Alberto Consolaro

Profession: PROFESSOR. According to the definition found in the Aurélio Portuguese language dictionary, professor is the person who professes or teaches a science, an art, a technical discipline; a master. All these features are deeply rooted to the profile and history of the interviewee in this edition of Dental Press Implantology, Professor Dr. Alberto Consolaro.

He is Brazilian, born in the city of Araçatuba, São Paulo, and comes from a very poor family of farm workers of Italian descent. The third of four brothers, all of them very studious. His father, a carpenter by trade, even from very humble origins and little education, had inside him a certainty very well grounded in life experience and intuitive wisdom of those who carve the future of the family with fair dealing, honesty and sweat of their own face. Of those who wants the best for the future of their children. Those who definitely learned, with daily labor, to transform adverse conditions and big difficulties in solid and fruitful lessons! Convinced, he insisted daily, in prophetic tone and repeating a mantra, that it was ***necessary*** *and* ***fundamental*** "*... to study hard to be someone and succeed in life!*". Professor Consolaro, besides having completely assimilated these teachings, has ***exaggerated***, for luck and delight of those who know him well and enjoy their conviviality.

A man of surprising escalation in the academic sphere. Graduated in Dentistry (Unesp/Araçatuba), specialist (CFO), associate professor and doctor (USP), full professor (FOB-USP) and post-graduation professor (FORP-USP). Features of restless, curious, exciting and participatory are essential to any researcher of quality. Our interviewee is of remarkable generosity in eclectically sharing knowledge and, as few, of recognized capacity to convey scientific content in different areas of knowledge. In lectures, congresses or crowded classrooms within universities as a visiting professor, or supervisor of dissertations and theses, writing books or scientific articles, Dr. Consolaro shows always constant joy and enthusiasm of those who continue renewing himself, learning, studying and pleasantly dedicating the dynamic and fascinating ***art of teaching***!

In the following pages, the reader can assess the answers given to several questions asked by professors in different locations in Brazil and South American countries - mostly ex-students of the professor himself - on controversial and general interest subjects related to Odontology, Implantology, academic formation, higher education in Brazil, Internet and computerization in education, teaching and many other subjects in which he moves with the recognized and usual easiness, efficiency and didacticism. In these responses, he confesses: "My dreams have always gone through teaching and research. To learn how to communicate well with words, postures and images were tools that I had to minimally dominate to be a good professor. "

The author of "Cárie Dentária: Histopatologia e Correlações Clínico-Radiográficas", "Reabsorções Dentárias nas Especialidades Clínicas", "O Ser Professor", "Controvérsias em Ortodontia e Atlas de Movimentação Dentária" and "Inflamação e Reparo", in addition to numerous scientific papers published in national and foreign journals, is also the newest acquisition to compose the editorial board of journal Dental Press Implantology, joining forces with Prof. Dr. Carlos Eduardo Francischone and other collaborators, adding even more *competence, creativity, quality and scientific ambience*. This subject is also part of this interview.

Franklin Moreira Leahy

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Dear Prof. Consolaro, you write, attend courses and attends Orthodontics congresses for a very long time. Lately, we have followed your teaching performance more directed to areas related to osseointegration. Is this observation true? Is there any specific reason?

Prof. Luis Rogério Duarte (Salvador/BA)

Since before the osseointegration, I watched, somewhat scared, conferences and approaches on implants, but I was always quiet because I was still young and incipient! With the advent of osseointegration, and as I always researched and taught bone biology, slowly I went to acquainting the subject and started teaching in graduation classes in the specialization of the college and of the Centrinho. It took some time, but people from the Implantology area from other places heard about my classes and studies, which culminated with its biggest propagation in the last 10 years. But I always had an interest in bone biology, which it is also fundamental in the orthodontic practice. Prior to understand the root resorption we have to understand bone biology, resorption and osteogenesis. The same occurs with osseointegration.

I keep studying and researching the biology of tooth movement and root resorption with the same enthusiasm as before. Over the past 5 years, there were 6 thesis orientations on the subject. In March, a new book of Root Resorption in Clinical Specialties was released, in its 3rd edition with new chapters and figures. Bone biology applied to Implant dentistry is also enchanting, hence my concomitant enthusiasm and study for many years!

