



*Please join Alumni Representative Dr. Karen Lewkowitz '82
and meeting host Dr. Doron Kalman '95
for an evening of networking, dining and education at the*
Queens & Long Island Spring Alumni Study Club

DATE: Monday, March 13, 2017

TIME: 7:00 to 9:30 p.m.

LOCATION: **Kalman Oral Surgery &
Implant Center**
60-70 Woodhaven Blvd., Unit C-
2 Elmhurst, NY 11373

Includes dinner, lecture and 2 CE credits
FEE: \$50 CDM Alumni & Faculty
\$40 Recent Alumni: '12-'16
\$25 CDM Students/Residents
\$60 Guests / Affiliated Dental Staff

Should I be concerned about Osteonecrosis of the Jaw in Dental Patients?

Guest Speaker: John T. Grbic, DMD, MS, MMedSc

*Professor of Dental Medicine at CUMC (in Foundational Sciences and Periodontics)
Director, Division of Foundational Sciences, Columbia University College of Dental Medicine*

Course Description & Objectives:

This talk will review the medical rationale for using bisphosphonates and other anti-resorptive therapies in the treatment of patients with osteoporosis and bone metastases. The diagnosis, pathogenesis, and epidemiology of Osteonecrosis of the Jaw (ONJ) in dental patients will be presented and the dental management of patients at risk for ONJ will be discussed.

At the completion of this lecture, you will be able to:

- 1) Understand the importance of anti-resorptive therapies (bisphosphonates and denosumab) in the management of patients with osteoporosis and bone metastases.
- 2) Diagnose an osteonecrosis of the jaw (ONJ) lesion and understand the risk factors and some of the potential pathogenic mechanisms involved in the development of ONJ.
- 3) Understand the dental management of osteoporotic and cancer patients taking anti-resorptive therapy.

To register: Contact the Alumni Office at (212)342-2964 or mmw7@columbia.edu

Register online at: www.dental.columbia.edu/CE or fax form below to (212) 342-5179

QUEENS/LI ALUMNI STUDY CLUB: MONDAY MARCH 13, 2017

Name (s) _____ Class Year: _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ - _____ Email _____ Dietary Restrictions _____

Credit Card # _____ Expiration ____/____ Name on Card _____

Billing Address (if different from above) _____

Enclosed is payment for ___ participants totaling \$ _____

Please make checks payable to: Columbia University. Mail this form with registration fee to:
*Melissa Welsh, Director of Alumni Relations, Columbia University College of Dental Medicine
630 West 168th Street, Box 20, New York, NY 10032. Or fax to (212) 342-5179. Phone: (212)-305-6881*