

CAOMPOM News

Message from the president and editorial consultant



Dr. Catalena Birek

On behalf of the Canadian Academy of Oral and Maxillofacial Pathology and Oral Medicine (CAOMPOM), I would like to thank editor-in-chief Dr. John O'Keefe for inviting us to contribute to a special issue dedicated to our specialty. I am glad to have this opportunity to share with *JCDA* readers our recent organizational history, to reiterate our professional goals and to touch upon some of the challenges facing our specialty.

Barely 3 years have elapsed since the historic amalgamation of the Canadian academies of oral pathology and oral medicine into the CAOMPOM. The new organization now represents specialists engaged in the practice of the individual aspects of these 2 disciplines: the former dealing with the identification and management of diseases of the oral and maxillofacial regions (diagnosis through microscopic, clinical, biochemical or other examination); the latter focusing on the nonsurgical management of oral diseases, most often as they affect medically compromised patients. Practitioners of either dental discipline currently hold such specialty designations from a provincial Dental Regulatory Authority.

CAOMPOM is in line with the current definition of the specialty of oral medicine and pathology, one of the dental specialties recognized by CDA. Comprehensive training with solid learning of all aspects of the 2 disciplines is *de rigueur* in Canadian graduate eligibility programs for this specialty.

I would like to emphasize that most Canadian oral pathologists and oral medicine specialists are not only practitioners, but also academic faculty members or individuals affiliated with a faculty of dentistry. Many of them are scholars engaged in scientific research, investigating the etiology, epidemiology and new treatment modalities of oral and maxillofacial diseases. We are proud of our members, oral pathologists and oral medicine specialists alike, who have contributed to the advancement of the science of oral pathology and medicine. A better understanding of the pathogenesis of odontogenic cysts and tumours, identification of specific disease entities and new insights into the molecular basis of oral cancer are just a few examples of their significant contributions. Furthermore, as academics, they are dedicated to teaching the science of oral medicine and pathology to new generations, at both the undergraduate and graduate levels, with an emphasis on clinical relevance and a problem-solving, interactive approach.

CAOMPOM's Challenges

The organizational challenges of the past 3 years, partly the result of vestiges of naturally disparate visions of the future of the profession, were tackled with much aplomb by CAOMPOM's first president Dr. Stephen Ahing. Undoubtedly, his dual credentials in oral medicine and pathology and long history of service to the profession of dentistry in general served him well in this

challenging leadership role. I am confident that, stronger together, we will work to reaffirm our mission and finalize the blueprint for common goals and strategies that our past president has drafted. Our mission or main "business" remains the general well-being of all individuals through improved oral health, and is the foundation upon which our specific goals are based: 1) to lead our profession in advancing the science of oral medicine and pathology, 2) to raise awareness of the importance of this science among other oral professionals, and 3) to encourage interest in a career in our specialty among dental students. Here is an example of a specific activity reflecting our commitment to all 3 goals: annual scientific sessions comprising clinico-pathological conferences and exchanges of challenging cases, with complete, increasingly user-friendly digital documentation of diagnosis and management, ready for translation to classroom teaching.

One of our most challenging tasks remains that of encouraging applied research and disseminating new findings to other dentists. We ask ourselves what is the best way to promptly translate relevant knowledge in basic science into diagnostic applications; or, if new ideas are already put to diagnostic use, how to critically assess their utility and disseminate appropriate professional guidelines for standard of practice. We were effective in communicating our stance on the use of toluidine blue as an auxiliary clinical tool (but not as a primary diagnostic method) in the detection of oral lesions for which premalignant or malignant changes are suspected, but new problems emerge. For example, it is becoming common knowledge that the protein product of the oncosuppressor gene p53 may show up in biopsy tissues as a marker of malignant potential in

several cancer types, including oral cancer. Pathologists may test for p53 to assess the neoplastic status of the tissues, but to date, no uniform guidelines exist to report the significance of individual microscopic findings or to assess disease prognosis in a clear-cut, clinically useful manner. Nevertheless, providing responsible clinical guidance is consistent with our core values, and we endeavour to always improve our ability to provide such guidance. To this end, we maintain close ties with the International Association for Dental Research (which has an Experimental Pathology Section and embraces the Canadian Academy for Dental Research), the International Academy of Oral Pathology, the American Academy of Oral and Maxillofacial Pathology and other organizations, all committed to encouraging translational research.



