Growing globally, staying close to clinicians



Adin manufactures more than two million implants annually and operates in more than 80 countries. With a partnership with Septodont in France supporting its European expansion, the privately owned company is also pursuing growth in the United States. CEO Eyal Milman discusses these developments, the company's investment priorities, and why he continues to visit clinicians in their practices.

Dr Alina Ion

To begin, could you introduce Adin's product portfolio and the philosophy that guides the development of your implant systems?

Over more than 25 years, we have built a portfolio that covers routine implant treatment through complex rehabilitation. The range includes, for example, UniFit with its unified conical connection; CloseFit, our 2.75 mm UNP (Ultra Narrow Platform) implants; and our internal-hex systems: Touareg, Triple, and Swell. We also offer long and zygomatic implants, together with the restorative components and digital solutions that support these treatments.



Our philosophy is closely connected to the scale of the business. Our manufacturing scale allows us to invest in equipment, testing, and research at a level that would be difficult for a smaller operation to sustain. That is one reason we have pursued growth so deliberately.

We also learn from working in very different markets. That experience informs which products we develop and where we invest next.

Looking more closely at the technology, what distinguishes Adin's implant systems?

The surface treatment is one of the technologies I would highlight. Adin's surface treatment technology, OsseoFix™, uses resorbable calcium phosphate blasting media rather than alumina. Calcium phosphate is biocompatible and closely related to the mineral composition of natural bone. Its resorbability means that any remaining blasting material can be absorbed, rather than persisting as alumina residue.

We have investigated the surface through comparative preclinical research. A study published in *Clinical Oral Implants Research* found higher removal torque at three weeks than an alumina-blasted, acid-etched surface in an animal model, indicating stronger early biomechanical fixation in that study.

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Adin hosts 900+ educational events annually, offering training from foundational skills to advanced full-arch techniques through webinars, hands-on workshops, and clinical courses worldwide.

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A glimpse of Adin's new headquarters taking shape during construction.

We have now completed another preclinical comparison with the University of Miami. It is still awaiting publication, so I will leave the results for the paper. Surface research remains an area where we are investing.

Scientific evidence is central to clinicians' treatment decisions. What published clinical research supports Adin's implant portfolio, and how do you plan to expand collaborations with universities and clinical research centres internationally?
A long-term study of our tissue-level angled-head system followed 185 implants in 29 patients for an average of more than eight years. It reported 97.8% survival and mean marginal bone loss of approximately 0.43 mm at ten years. A larger retrospective study of 3,043 Adin implants in 787 patients reported 98.7% survival over follow-up ranging from six to 28 months.

Our preclinical work has also included direct comparisons with established implant systems. In a study by Jimbo and colleagues, published in *Implant Dentistry* in 2013, Adin's OsseoFix implants were evaluated alongside systems including Straumann SLA, NobelActive, and Astra Tech OsseoSpeed. The researchers found that OsseoFix showed comparable bone-to-implant contact to these systems at three and six weeks in an animal model.

Our research has involved investigators from New York University, Malmö University, and Ghent University. The Miami study is a further step in that work. As we expand, we want to develop more academic collaborations in the markets where our systems are being used.

How are clinicians' evolving needs shaping Adin's research and development priorities? What advances can they expect across your implant systems, prosthetic components, and digital solutions?
Several years ago, we identified full-arch rehabilitation as an area where we wanted to invest more heavily. That decision continues to shape our implant range, restorative components, and advanced training.

The direction is to shorten treatment and chair time, including in cases with limited bone. Immediate loading, where appropriate, and the development of our zygomatic range are part of that work. We offer guided surgery solutions and components for digital restoration, including titanium bases, with broad representation of our implant systems in CAD/CAM libraries.

The pace of adoption differs considerably between markets. Our management and development teams spend time with clinicians and local partners to understand which changes are reaching everyday practice and where further work is needed.

Bringing new technologies into everyday practice often requires ongoing training. How does Adin's education centre support clinicians at different stages of their careers and help them adopt new implant treatment approaches and digital workflows?
We organise more than 900 educational events a year, with training centres in countries including Colombia, India and Israel. The programme ranges from foundational courses to advanced full-arch training, using webinars, practical workshops, cadaver courses, and clinical training. Full-arch rehabilitation accounts for a substantial part of our advanced programme; we have invested in that training alongside the products.

