmitted with additional information because they are important to the dental vocabulary. I have also posted a one page sheet of definitions concerning the status of a concept. Hopefully, this will make the spreadsheet a bit easier to understand. There is also a draft of the Terms of Reference of the Dentistry SIG. This guides the SIG in its functions and all SIGS have Terms of Reference. We began the work on this at our October meeting. If you have any questions, additional agenda items, or you would like to attend the meeting remotely, please either respond to this discussion forum or email me at jurko003@umn.edu and I will do what I can to assist. I look forward to seeing some of you again and greeting those I have not yet met. Mark Jurkovich	ydaruis	Sun May 25 12:27:12 Z 2014	forum1611	post10124	proj1163		A	topc6795

## DentistrySIG Summary of April meeting and agenda for June teleconference (collabnet topic id: topc6794)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
DentistrySIG Summary of April meeting and agenda for June teleconference	I have posted three documents for all to view. There is a summary of the meeting we had in Copenhagen. If you feel any revisions are necessary, please let me know, as I will forward a final copy to the content committee on or about May 15. A preliminary agenda has been posted for our first teleconference. As soon as I have information on how to access the conference, I will forward it. If you have other additions to the agenda, please let me know by May 15. Finally, I have posted a spreadsheet with our comments that I will also forward to the content committee on or about May 15. If there are any additions or corrections to it, please let me know prior to that date.	ydaruis	Sun May 25 12:26:18 Z 2014	forum1611	post10123	proj1163		A	topc6794

## DentistrySIG August teleconference (collabnet topic id: topc6792)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
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Dentistr ySIG August teleconf erence	An update on the August 13 meeting, with information on the agenda and access to documents that will be used. A revised spreadsheet will be posted today that separates concepts by status. Further delineation should be available during the meeting. There were no requested agenda additions for the meeting, so the current agenda will be the basis for discussion. That agenda is posted under the documents tab. An additional document on how to use the web based site so documents can be viewed in real time during the meeting will be posted either today or tomorrow.	ydaruis	Sun May 25 12:25: 04 Z 2014	forum1611	post1 0121	proj1163		A	topc6792
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## DentistrySIG Meeting log in information (collabnet topic id: topc6787)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
Dentistry SIG Meeting log in informati on	New Meeting 1. Please join my meeting. <a href="https://global.gotomeeting.com/meeting/join/288858325">https://global.gotomeeting.com/meeting/join/288858325</a> 2. Use your microphone and speakers (VoIP) - a headset is recommended. Or, call in using your telephone. Denmark (Toll-free): 8025 0919 Denmark: +45 (0) 69 91 84 58 Access Code: 288-858-325 Audio PIN: Shown after joining the meeting Meeting ID:288-858-325 GoToMeeting Online-Meetings made easy	ydaruis	Sun May 25 12:21: 50 Z 2014	forum1611	post1 0116	proj1163		A	topc6787

## DentistrySIG June 4 Dentistry SIG teleconference instructions (collabnet topic id: topc6793)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
Dentistry SIG June 4 Dentistry SIG teleconf erence instructio ns	We will be following the preliminary agenda posted in the documents section. The instructions on how to participate are now also posted in the documents section, as we all may have different dial in numbers to use. You will find the dial in number you need on the document posted as call instructions. The other information you will need: Meeting is June 4 at 13:00 UTC (*AM Central Daylight Time, US)and will last about 60 minutes, but may go as long as 90 minutes. We will use Conference Line 4 Our passcode is 54362# Please be aware that there are a limited number of lines available. If we have a significant attendance, you may get a busy signal. Minutes will be kept and posted for review and comment in approximately 2 weeks.	ydaruis	Sun May 25 12:25: 36 Z 2014	forum1611	post1 0122	proj1163		A	topc6793

## DentistrySIG Upcoming meetings (collabnet topic id: topc6786)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
Dentistr ySIG Upcomi ng meetings	The next go to meeting will be Tuesday, February 4 at 1400UTC (8AM CST in the US). I will plan for 90 minutes. The possible face to face meeting in Copenhagen will be in April, but the IHTSDO has not posted finalized dates for the business meeting. If we have a face to face session, it will be during the same time as the business meetings and will take place on that Monday. As soon as a date has been selected and the availability of staff confirmed, I will post the information and email each of you also.	ydaruis	Sun May 25 12:21: 07 Z 2014	forum1611	post1 0115	proj1163		A	topc6786

## DentistrySIG IHTSDO International Dentistry SIG vice chair (collabnet topic id: topc7212)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
Dentistr ySIG IHTSDO Internati onal Dentistr y SIG vice chair	The IHTSDO is pleased to announce that the IHTSDO Management Board has unanimously accepted the recommendation of the Healthcare Professions Coordination Group that Fred Horowitz be appointed vice-chair of the IHTSDO International Dentistry SIG. Fred will work with our Chair, Mark Jurkovich, continuing the great work of the SIG Our thanks to Fred for taking on this role and also to others who put themselves forward - a reflection of the interest to take forward the work of this group Jane Millar Head of Collaboration IHTSDO	jmillar	Thu Oct 02 19:59:30 Z 2014	forum1611	post1 0650	proj1163		A	topc7212
RE: Dentistr ySIG IHTSDO Internati onal Dentistr y SIG vice chair	Jane, thank you. Fred -----Original Message----- From: Jane Millar (IHTSDO staff) [mailto:jmi@ihtsdo.org] Sent: Thursday, October 02, 2014 12:59 PM To: dentistry_notification_-dentistry_sig Subject: DentistrySIG IHTSDO International Dentistry SIG vice chair The IHTSDO is pleased to announce that the IHTSDO Management Board has unanimously accepted the recommendation of the Healthcare Professions Coordination Group that Fred Horowitz be appointed vice-chair of the IHTSDO International Dentistry SIG. Fred will work with our Chair, Mark Jurkovich, continuing the great work of the SIG Our thanks to Fred for taking on this role and also to others who put themselves forward - a reflection of the interest to take forward the work of this group Jane Millar Head of Collaboration IHTSDO  _____ General Group Notifications <a href="https://csfe.aceworkspace.net/sf/go/post10650">https://csfe.aceworkspace.net/sf/go/post10650</a>	fhorowitz	Thu Oct 02 20:06:01 Z 2014	forum1611	post1 0652	proj1163	post10650	A	topc7212

### DentistrySIG New documents for dentistry sig added (collabnet topic id: topc6992)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
DentistrySIG New documents for dentistry sig added	two new documents have been added to the discussion board and are attached here also.	mjurkovich	Sun Aug 03 19:18:50 Z 2014	forum1611	post10383	proj1163		A	topc6992

### DentistrySIG December 3 meeting information (collabnet topic id: topc6788)

Title	Content	Created By	Date Created	Forum ID	ID	Project ID	Reply To ID	Status	Topic ID
DentistrySIG December 3 meeting information	There is an updated agenda and two new documents posted in the document section. Please use these as well as the previous spreadsheets concerning administrative and periodontal terms for our meeting next week. Log in and call in information has been requested and I will do my best to have it to you by this Wednesday, November 27.	ydaruis	Sun May 25 12:22:27 Z 2014	forum1611	post10117	proj1163		A	topc6788