Special Edition on Oral Pathology and Medicine

In my dual role of incumbent president of CAOMPOM and *JCDA* editorial advisor for oral pathology, I hope this edition will serve our goals well, at least in our quest to raise awareness. From my conversations with many friends and colleagues, it is clear that the publication of an oral medicine and pathology issue has been anticipated with a great deal of interest. This issue was inspired by the success of several preceding editions dedicated to dental specialties, which is becoming a welcome tradition. What appears to have stimulated renewed general interest in *JCDA* is the requirement for adherence to the concept of “science transfer”; that is, the presentation of valid scientific information in a manner that is easily understandable and directly applicable to clinicians.

During the past year or so, many solicited and non-solicited manuscripts on oral medicine and pathology have been received. Following a rigorous peer review, an impressive number of these manuscripts were deemed to be of high quality and to contain evidence-based information that would be useful to a wide readership. A common theme among these papers was emerging: continued concern for awareness, recognition and management of premalignant and malignant conditions. I would like to thank all contributors for taking part in this exercise and to Dr. O’Keefe for providing the vision for this special edition.

One of the articles is an excellent review on periapical pathosis by Peters and Lau. The paper reveals the value of microscopic examination of periapical tissue, leaving little doubt that neglecting to submit any tissue removed during surgery to histopathologic examination carries the risk of missing a large array of possible conditions, including malignancy. Along the same train of thought, raising awareness of less common malignant tumours of the oral cavity and jaws is the primary intent of 2 other reviews by Daley and Darling, and Avon, McComb and Clokie. The articles include original examples and comprehensive discussions not found in standard textbooks. Equally informative is a structured overview of the oral and maxillofacial sequelae of cancer therapy by Hancock, Epstein and Sandler, who advocate a systematic approach to prevention and long-term management by the dentist, in collaboration with the entire cancer care team.

As for the paper on alternative nicotine delivery systems, I can attest to the fact that the initial literature review was born from a spur-of-the-moment, acrimonious but ultimately healthy debate among the 3 authors (an inveterate smoker, a former

smoker and an inveterate anti-smoker). The arguments revolved around pathogenic potential versus benefit of the nicotine patch as an aid to smoking cessation. I hope that in the end, thanks in large part to Dr. Scott’s expert insight into the problem, that we not only resolved our personal arguments to mutual satisfaction, but also managed to communicate to others an unbiased account of all the evidence available — both the pros and cons — of nicotine delivery systems, especially those available in Canada.

Last but not least, some interesting clinical scenarios are discussed with expert insight by John Lovas in *JCDA*’s newest section, Clinical Showcase, another addition that adheres to the basic editorial principles of clinical utility. It is anticipated that this clinical overview of common oral conditions in which squamous cell carcinoma or salivary gland tumours should be considered in the differential diagnosis will provide practical answers to management questions, thus engaging a vast number of readers.

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2006 Canadian Dental Specialists Scientific Session (CDSSS) September 14–16, 2006

For the first time, 8 Canadian dental specialty associations will be meeting jointly at a Scientific Session and Annual Meetings in Toronto. The participating groups are the Association of Prosthodontists of Canada, the Canadian Academy of Oral and Maxillofacial Radiology, the Canadian Academy of Paediatric Dentists, the Canadian Association of Orthodontists, the Canadian Academy of Periodontology, the Canadian Association of Public Health Dentists, the Canadian Academy of Endodontists, and the Canadian Academy of Oral and Maxillofacial Pathology and Oral Medicine.

The goal of this scientific session is to encourage a team approach to problem-solving, and to have specialist teams focusing on communication, cooperation and coordination of the finest techniques to ensure the most satisfactory treatment plans and results.

The 3-day meeting will begin on the evening of Thursday, September 14, and continue with 2 full days of presentations on Friday and Saturday. Events will include a Welcome Reception and Gala Banquet. As well, this meeting will serve as the annual membership meeting for all the participating groups.

Members of these groups who wish to offer their assistance are encouraged to contact their respective specialty group. If you are aware of presenters who would have information of interest to the cross-section of specialist groups represented, please contact meeting chair Dr. Richard Marcus at richard.marcus@utoronto.ca.