

SDA CONVENTION 2025 SPEAKERS AT A GLANCE

5TH & 6TH APRIL (SAT & SUN) | ORCHARD HOTEL SINGAPORE

DENTISTRY TODAY: EMBRACING CHANGE, DRIVING PROGRESS, PUSHING FRONTIERS

We are delighted to present the lineup of esteemed speakers of the Convention. Starting now for every 2 weeks, we will be introducing the various speakers. Their expertise spans across a range of topics that we believe will provide invaluable takeaways for attendees. Be sure to register by **CLICKING HERE** or scanning the QR code to reserve your spot and learn from them.

Are you a non-SDA member? This is the perfect opportunity to **JOIN THE SINGAPORE DENTAL FAMILY** and access resources, networking events, and other exclusive opportunities. With the early-bird rate discounted by approximately 37% for members, don't pass up this exceptional offer to **BECOME A PART OF OUR COMMUNITY OF DENTAL PROFESSIONALS**.

* RATE IS INCLUSIVE OF GST

EARLY BIRD RATE (18TH AUG TO 31ST OCT 24)

SDA MEMBER: S\$294.30 NON-SDA MEMBER: S\$463.25

REGULAR RATE (1ST NOV 24 TO 21ST MAR 25)

SDA MEMBER: S\$403.30 NON-SDA MEMBER: S\$626.75

ON-SITE (5TH APR 25)

SDA MEMBER: S\$512.30 NON-SDA MEMBER: S\$790.25

SCAN TO REGISTER

Get a 10% group registration discount for 10 or more people. Email us for details.

For any enquiries, please contact us at convention@sda.org.sg

ADJ. ASSOC. PROF. LOH KAI WOH

SHORT AND SWEET ORTHODONTICS: TIPS AND TECHNIQUE TO AVOID PROLONGED ORTHODONTIC TREATMENT



- BDS (U Of Singapore). MDS (U Of Pittsburgh)
- Founding President Association Of Orthodontists,
 Singapore
- Past President Asian Pacific Orthodontic Society
- Past Hon Gen Secretary Singapore Dental Association
- Adjunct Associate Professor National University Of Singapore
- Past Visiting Professor Wenzhou Medical College
- Delivered Lectures In 24 Countries

SYNOPSIS

Orthodontic treatment can be a long-drawn affair. In rare cases, orthodontic treatment can be prolonged to 5 years. This can be very stressful for both the patient and the clinician. To ensure a short and sweet orthodontic treatment, proper diagnosis and treatment planning are most vital. It is through these procedures we can then make a proper case selection for orthodontic treatment according to the level of competence of the clinician. Appropriate case selection will lead to a shorter treatment time. In general, extraction cases will take a longer time. Class 1 malocclusion cases will take a shorter time.

LEARNING OBJECTIVES

- Diagnosis
- Case selection
- Reduce treatment time

KEY WORDS

Diagnosis, Treatment Plan

DR. TONG HUEI JINN

OUTMANOEUVRING THE ANXIOUS GENERATION ALPHA CHILD – MOVING FORWARD IN BEHAVIOUR MANAGEMENT



- BDS (Singapore); MDentSci With Distinction (Leeds, UK);
 MPaeddent RCS (England)
- Vice President, Society For Paediatric Dentistry (Singapore)
- Accredited Specialist In Paediatric Dentistry (Private Practice -Petite Smiles Children's Dental Clinic)
- Special Interests: Managing Special Needs Children;
 Interdisciplinary Management Of Dental Trauma; Systematic Reviews

SYNOPSIS

Behaviour management is the cornerstone in paediatric dentistry, where the child's level of cooperation directly influences how well dental treatment can be performed. Behavioral management is often challenging as clinicians need to be familiar with a range of techniques to meet individual patient's needs, while being flexible in their implementation. This lecture will cover modern strategies for behaviour guidance applicable to the anxious child of this generation and their parents. The evidence behind the effectiveness and acceptability of these new techniques in comparison with traditional behaviour management strategies will be presented.

LEARNING OBJECTIVES

- To provide an evidence-based appraisal on the effectiveness and acceptability of both conventional and modern behaviour management strategies and their modifications.
- To present an update on recent advancements and modern strategies for behaviour guidance in paediatric dentistry.
- To discuss the ethical and practical considerations, as well as future directions of behavior management.