We develop the programmes with local clinical leaders and partners. The subjects clinicians want to study, their experience, and the techniques already established in practice differ between countries. Our local teams help determine the programme and remain in contact with participants afterward.

Turning to the wider market, how does Adin position itself in the highly competitive dental implant sector? What do you see as the most compelling reasons for clinicians to choose your systems?
For me, the answer is trust: in the products, in the service, and in the company being there over the long term. Direct access to the people running the business is part of that.
I still visit clinicians in their practices when I travel. Our senior

team does the same. I want to hear directly what is working, what is difficult, and what they need from us. By the time a conversation has passed through several people, you can lose a great deal of what the clinician was actually saying.

Being privately owned gives us room to make decisions with those relationships in mind. Many of our managers, engineers, and local partners have worked with us for decades. They know one another and know the markets. That continuity has helped us grow while keeping the company accessible to the people using our systems.

Value is also a part of that trust. Manufacturing more than two million implants a year allows us to invest in quality control, research, and production technology while keeping our systems competitively priced. We intend to keep building that capacity as we grow.

As Adin expands internationally, which markets are you prioritising? What guides both your choice of markets and your approach to establishing a local presence?
We have built substantial businesses in markets including India and China, alongside an established presence in European countries such as Italy and Greece. That foundation gives us the resources and experience to expand further across Europe and grow our business in the United States.

In Europe, we are already making progress: we are an authorised supplier to Colosseum Dental, one of Europe's largest dental groups, and are launching our collaboration with Septodont in France. To support this next stage of growth, we are building a new manufacturing facility with advanced production capabilities and significantly greater capacity.

Our experience has also made us careful about transferring a business model from one country to another. Argentina and Colombia, for example, require quite different approaches. We work with local teams to decide how to build each market.



03
Adin's current production hall, where over 2 million implants are produced annually, is ready for its next stage of expansion.

What led to Adin's partnership with Septodont in France, what does each company contribute, and what opportunities does it create for clinicians in the French market?
This partnership brings together two privately owned manufacturers with a shared long-term view of the market.

For clinicians in France, the most practical change is local support. Septodont is creating a dedicated implant business unit to provide specialised commercial and clinical support to dental professionals nationwide. French clinicians will have a team they can reach directly, with local stock and delivery.

Adin contributes implant and restorative systems, technical expertise, and educational programmes. Septodont brings its local organisation and its long-standing relationships with French dental professionals. Training will be one of our first priorities together, and clinicians who want to see the systems can meet both teams at ADF.

Beyond regulatory compliance and product distribution, what role do local partnerships play in Adin's international strategy? How will you measure the success of that strategy over the coming years?
Many of our partners have been with us for more than 15 years. They have committed their own resources to building Adin in their countries, and that commitment has to work both ways.

At the beginning of the pandemic, we told partners to keep cash in their businesses, pay their teams, and resume payments to us as they recovered. We gave them that flexibility because we wanted those businesses to survive. We had spent years building them together.

We operate through distributors in some markets and our own subsidiaries in others. In both cases, building a local business takes sustained investment. The team needs to know that we will stay committed while they develop it.

Our benchmark is at least 10% of implant volume in every market where we operate, a level we already exceed in several countries.

Finally, at which upcoming trade exhibitions and scientific congresses in Europe and internationally can clinicians meet the Adin team and explore your latest developments?
We will be at ADF in Paris alongside Septodont, and we also plan to attend IDS in Cologne. Much of our contact with clinicians happens through the courses, congresses, and local meetings our partners organise throughout the year.

Readers are also welcome to contact us directly. I still enjoy visiting a practice and sitting down with the clinician to talk.

Thank you for your time and for the interesting insights!

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References:
1 Data on File, Usability Test (Geistlich Pharma AG, Wolhusen, Switzerland).
2 Dewilde F, et al.: J Clin Implant Dent Relat Res 2024; 26(3): 545–53. Epub ahead of print. (clinical study)
3 IFU Geistlich Bio-Gide® Forte

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