Prof. Consolaro, how could the research centers, the National Council for Scientific and Technological Development (CNPq) and Coordination for the Improvement of Higher Education Personnel (CAPES) further motivate the scientific production in the country? What measures would you take if you were in charge of any of these organs?

Prof. José Alfredo Mendonça (Belo Horizonte/MG)

The two development organs mentioned , as well as FINEP and FAPESP, are very well managed and sized, if we consider how they were before. The country has been an exemplar in some of these aspects, although we still have a lot to improve which is natural.

In my point of view, I believe that these entities should be more present in educational and research institutions, because everything works based on projects and reports made by the researchers and reviewed by their peers; sometimes the reality is different. The system has worked well, but there are drawbacks that could be avoided, there are adjustments to be made, such as the criteria for selection of representatives and consultants, including the selection criteria for funding beneficiaries. A more present performance could lead to a winder scope among researchers, including local representatives and orienting and forming activities of trained personnel to perform projects, and adequate them to requirements from the development organs. I see that the time was come for greater transparency and inclusiveness in the process.

But there is a point to be discussed which needs to be reformatted. Brazil has been a leader in researches in several areas of knowledge, including Dentistry. Would not it be time to invest in our publishing system, improving, and especially valuing our journals, qualifying them for an international level? Chinese people are doing this: reformatting their research publishing system.

Our journal has to be valued in the qualification criteria of these organs, provided they meet certain

conditions for it. The qualification system of the journal in Brazil is still very closed, centered or focused on a few people that, besides being overloaded, have a job of major importance to deal!

The research organs in Brazil could prepare a program with adequate resources for companies to solidify the scientific publication system in the country by sponsoring publishers and forming human resources specifically for this purpose. Mistakenly when one of these development organs helps journals, they are those linked to the research centers, in other words, explicitly or covertly linked to universities or research institutions. There are two distinct sectors: One producing researches and another publishing; they cannot be linked because they lose independence, since one produces and another judges them relevant or not.

If the work is published in English, the universal language it allows unrestricted access on Internet and international criteria were observed for publication, because it needs to be published abroad. If you have impact by this or if it is quoted, it does matter if it was edited here or abroad. If organs and publishers together reorganize this sector in Brazil, we have much to gain in this area, as researchers and country! Are we part of the world or not?

Prof. Alberto Consolaro, is the use of bisphosphonates an absolute contraindication to the installation of dental implant in patients irradiated or not irradiated receiving antineoplastic therapy? Is there a specific protocol for the use of dental implants in patients with these clinical characteristics?

Prof. Álvaro Furtado (Lages/SC)

In irradiated areas, tissues become poor in cells and blood vessels for periods ranging 5 to 10 years, preventing repair and defense against usually banal aggressors on the area. This regardless of the patient making use or not of bisphosphonates. The osseointegration is a peri-implant repair and, in the mouth, often come components of the microbiota when eating or brushing teeth, for example.

Furthermore, patients who undergo antineoplastic treatment receive drugs that inhibit cellular proliferation and, thus, decrease or inhibit the reparative and defensive ability. Likewise, when exposing the bone tissue of patients taking antineoplastic cytostatic agents to the oral environment it can lead to severe inflammatory conditions in soft and hard tissues.

Bisphosphonates are not cytostatic drugs, nor inhibit reparative or defensive ability, but as they are taken by irradiated neoplastic patients and/or receiving chemotherapy, many people think, mistakenly, they induced osteonecrosis.

To place dental implants in sites irradiated or receiving antineoplastic chemotherapy, regardless using bisphosphonates or not, it is best to wait 5 to 10 years, as appropriate. The decision must come from a dialogue with the oncologist about the best time to place the dental implant in each patient.

It should be highlighted that the bisphosphonates are drugs very commonly used for many other clinical situations, including postmenopausal osteoporosis and osteopenia. When administered outside the context of anticancer agent, the protocol is the same for any patient; exposing the bone tissue to the oral environment is always a delicate maneuver, requiring special care! In the doctoral thesis of Santamaria Jr. (www.teses.usp.br), which we oriented, there is a case report with many years of bisphosphonate therapy in which many oral procedures, including periodontal and implant procedures, were performed.

It must be noted: The radiation has effect in the area where it is applied. In patients receiving antineoplastic chemotherapy, the effect is systemic and applies to all body tissues.

