

Message from the Editor

Welcome to the June edition of our Newsletter.

In this issue, I am featuring Dr. Judith (Judi) Raber-Durlacher, ISOO Distinguished Service Award winner. As ISOO Newsletter Editor in 1999, Judi featured my achievements, so I consider this an opportunity for reciprocity with gratitude.

Rai Nair With the MASCC/ISOO Annual Meeting around the corner, I thought it timely to focus on events and topics relevant to oral oncologists. Please mark your calendar so as not to miss the ISOO Parallel Sessions on Saturday starting at 7:30 AM. We have three sessions with updates on contemporary issues, such as bone necrosis, head and neck cancer pain, and common orofacial lesions encountered in supportive care in cancer. Please see a snapshot of the topics below.

MASCC/ISOO-2018: Program 'Hot Picks' for the Oral Oncologist

Thursday June 28, 2018	
Mucositis Study Design: What Do We Need to Know?	08:00 - 11:15 • Strauss 1-2
PBM-LLL Working Group Meeting	11:00 - 12:00 • Business suite 3+4
Parallel Session 3: Oral Care in Pediatric Oncology: Needs and Risks	15:35 - 17:05
SG04: Oral Care	17:15 - 18:15
Friday June 29, 2018	
SG08: Bone	08:00 - 09:00 • Schubert 4+5
E-Poster Presentations 01: Oral Care and Mucositis 1	E-Poster Stations 1 & 2
E-Poster Presentations 02: Oral Care and Mucositis 2	E-Poster Stations 3 & 4
Parallel Session 10: Regimen Related Oral Mucosal Injury: New-Age Anti-Cancer Therapies	14:10 - 15:40
Saturday June 30th, 2018	
SG16: Mucositis	07:30 - 08:30 • Schubert 1+2
ISOO Parallel Session 1: Bone Necrosis - A Joint ASCO/MASCC/ISOO Consensus on Management and Prevention Strategies for the Oncologist and Dentist	08:40 - 10:10
ISOO Parallel Session 2: Head and Neck Cancer Related Pain: A Multidisciplinary Approach	10:40 - 12:10
ISOO Parallel Session 3: Diagnosis and Management of Oral Lesions Associated with Cancer Therapy: Separating the Good from the Bad and Ugly	12:15 - 13:45

Please feel free to contact me via email (r.nair@griffith.edu.au) with your suggestions and contributions. Happy reading! Regards,

Raj Nair, Editor

One of the first...

Judith Raber-Durlacher, DMD

My history with ISOO — at that time, the Society of Oral Oncology (SOO) — goes back many years. It was in the 1980s when I was confronted with severe oral mucositis in a child treated for acute lymphocytic leukemia. No oral supportive care was provided other than obviously inadequate pain management. At that time, all oral hygiene measures were strictly forbidden in patients treated with myelosuppressive chemotherapy out of fear that they would induce bleeding and bacteremia. This made me realize that there was a large unmet need, in which dental professionals could play a role to improve the quality of care.

Soon thereafter, I got a position as a hospital dentist in the children's hospital (the Emmakinderziekenhuis in Amsterdam) and eagerly started reading publications by pioneers in the field, including those authored by Steve Sonis, Doug Peterson, Joel Epstein, Mark Schubert, and Samuel Dreizen. At one point I saw a convocation of the annual meeting of SOO held in Vancouver and this is how it all began....



ISOO President Allan Hovan presenting Judith Raber-Durlacher with the ISOO 2017 Distinguished Service Award,

MASCC/ISOO Annual Meeting, Washington, D.C.

I attended this meeting and became the first SOO member from outside the US and Canada. Over the next years, more international colleagues joined and the name was changed to International Society of Oral Oncology (ISOO).

ISOO and later MASCC/ISOO have played, and continue to play, an important role in my life and in that of my family. Not only because of its great value as a platform for scientific exchange, but also because of the warm and long-lasting friendships that developed with many members and their families.

I was very honored to be elected as ISOO President and have fulfilled this position for a long time with a lot of pleasure. The cooperation with MASCC (initiated by Doug Peterson) appeared to be such a fruitful "win-win" situation! In particular, the cooperation with medical, nursing and other health care professionals opened up so many opportunities and raised our mutual efforts to a higher level. And most importantly, patients benefit from all of this.

A few thoughts with respect to ISOO's future: I feel that the alliance with MASCC is unique and should be treasured. We should all bring new and particularly young clinically and/or scientifically orientated colleagues in. Being actively involved in the work of Study Groups is very attractive and a great way of networking. Supportive care, including orofacial supportive care, will continue to grow and become a standard part of cancer treatment worldwide and available to all patients.

Research Highlight:

Dental Bacteremia and CVC Infection in Cancer Patients

Rajesh (Raj) Lalla, DDS, PhD, DABOM

Oral oncologists and other health professionals are often faced with the clinical question of whether cancer patients with central venous catheters (CVCs) should be given antibiotic prophylaxis before invasive dental procedures. This is because of the theoretical concern that bacteremia due to the dental procedure may result in CVC infection. In 2005, the Oral Care Study Group of ISOO published a survey of international cancer centers addressing this question. When asked about the use of antibiotics before dental procedures in cancer patients with indwelling CVCs, 57% reported that they recommend this practice; 23% said that they do not, and 20% said they did not know how this issue is managed at their center.¹

A group led by ISOO member Rajesh V. Lalla has recently published the first prospective clinical study looking at the relationship between bacteremia induced by a dental cleaning and CVC infection in patients with cancer. In this study, cancer patients with CVCs and absolute neutrophil count (ANC) over $1000 \text{ cells/}\mu\text{L}$ received a dental cleaning without any antibiotic prophylaxis. Nine of 25 evaluable patients (36%) had a positive blood culture 20 minutes into the dental cleaning. These 9 patients had significantly higher periodontal disease severity than the other 16 patients. However, none (0/25) of the patients had a positive blood culture at 30 minutes and 24 hours after the



Rajesh Lalla

dental cleaning. Furthermore, there were no cases of CVC-related infection or bloodstream infection attributable to the dental cleaning, based on monitoring of medical records for 6 months.²

The authors concluded that, in patients with ANC greater than 1000 cells/µL, bacteremia induced by dental cleaning is transient and is not associated with risk of CVC-related infection or bloodstream infection. These findings do not support the need for routine antibiotic prophylaxis for invasive dental procedures in such patients.

References

- 1. Barker GJ, Epstein JB, Williams KB, Gorsky M, Raber-Durlacher JE. Current practice and knowledge of oral care for cancer patients: a survey of supportive healthcare providers. *Supportive Care in Cancer*. 13(1); 32-41, 2005. https://www.ncbi.nlm.nih.gov/pubmed/15549427
- 2. Usmani S, Choquette L, Bona R, Feinn R, Shahid Z, Lalla RV. Transient bacteremia induced by dental cleaning is not associated with infection of central venous catheters in patients with cancer. *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology*. Published online 11 January 2018. https://www.ncbi.nlm.nih.gov/pubmed/29428697

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Recruit a Colleague

Please introduce a colleague or friend who is interested in the ISOO to become a member. Being a MASCC and ISOO member has great benefits, such as reduced registration rates at annual meetings, the opportunity to meet and collaborate with international experts.

Meet a New ISOO Member • Introduce Yourself!

