World Workshop on Oral Medicine V carries the tradition and lights a new torch

Congratulations to the organizers and participants of the World Workshop on Oral Medicine V (WWOM V) that convened in London, England, September 2010. This workshop, the fifth since 1988, was built on the legacy and tradition of Professor Sir David K. Mason and Dr. H. Dean Millard who envisioned in the mid-1980s that world leaders in oral medicine should collectively share their knowledge to advance the field of oral medicine. They realized that a “series of workshops at intervals of five years would be a means of assuring international unity and progress in the research, teaching and practice of Oral Medicine.” The fifth workshop was led by a Steering Committee of Dr. Peter Lockhart, Professor David Wray, Dr. Martin Greenberg, Dr. Tim Hodgson, Dr. Mats Jontell, Dr. Ross Kerr, and Dr. Doug Peterson. The major purpose of this international workshop was to develop 4 systematic reviews on clinical topics important to the field of oral medicine, and 4 reviews and surveys important to oral medicine training, practice, and research. The outcomes are projected to be used to further the clinical, research, and educational mission of the oral medicine specialty in the years ahead. The 4 systematic reviews were (1) genetics/epigenetics of oral mucosal premalignancy, (2) etiology of myalgia of the masticatory muscles, (3) oral submucous fibrosis, and (4) human papillomavirus infection in oral cancer and premalignant disorders. An additional 4 groups focused on (1) novel approaches for oral mucosal drug delivery and therapeutics, (2) information technology, (3) oral medicine curriculum, and (4) oral medicine practice. In total, 104 experts from 23 countries and 6 continents representing the fields of oral medicine and oral pathology were brought together to yield evidence-based recommendations that should enhance the quality of clinical practice and training and oral health care, lead to better patient outcomes, improve cost-effectiveness, and identify areas of further research needs. The outcomes of the proceedings appear in the April 2011 Supplement of Oral Diseases as a result of generous support from several sources, including the American Academy of Oral Medicine, European Association of Oral Medicine, GlaxoSmithKline, Robert Schattner Foundation, and anonymous donations from patients of Dr. David Sirois.

The focus of the systematic reviews was on evidence-based approaches using strict inclusion criteria for advancing the knowledge of the field. The published text provides intellectual discussions of current definitions and the need for standardized definitions and terminology, epidemiologic and etiologic factors of disease, mechanisms of action, biological relationships, biomarkers, epigenetics, factors influencing disease progression, and future research directions. One of the 4 systematic reviews (i.e., oral submucous fibrosis) and 1 of the group papers (i.e., oral mucosal drug delivery) evaluated published medical interventions. Of note, the overall quality of the randomized controlled studies evaluated was found to have significant limitations, and well-powered studies that demonstrated true clinical efficacy were lacking. However, the authors reported that these types of reviews were valuable for providing recommendations for future research in terms of the populations needed to be studied, the types of interventions needed, and the types of outcomes to be measured.

Clearly, each workshop is a shining beacon to our profession, as evidenced on several fronts. First, the workshops have identified important etiologic relationships, therapeutic efficacies, and meaningful insights for future research. Second, the findings reaffirm that oral medicine is sequentially evolving toward a more evidence-based mode of practice, which has been a historical criticism of the American Academy of Oral Medicine. Here the Academy’s investment in 5 world workshops and hundreds of scientific publications over the past 25 years has contributed toward this evolution that includes increasing use of evidence-based diagnos-
tic approaches and electronic health care information systems, as well as advances in topical drug delivery and individualized pharmacotherapy, as discussed at these forums. Third, the workshop proves that collaborative interactions among oral pathologists, oral medicine experts, and translational scientists are well within our abilities and that these initiatives serve to benefit our patients in many ways. An additional and immeasurable benefit of the workshop is the consensus building among an ever-growing number of professionals who interact and debate in the name of science and patient care and as a result contribute to the medical advances in therapy we witness daily. Finally, the bonding of our professions across disciplines, countries, and cultures leads to important and long-term friendships that fortify our profession and fulfill the original vision set forth by Sir David Mason and Dr. Millard.

One challenge that becomes apparent from the review of the proceedings is that the potential for these workshops has not yet been fully realized. Here the steering committee should be encouraged to forge new initiatives and think boldly to what can be accomplished. One suggestion I offer is that the workshop move toward the development of evidence-based treatment guidelines for the many conditions we in oral medicine treat. Expert panels could be commissioned by our national and international academies and coordinated with help from the National Institutes of Health and the World Health Organization to define the management strategies that are most effective based on current science. In this venue, the published literature would be thoroughly analyzed for evidence as to which pharmacologic management strategies are most effective and would be designated as first-tier therapies. Alternative approaches and second-tier strategies would be clearly defined based on well-designed clinical trials. This would require our profession to inform government and industry of the importance and need for these clinical trials, which in turn will require new funding sources to become available. These initiatives would lead to new professional-society guidelines that would help clinicians and patients make appropriate decisions about oral medicine care, and as a result benefit from the recommendations made. Finally, the report would be used as a resource to develop clinical practice tools and educational materials for patients and the public.

Yes, Sir David Mason and Dr. H. Dean Millard would be proud of the prodigious growth of these world workshops and the eventual emergence of expert generated guidelines based on current scientific evidence and international unity. It is these aspirations and collaborative efforts that allow us to achieve prominent goals that ultimately benefit human health and society as a whole.

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