Professor Alberto, how do you feel about being the Brazilian record of scientific book sales? What is the secret of success?

Prof. Eduardo Sant´Ana (Bauru/SP)

I feel satisfied, because the feeling is of mission accomplishment. The secret is to use simple, but profound and scientific language. In other words, it would be like writing to people, not to yourself!

For the first time in 2003, articles about osteonecrosis of the jaws (ONJ) related to bisphosphonates began to be published in the worldwide literature. Since then, some American dental associations established restrictions in conduct relating to patients making continued use of this medication. "Task forces" were created with the purpose of advising dentists not to perform dental procedures in these patients. On the other hand, Medicine - mainly, Endocrinology and Rheumatology - has a completely opposite opinion for these thinkings. Given these controversies, the most frequent questions are: Patients over 50 years old who makes continued use of bisphosphonates may perform extractions, hard or soft tissue grafts or osseointegrated implants? Can they move teeth orthodontically or perform a periodontal surgery? What is your opinion on this subject?

Prof. Dario Miranda (Salvador/BA)

Bisphosphonates are drugs very commonly used for numerous other clinical situations, including postmenopausal osteoporosis and osteopenia. There are millions of users in the world, including in Brazil. When it is taken out of the antineoplastic agent context, the treatment protocol of patients is the same for any patient. Exposing the bone tissue to the oral environment is always a delicate maneuver, requiring special care, and maybe we do not value it as we should, even in normality! In the doctoral thesis of Santamaria Jr. (www.teses.usp.br), there is an exemplary case report in which the patient ingested bisphosphonates for many years and in which many oral procedures, including periodontal and implant procedures, have been performed without problems.

Many researches and analyses confirm that position. Bisphosphonates are not cytostatic drugs, nor inhibit reparative or defensive ability, but as they are ingested by neoplastic patients irradiated and/or receiving chemotherapy, many people think, mistakenly, that they induced osteonecrosis. It is likely that everyone who has a daily clinical routine has already treated many patients using bisphosphonates, has placed implants, has made periodontal grafts and did not have problems not even were aware of the therapy which the patient received. This independently of patient's age.

In these cases, the important thing is to talk with patients, demonstrate safety and explain what is happening in literature in a very quiet and simple way by sharing with him the concern presented. If the patient takes bisphosphonates, it is essential to know the reason for it. Possibly the disease that leads to take this drug is debilitating, but not the drug for itself.

I have two questions on areas in which you are an expert: A) From the wide range of products currently available for the regeneration of bone tissue (excluding the autogenous bone), which one do you think has more scientific validation for use in bone defects of the jaw? B) What are the main skills or characteristics a professional must have to practice clinical teaching in Dentistry?

Prof. José Valdívia (Santiago, Chile)

A) The effects of any other material resemble those of autogenous bone. I have analyzed, from microscopic point of view, many materials, most of which are on the market. Some have bone in a portion of the implant surface, but granulomatous tissue in other denuded areas. The ideal material has not been obtained, but I believe we are about to get it.

In fact, this unrestrained search is because some researches lose focus which should be centered on the objective of using particulate products into surgical supply stores: Providing sustainability to blood clot when in extensive areas. The important thing is to enable the clot to be held in place to be colonized by bone cells and osteogenesis occurs. If the clot persists supported by these particles - among them or over them, it does not matter -, bone will be formed. When osteogenesis is completed and local remodeling is started, if the particles are reabsorbed and new bone is formed at the site, in few months the region will be back to normal. This is important, and this occurs with particles of autologous bone; but we have not learned yet how to perfectly imitate them with biomaterials, therefore there is no ideal material, yet!

B-1) Willingness to learn always with the other, but this requires a lot of humility. In each patient, in each maneuver, in each clinical case discussion, we learn something!

B-2) Selflessness to make everyone around you knows as much as you do. If you have to stand out, may it be through leadership ability, wisdom and persistence in pursuing objectives such as obtaining a greater ability in your work. Do not give up and always persist, especially in the art of teaching: They will learn, they are good, they can!

In the sky, many beautiful and powerful stars shine, together and harmoniously, every night. Several brilliant and competent people can live together and be friends!

B-3) Scientific Rationale: Never try on your patient something that has not been analyzed, tested or scientifically proven! The patient always deserves respect, no matter how simple things may be!

