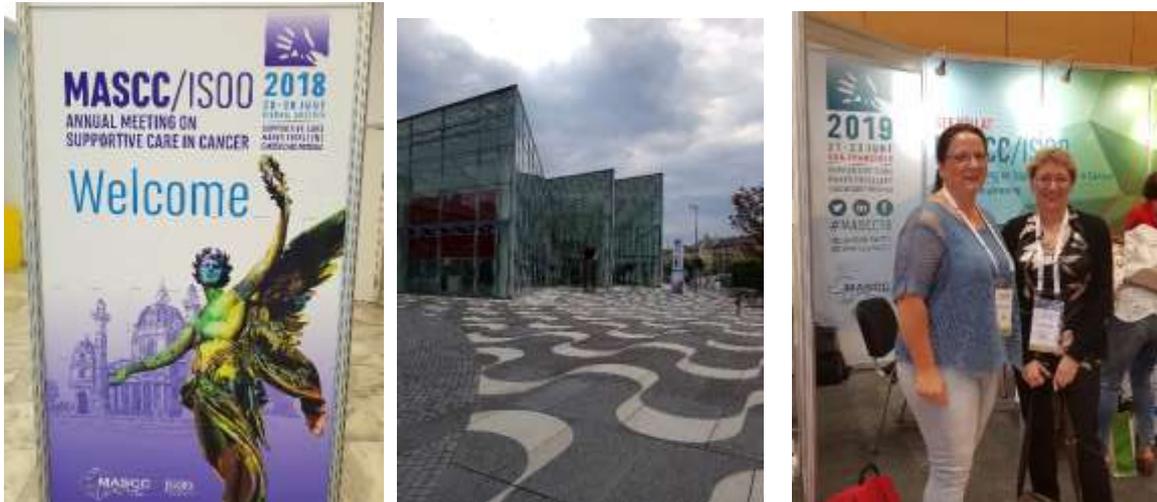


Hello All!

I'm just back from the MASCC in Vienna where I met shortly with Carin, as you can see 😊



It was an impressive congress with so many people engaged in better care of the oral cavity during - and after – cancer treatment!

There were two pre-conference meetings I'd like to present to our group. Wednesday afternoon saw a german-speaking conference on supportive care in cancer, covering topics from head to toe – a keynote lecture on Immunotherapy related side effects, lessons on general aspects of supportive care making optimal cancer treatment possible, on antiemetics, oral mucosa and skin (which I presented), care during radiotherapy with a nursing-team-based approach in Vienna, prevention and treatment of bone-related complications. The highlight for me was Prof. Baumann from Cologne. In the 20 min he had he raced through the evidence in favour of exercise before, during and after cancer therapy. I had heard him before but the amount of new randomised trials in this area within the past year is impressive and overwhelming. Get your patients to move!!!

In the evening we had a meeting at the dental society of Vienna, organized by the german oral care group, mainly my dear colleague prof. Beck-Mannagetta, an orofacial surgeon. There were about 60 attendees – dentist and dental hygienists – listening to our presentations on effects of oncological treatments and radiotherapy on the oral cavity and how it affects their daily practice. We finished with a presentation on nutritional deficits in these patients and the issue of jaw necrosis induced by bone modulating substances.

Thursday Morning started at 8am! With the mucositis research workshop. Hear Carin report on this.

The 10th Mucositis Research Workshop organized by the Mucositis Study Group of MASCC/ISOO aims to provide a forum to present and discuss the latest research findings related to mucositis. The primary goal, is to move this field forward to help patients suffering from this debilitating condition.

The main objectives of the meeting are:

- *To present the latest state of the science in mucositis research;*
- *To facilitate exchange of knowledge between experts and young researchers from all over the world;*

- To provide an opportunity for young investigators to present their work to an expert audience for specialized feedback and research advice;
- To provide an opportunity for face-to-face discussions regarding collaborative research and development of international research networks;
- To develop links with multidisciplinary teams to pursue new research and funding opportunities.

Only 1 presentation, out of 7, concerned oral mucositis all the others were about mucositis of the gut.

Oral mucositis in stem cell transplantation patients: epidemiology and economics. K. Berger
In this presentation the incidence, risk factors and costs of OM and compliance regarding mouthwashes were presented.

A prospective, non-interventional single-center observational study was conducted. By allogenic and autologous HSCT patients ≥ 18 years. OM assessment: WHO Oral Toxicity Scale. Compliance regarding mouth rinses was captured with a pre-tested patient questionnaire.