KEY WORDS

Behaviour Management, Anxious Children, Paediatric Dentistry

DR. JOHN LOH

ORAL CANCER – DIAGNOSIS AND THE ROLE OF THE GENERAL DENTAL PRACTITIONER



John Ser Pheng Loh is a practicing Oral and Maxillofacial surgeon from the National University Centre for Oral Health, Singapore (NUCOHS) as well as the National University Cancer Institute, Singapore (NCIS), under the National University Healthcare System (NUHS) in Singapore. He graduated with the Bachelor of Dental Surgery from the National University of Singapore and the Master in Dental Surgery from the University of Hong Kong. He obtained his medical degree (MBBS) from Barts and the London School of Medicine and Dentistry, Queen Mary College, University of London, UK. John holds a concurrent appointment as Assistant Professor in the Faculty of Dentistry,

National University of Singapore. He subspecializes in Oral Oncology and Reconstruction Surgery and has undergone dual fellowship training in the Department of Head and Neck Oncology and Reconstructive Surgery, Shanghai 9th Hospital, China and Mund-, Kiefer- und Gesichtschirurgie (MKG), Klinikum Rechts der Isar at the Technical University of Munich (TUM), Germany. He is also a researcher with N1.Institute of Health, NUS as well as the OMFS-IMPATH (Katholic University of Leuven, Brussels)

SYNOPSIS

Oral cancer is a common malignancy with high morbidity and mortality, however general public awareness remains limited. Every year, 377,713 new cases are reported worldwide, representing 2% of all new cancer cases. There are, however, very wide regional variations, and Asia has the highest incidence of oral cancer of all continents, which may be closely linked to local lifestyles and cultural practices. Although the well-established aetiological factors associated with oral cancer such as smoking, betel quid, and alcohol are avoidable, many individuals continue to engage in these behaviours. The incidence of oral cancer is relatively low in Singapore with a 5-year prevalence of oral cancer in all age groups estimated at 12.79 per 100,000. This will likely change as immigration patterns, a major driver of Singapore's population growth, evolve with increased immigration from other countries including India where oral cancer accounts for as much as 30% of all cancers. In addition, an emerging incidence of oral cancer associated with human papillomavirus (HPV) in the younger population has been observed worldwide, especially in developed countries, and is likely to increase the burden of oral cancer in Singapore in the coming years. Tongue cancer is also an emerging disease in the young female cohorts in Singapore.

In this talk, the speaker will discuss the current understanding of oral cancer and its diagnosis, as early diagnosis helps with the disease outcomes. There will be a focus on the role of the general dental practitioner (GDP) and the significant impact GDPs have on oral cancer management.

DR. JOHN TAY

A FRESH LOOK AT ROOT RESECTIVE THERAPY IN PERIODONTALLY COMPROMISED MOLARS



Dr. John Tay is an Associate Consultant at the Department of Restorative Dentistry, National Dental Centre Singapore (NDCS). His current practice includes the management of severe forms of periodontitis, and performs periodontal and implant surgeries for patients with unrestorable teeth, anatomical deformities, and masticatory dysfunction. He firmly believes in the need to rely on sound scientific evidence to deliver the best care for his patients. He was awarded the NMRC Research Training Fellowship in 2024,

and strives to be a clinician-scientist by exploring the interrelationships between periodontitis and the overall health of the patient, as well as engaging in health services research to deliver optimal outcomes for his patients.

SYNOPSIS

Restorative treatment becomes challenging when molars are affected by periodontal attachment loss. Retaining periodontally involved teeth may be seen as compromising the overall restorative plan, but extractions are not the only alternative. Root resective therapy involves removing one root at the level of the furcation while leaving the remaining roots with part or all of the crown intact. This presentation will cover the rationale for root resective therapy in the context of periodontal treatment. Potential complications, the need for hard tissue grafting, and novel concepts in resective protocols will also be discussed.

LEARNING OBJECTIVES

- Rationale For Root Resective Therapy
- Indications For Root Resective Therapy
- Potential Complications
- Novel Root Resective Concepts

KEY WORDS

Root Amputation, Furcation Defects, Periodontal Surgery, Hopeless Teeth, Tooth Survival