Based on this assumption that the titanium implants interfere in the characteristics of the bone that involves them, which term is the best to define this interference and the physiology of repair: Biocompatible, bioinert or productive bone? How does the physiological bone remodeling work at the interface with the implant after the load? In case of bone grafts for the bucal volume increase, will they be kept by stimulating this load regardless of the thickness? The new surfaces with nanostructures promise a fast bone repair, with osseointegration within up

to 21 days. Is that possible within the physiological concepts of bone repair?

Prof. Márcio Borges Rosa (Belo Horizonte/MG)

Titanium alone does not interact with the bone; but in the context of an implant, any load carrying or receiving represents a stimulus at any analysis level, either molecular, tissue or even imaginological. The bone, when forming on the surface of the titanium implant, naturally interacts with its components.

The nomenclature - inert, compatible or productive bone - uses as parameter reactions in peripheral reactive and tissue levels. To refer to the titanium implant as something inert implies in a denial concept: It does not induce any undesirable reaction in its peripheral tissues, and allows the bone formation on its surface. If we consider other materials that induce undesirable reactions in the surrounding tissues, this indicates a statement concept: Yes, it is active, it induces inflammatory and cellular reactions around; although this is not good, it is active! The property of allowing osseointegration, for being inert, makes titanium implant to be a special material: Which other would be equal? I am usually referring to it as a material or inert body. Calling it as production bone, in my opinion, would be a little too much and this material is great enough by itself !

I still did not feel able to write about it. But, facing a stimulus like this question, I will surrender, although, doing so I'll be daring a little!

Bone turnover is constant and every 2 to 10 years, depending on the age, all the skeleton is structurally renewed, both cortical and trabecular bone. It would be time to modify the osseointegration concept, which seems to me somewhat static, when it refers to bone-implant relationship. Osseointegration concept should be permeated by dynamism in the bone-implant relationship. The surface, now with mineralized bone, within two months may no longer be the same; and where there was medullar tissue relating to the surface can now be deposited and mineralized bone. The bone dynamism and inert feature of implant make osseointegration a continuous process, which adapts itself each time to the functional demand placed on the prosthesis. Thus, the bucal thickness of a cortical and bone face is determined by the existence or not of a major or minor functional demand.

Every day our analysis tools become more sophisticated. At nanomolecular level, osseointegration as a dynamic and constant concept, starts with the first molecules interacting with the implant surface. When I spoke about changing or adapting the osseointegration concept, it would be exactly like this: It starts with the blood clot, preparing to receive neighboring osteoblasts and not when the implant is ready to receive masticatory load. In other words: The osseointegration would be a biological event and its concept should be involved from the earliest moments of bone-implant interaction. The concept used so far makes osseointegration exists from the moment the whole set is capable to receive load.

I have two questions: 1) You became notable mainly bypracticing and teaching Pathology. However, you also work with mastery in other areas, such as Educational Practice and Photography. What did you make to diversify your activities into teaching?
2) You teach to graduation and all postgraduate levels, with free transit between students and professors. How do you analyze the Dentistry teaching in Brazil, both in graduation and post-graduation (specialization, master and doctoral degrees)?

Prof. Frederico Nigro (São Paulo/SP)

1) My dreams have always gone through teaching and research. To learn how to communicate well with words, postures and images were tools that I had to minimally dominate to be a good professor. Sometimes I did not find what I wanted and I had to struggle to learn. As a professor, I also wanted to share it with others without they needing to sacrifice that much, and I started teaching photography and teaching practice, always assisted by competent people and experts to supporting me in my first steps.

I always consider that the professor of a biological area, such as Pathology, had as one of his missions to help others to understand the reasons of the diagnosis, clinical behaviors and progressions of diseases, as well as the types of treatments applied. In my researches and teaching, I ended up creating interfaces with different specialties and I am very happy to have achieved this: They are more than one hundred students tutored by me in all specialties, and I learned a lot from them all.

2) Our teaching practices of Dentistry are outdated. Our classes, content and disciplines have changed over the past 30 years. The methods remain the same; changing slides for multimedia projections does not mean changing methods. In 2010, the APCD journal asked me an analysis in editorial on the current Dentistry and I discoursed two full pages on my vision of Dentistry teaching .