Results

45 HSCT patients (25 allogenic, 20 autologous) were consecutively enrolled. Twenty-six (58%) patients developed OM (10 Grade I, 4 Grade II, 8 Grade III, 4 Grade IV). A history of oral lesions (48% vs 70%, $p=0.142$) and age ≥ 65 (31% vs 69%, $p=0.021$) were associated with a lower OM incidence, history of smoking (1.77 vs 2.69, $p=0.036$), age ≥ 65 (1.50 vs 2.36; $p=0.179$) and regular alcohol consumption (1.67 vs 2.40, $p=0.180$) with a lower OM grade. Patients with unrelated donors (2.63 vs 1.29, $p=0.014$) were associated with higher grades, females (80% vs 47%, $RR=1.71$, $p=0.035$) or previous OM (77% vs 50%, $RR=2.46$, $p=0.101$) with a higher incidence. OM-patients were less compliant with mouth rinses (35% vs 68%, $p=0.027$). Costs of anti-infective and analgesic drugs in autologous HSCT OM patients vs non OM patients were Euro 802 ($p=0.044$) higher.

Conclusions

This study in a tertiary German teaching hospital shows a high burden of OM in HSCT. Awareness on OM and compliance regarding mouth washes is poor. The identification of risk factors offers the opportunity to identify patients at risk.

The Plenary Session Thursday afternoon was on Cannabinoids for Symptom management and Cancer Therapy. The lessons delivered were really well composed and offered a comprehensive overview about all aspects. In daily practice, we are often confronted with unrealistic demands and expectations of patients and I feel – especially thanks to Declan Walsh – much better equipped now to answer questions and have a professional approach to the question rather than gut feelings and what we read and hear in the media!

The oral care study group had several time slots throughout the meeting, and I was able to attend two. During the meeting Thursday evening there were several interesting projects presented, and I think it is great to be part of a group that is so active and forward thinking. They are in the process of creating a huge database of dysphagia questionnaires and what they are good for, what questions they answer and how much time it takes patients to fill them in, so when finished it will be a brilliant tool for anyone planning swallowing research. Another project running in the Netherlands assess the informational needs of head and neck cancer patient concerning sexuality. As this special group of patients gets younger due to HPV-induced cancers and can be cured to live longer with their treatment related side effects, it's an issue that might seem a bit way out but will certainly detect needs we didn't even begin to consider only a decade ago. The group will open up to subgroups focussing on the oral care needs in elderly patients and the pediatric collective, which vary a lot and are rarely addressed properly in trials, so I feel this is an important step forward.

There were two e-poster sessions on oral mucositis, and it is impressive to see the broad range of research being done and the sometimes surprising results. I can only recommend having a look at the posters on the mascc website! And, by the way, many of the sessions were filmed and will be available on the website as well.

The plenary session on Friday focused on cardiac toxicity – not our area, but a brilliant overview of what different drugs do – and how we better make a cardiologist part of our team, especially in the long run after cancer therapies.

The last thing I heard was another mucositis study group workshop on oral mucosa. There were three outstanding abstracts presented by young investigators. There's a really promising drug on its way for prevention of III°/IV° oral mucositis in radiochemotherapy, reducing the rate of severe mucositis, but more impressively the duration by about 90%. This is now investigated in a large phase III trial. The downside is that it is an infusional drug that needs to be applied before RT on a daily basis and has up to 20% hypotension as a major side effect. We'll see how it goes within the big trial, but these pre-studies were really impressively positive. Someone else showed data on the effect of phototherapy (or low level laser therapy) on tumors and mucosa in rats with radiotherapy. To make it very short, there was a huge effect of the laser in reduction of mucositis symptoms in the rats and a positive effect on tumor control – in contrast to what one could imagine, so very positive indeed. The session ended with Sharon Elad giving the first of several presentations on the new mucositis guidelines from the MASCC (Carin was part of that work). So – the important thing from my point of view is that there's new evidence AGAINST the use of zinc, so in contrast to the 2016 guideline, the new one will not recommend the use – meaning that I will change my daily practice on that, so really relevant!

All abstracts are available on the MASCC website.

On leaving I was talking to Prof. Beck-Mannagetta and he said what he really thinks someone should have is a group of experts where people can turn to when they have a special question. Well, I guess you know what I was thinking – is that something we could be offering via our website? We might discuss it later – the platform is there, all we'd need to do is get people (more experts) to join it and then keep it going. I'll ask around for the need of this, before we make any decisions.

As arranged last week I met with Jasna from Croatia. She was nominated by the dental chamber of the country to organize better oral care in palliative patients in Croatia and now faces an enormous task with multiple problems – starting off with understaffed oncology units, little interest in the general population regarding mouth health and so on. We will get her in contact with several experts from Germany and Austria and hope it will help!

So, overall, it was a very effective and informative meeting, it was lovely to meet Carin there and I will take many new ideas home! And we all look forward to the new guidelines that will be published shortly.

Best regards,

Dorothea