

**Food and Drug Administration Advisory Committee Meeting**

**December 14-15, 2010**

**Testimony Provided by Andrew Read-Fuller, 2010-11 ASDA Vice President**

Members of the Dental Products Panel, thank you for your time. My name is Andrew Read-Fuller, and I am a fourth year dental student at the UCLA school of dentistry. In addition, I am the Vice President of The American Student Dental Association or “ASDA”—the largest dental student organization in the United States—and I am here representing the views of our 17,000 predoctoral members, which accounts for about 86% of all dental students nationwide.

It is ASDA’s objective to advocate for the improvement of dental care and its delivery to the public, and a **significant** portion of the patients treated by students at dental schools are uninsured; **many** are considered to be at high risk for dental disease based on socioeconomic status and level of education. ASDA members are committed to providing care to these patients that is effective, accessible, and above all, **safe**.

Student dentists do not have financial motivations in prescribing dental treatment; we **don’t** make any money for the work that we do, and we receive **no** special benefits for choosing to use one type of restorative material compared to another.

Student dentists are taught to make treatment decisions based on sound scientific evidence. ASDA supports the FDA’s 2009 decision to classify dental amalgam as a class II device in light of the Agency’s conclusion that “clinical studies have **not** established a causal link between dental amalgam and adverse health effects in adults and children aged six or older.” In the absence of new evidence, there is no reason to question this conclusion that was reached just last year.

In many instances, amalgam is the indicated restorative material for patients in dental school clinics, especially those suffering from **extremely** debilitating dental disease. Amalgam is strong and durable, and is an excellent option to restore posterior teeth, or teeth requiring large fillings. In addition, amalgam is a less expensive alternative to other restorative materials, and it

helps enable some of the well over 100 million uninsured dental patients in the United States to be able to afford treatment for their dental disease.

Based on the misinformed belief that dental amalgam is dangerous, many patients in predoctoral clinics are now requesting that their amalgam fillings be removed and replaced with composite, even if their existing restorations are intact and replacement is not indicated. As described in the FDA's 2009 rulings, patients receive a higher exposure to mercury when amalgam fillings are removed. ASDA believes that the removal of clinically serviceable dental amalgam restorations **solely** to substitute a material that does not contain mercury is unwarranted, improper, unethical, and constitutes intentional misrepresentation to the patient.

Student dentists are taught that good communication with patients is CRITICAL. I am supremely confident in both the safety, AND the efficacy of dental amalgam, and I frequently recommend amalgam fillings to my patients. Like any responsible clinician, I explain the risks, benefits, and alternatives of **any** proposed treatment, and I have found that even patients who are initially skeptical about having amalgam fillings are very willing to accept them once they understand the facts about amalgam restorations. I **always** make sure that my patients are aware of what types of materials are being placed in their mouths before I perform any procedure.

I personally have never had a cavity but **certainly**, given the choice between composite and amalgam, I would personally request that a dentist place amalgam in my mouth if I had a medium sized or large cavity on one of my back teeth, and I would not hesitate to place an amalgam restoration in a family member or close friend.

Eliminating dental amalgam from our dental school clinics would deprive student providers of a valuable tool, and would in many instances compromise the quality care that student dentists can provide to their patients, **particularly** those high-risk patients in **greatest** need of dental care. ASDA strongly encourages the FDA to reaffirm the safety of amalgam in order to protect the public, and enable student dentists to provide the highest level of care to their patients.

Thank you for very much for your time.