We must have administrative disciplines, people and health system management; there should be disciplines of communication, marketing and economy. It requires entrepreneurship and capacity for social integration. The teaching of Dentistry is still limited only to teach about the diseases and treatment techniques, in most colleges in the country - with very few exceptions, but they exist! Being a good professional is not a requirement for success, but a starting point to qualify to get that success. The curricular reforms are discussing whether the ideal would be 4 or 5 years; whether or not such discipline will gain or lose hourly charge; whether or not there should be the discipline of Implantology!

In many universities, people who make these decisions are not dentists, have another academic education, but still determine paths for Dentistry, both in graduation and post-graduation ! All these aspects together affect all! But we have good examples of contemporary graduation courses, with a strong and motivating teaching; such a pity there are few in the country. The priorities and needs have changed: No longer caries and periodontal disease; Dentistry is no longer hostage of bacteria and poor hygiene. Now the focus is on dental trauma, implants, Orthodontics, esthetics and mouth disease prevention: We have become suppliers of function and beauty.

Based on your vast experience as a university professor, what would be the best path for a newly graduated dentist who wants to join the academic career? What are the fundamental first steps for building a modern, but strong career in this field? We know that Brazil is now highlighted itself internationally, with social, political and economic progress. Considering it, in your opinion, what can we expect and plan for Brazilian dental-scientific scope?

Prof. José Carlos Rosa (Caxias do Sul/RS)

Knowing exactly what are your professional and personal objectives, even if it is a slow and painful process; the important thing before starting the journey is to decide, plan and adapt. Defining whether the path is academic or professional, to study the market well and know what are the best places for appropriate training and education. Many people stars specialization because everyone is doing so, or due to the scholarship.

If the objective is professional in office, you should prioritize an appropriate training and qualification center for specialists, with experienced and serious professionals, obtaining as much information as possible about that center forming professionals, but there are many traps out there, unfortunately! Do not give in to self-indulgence, set objectives and go for it: the persistent ones will get there!

If the path is defined as academic, look for formation in good post-graduation centers, the most qualified and that prepare the individual to be a master and a doctor in the full meaning of the word. Get deeply informed about the daily routine of the institution, talk with former students, always check Capes and MEC on the accreditation and notes: Take your time, but choose what is the best in the country. The sacrifice will be worth it. Once a doctor, you will be ready for the moment of finding a place to works, in other word, teach and research. The market for well-trained and productive doctors is very good at the moment.

Professor, most of the big names of Implantology (researchers, professors, and clinicians) have some sponsorship or link with one or more companies of dental implants. How do you see this relationship between opinion makers and dental material companies? Still: You have a recently published book on inflammation and repair; is there a paper or research that actually proves bone loss due to heating during the preparation of the bone bed? Because it is common in Orthopaedics (medical) the removal of bone grafts and cuttings without any irrigation. Prof. Angelo Menuci (Porto Alegre/RS)

1) This kind of relationship is lawful, as long as this connection is fully explained in all documents and data presentations.

The ideal would be no need for this connection, but in the capitalist world it is almost inevitable. Why would it be the ideal? Because in the research cycle we have separate compartments, and in the end one regulates the other. Thus, there are those who have ideas and perform research and those who fund such researches. Then comes the publishing market which provides the data publication. Finally, industrial and commercial bias comes. This chain is made of regulatory compartments. When you research and also is in the commercial and industrial area, this regulatory capacity is compromised and therefore should be explicit. Likewise, if someone produces and publishes researches at the same time, such as some universities, the judgment of the research merit tends to be compromised. Everyone should stay in their compartment, regulating others.

2) Recently I followed a research in which this subject was evaluated, in the master dissertation by Bruno Aiello Barbosa at FOB-USP (www.teses.usp.br). When overheated, the heat of the rotatory device would destroy osteocytes and, at the same time, coagulate the soft tissue into openings in the medullary spaces, hindering the migration of neighboring cells to colonize and organize the blood clot and form granulation tissue with the osteogenesis at the site. The bone cut with excessive heat denatures and takes more time for the turnover occur at the site, hindering a future osseointegration. In this work, several other studies that verify the effect of heat on bone surgical margins are mentioned.

In some procedures, bone fragments are only used as anchor points for the blood clot, have a role of filling, without thinking on them as a source of cells or mediators. The role would be merely physical, and not biological. The well elaborate bone may serve biologically to repair and bone reconstruction, not only mechanically.

Over the past few years, how the computer and the Internet influenced your way of researching and teaching? What is the impact of informatics on your personal life?

Prof. João Milki (Brasília/DF)

I had the opportunity to live with and without the computer. The difference is overwhelming. Preparing a class was a thing of months; now within hours you have information, images, videos and a lot more. A paper was something of a year, when it was fast; now you have conditions to produce much more in a shorter time. Social networks, Websites, e-mail, iPad, cell phones, finally, the technology facilitated our lives greatly. I do not even try to explain to younger people that there was life before the computer and cell phone, but it existed and it was way more difficult.

Before we had to make statistics manually, today they are calculated automatically. The devices were analog and manuals now they are all automatic. Things got more reachable and easier.

The big mistake was to believe that the computers would come to have more time for tasks such as reflecting, reading, walking, socializing and enjoying the good things in life. Such a big mistake, because it came to increase productivity, invade our privacy, take work to home and make us work even harder! Balancing all this is part of the art of living in our time!

One of the main and great virtues of a good professor, as well as knowing deeply matters on which he teaches, is to have the technical ability to know how to transmit their content, facilitating comprehension. This teaching skill, discipline, much training and generous teaching naturally attract the attention and interest of student. Professor Consolaro, possessing all these characteristics, being a diffuser of contemporary and innovative teaching resources - mainly to assess learning - what is your considerations regarding the adequate preparation of new professors in profuse stricto sensu programs existing in the country; and what recommendations would you make to improve qualitatively the teaching in the post-graduation of Brazilian colleges and universities?

Prof. Franklin Moreira Leahy (Salvador/BA)

A post-graduation program must have clear objectives: In master's degree, to form professors; in doctoral degree,

to form researchers. In most programs, masters and doctors do not gain these skills.

The unrestrained search of scientific production overshadows the following discernment: An organized and planned activity, implemented with serenity, ends up generating scientific production as a natural result. If at the end it is published the minimum necessary, the title is acquired; otherwise it loses its validity until finally publish its researches.

On the contrary, in most programs, professors and post-graduation students are like zombies lost in the meanders and inhospitable complex structures. When works are published, the overall quality is lamentably poor and the education of master and doctor is jeopardized. The works are inconsequential, do not change or add anything!

The hurry, the search for immediate, leads to early and thoughtless hirings, only to generate a group that produces to achieve the Capes concept. Sometimes it is achieved. But if the conceptual measurement took into account the education of masters and doctors, at the strict meaning of the word, the result would be disastrous.

To maintain or build a post-graduation program, a mature group of professionals with the same objective is needed, really defined in a consistent job proposal. Everyone should know what it is to form a true master and a skilled doctor. At the same time, this group must have a natural leadership to orchestrate activities, directing them in a logical and calm way, so that at the end it forms true masters and . In this task, coordinator's experience and profile are essential for success of the enterprise.

In Brazil, we have excellent post-graduation courses, but we also have some others really unstructured in their proposals and in activity management. Therefore, when they ask about how to orient themselves in the choice of post-graduation program, always the best to say is: Search; talk to former students; consult Capes, which regulates this activity in the country; consider the history of the institution and the program; visit the institution; talk a lot with the coordinator and professors; make comparisons and, after analyzing sufficient, decide consciously!

Professor, I will formulate questions in three distinct fields: personnel, on Dentistry and evidently on Implantology:
1 - When and how did you found the teaching career?
2- You oriented and participated actively in academic and personal education of numerous and excellent professionals. We would like to know who was your master, mentor and guru?
3 - In your point of view, what are the greatest achievements of Dentistry in the last few years?
4 - In your opinion, how will the future of dental research be?
5- In terms of comfort, esthetics and good shape, is there any limit between preserving a tooth or replacing it by an implant?
6- It is observed in the literature that the rate of failure in endodontic treatments is higher than in Implantology. What would your opinion be about this data?

Prof. Mauricio Rigolizzo (Campinas/SP)

1 - From the beginning, my dream was to be a professor! Since I was young!

2 - I did not had a guru, specifically, but some marked my academic life, such as the one who introduced me to the academic career, Prof. Almir Lima de Castro, in scientific initiation at Unesp. Then, when in the master's degree, I highlight the influence of Profs. Oslei Paes de Almeida

and Mario Roberto Vizioli, at Unicamp. In the doctorate at USP, Prof. Catanzaro was determinant in my academic progress, especially for the opportunities that he provided me. This way I took advantage of the opportunities and steps that were placed in my trajectory. Another determinant factor in my career were friends: I learned a lot from them and they are so many that I honestly would commit some injustice in forgetting some names if I would to make a list. My career is a collective work, I learned from many and I am still learning a lot!

3 - The pre-adjusted brackets and osseointegrated implants have changed Dentistry!

I am talking about contemporary Dentistry. About that, I'll take the opportunity to explain that modern is something that refers to modernism, an artistic and intellectual influence that comes from the beginning of last century until 1970's. Almost everything until the 70's have influence from modernism, in other words, is modern. After 1980 it is no longer referred to as modern, but, contemporary. In modern Dentistry, the major achievements would be others, including the high speed turbine, etc.; but they would not be from the time that I started living my profession.

4 - It will be increasingly technological and the advances will be published through common media, such as Internet, web pages, social networking and press in general. Scientific means, such as journals and society in each area, cannot follow the speed of the new and they are not prepared for it. It will be somewhat as NASA, Caltech, MIT and Harvard are doing: They call the press, connect to the Internet and communicate new findings; only after this they publish the works in scientific journals. We should get used to it, because in Dentistry I think it will be the same! In some cases, in Dentistry, is already being like this! Just follow the "launches"!

5 and 6 - Endodontics heroically used to saved teeth in a incredible way! There was no other option! If it failed, at least two teeth would be worn to put a pontic at the site. Today, with the efficiency of implants and less endodontic difficulty offered, this solution is easy to offer. Sometimes it is exaggerated, but the easiness and practicality always speak louder in the human race! Not to mention that the failure rate in Endodontics, even when well done, is still very large, higher than the implants; possibly because it is tried to save on Endodontics what should not, following the previous precept to be the last option! Perhaps, if we change this previous culture and indicate only endodontic treatment to more accurate and less doubtful cases, the endodontic success rate increases considerably!

There is a high search of post-graduation courses (master's and doctoral degree) by professionals, but many of them do not exercise teaching at the end. What do you think about it?

Prof. Guillermo Peredo (Santa Cruz de La Sierra, Bolivia)

Many take master's and doctoral degree for lack of choice; they do not know exactly what their professional and personal objectives are. Society end up valuing the post-graduation as a differential factor among professionals.

Public university, before, invested in its faculty and funded master's and doctoral programs for professors. Today they only hire doctors, in other words, they do not invest anymore because the market has prepared human resources.

The personal, family and public investment is too much for a deviation of purpose like this: to prepare professors and doctors to care for patients. Master's and doctoral degree do not serve and form exhaustively trained experts to carry a specialty. The society must know this, to valorize the specialist in the care of the citizen.

About masters or doctors who are not specialists we can say that he/she did not experience adequate training to work with the patient, as the one who attended a specialization course. The clinical time and the number of patients seen by a professional in the specialization course should be much higher than in master's or doctoral degree, where the training is to be a professor or researcher, respectively. If not, there is something wrong with the specialization course or master's or doctoral degree. When choosing a post-graduation program, these features must be taken into consideration.

Again, when choosing a post-graduation program or a specialization course, we must not give in to the self-indulgences. You should set an objective and go for it: only determined people get there!

Before formulating my question, I would like to state my joy and personal satisfaction for the qualified and important acquisition of the colleague and eminent pathologist Prof. Dr. Alberto Consolaro, to the editorial board of the Dental Press Implantology journal. On behalf of the journal, we congratulate and welcome you, at the same time we externalize the certainty of a creativity rich, durable and productive partnership. Professor Consolaro, within this same subject, what are your expectations, plans and goals as editor of this prestigious Brazilian journal, which has just become international, launching itself in the world market?

Prof. Carlos Eduardo Francischone (Bauru/SP)

My only objective and expectation is helping Brazil to have an Implantology journal with international recognition by Qualis criteria of CAPES . Let the researcher of this area, atany place in the world, publish their work in our journal and be proud of the visibility that they might have with the results obtained.

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