



**UNIVERSIDADE ESTADUAL DE CAMPINAS  
FACULDADE DE ODONTOLOGIA DE PIRACICABA**

Thaís Cristina Esteves Pereira

**MAPPING ORAL MEDICINE (STOMATOLOGY) & ORAL AND  
MAXILLOFACIAL PATHOLOGY INTERNATIONAL  
ORGANIZATIONS: A SCOPING REVIEW OF GLOBAL DATA AND  
HISTORICAL ANALYSIS**

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MEDICINA ORAL (ESTOMATOLOGIA) E PATOLOGIA ORAL E  
MAXILOFACIAL: UMA REVISÃO DE ESCOPO DE DADOS GLOBAIS E  
ANÁLISE HISTÓRICA**

Piracicaba-SP

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Orientador: Prof. Dr. Alan Roger dos Santos Silva

Este arquivo corresponde à versão final da dissertação defendida pela aluna Thaís Cristina Esteves Pereira e orientada pelo Prof. Dr. Alan Roger dos Santos Silva.

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## ABSTRACT

The field of dentistry includes a variable number of specialties. Oral Medicine and Oral and Maxillofacial Pathology are usually described as dental specialties with scopes of practice that extend into the medical field. Professional organizations typically bring together professionals who dedicate themselves to the practice of a specialty or field of study. The aim of this scoping review was to describe the historical development and dissemination of international societies and associations in Oral Medicine and Oral and Maxillofacial Pathology around the world and to provide insights into their significant contributions to oral health promotion. This review was conducted in accordance with the guidelines of the JBI Scoping Review Methodology Group and registered in the Open Science Framework. Reporting followed the Preferred Reporting Items for Systematic Reviews extension for Scoping Reviews (PRISMA-ScR). The search strategy was applied to 5 online databases (MEDLINE/PubMed, Scopus, Embase, Web of Science, Latin American and Caribbean Health Sciences (LILACS)) and 3 gray literature sources (Google Scholar, Open Grey and ProQuest). Citation screening, website access and contact with researchers also provided additional sources. Eighty-nine sources were included in this review. Forty-six professional associations/societies were identified, of which 39 represented a country or geopolitical region, two represented continents, two represented multinational organizations, and three represented multinational study groups. Twenty-six official communications addressing relevant topics in Oral Medicine and Oral and Maxillofacial Pathology were retrieved. Due to the paucity of well-documented historical evidence, the establishment and development of organizations in Oral Medicine and Oral and Maxillofacial Pathology remain unclear. These organizations are currently heterogeneously distributed across the Americas, Europe, Asia, Africa, and Oceania, highlighting inequities in accessibility and standardization.

**Key words:** Oral Medicine; Oral Pathology; Professional Societies; History.

## RESUMO

A Odontologia inclui um número variável de especialidades. A Estomatologia e a Patologia Oral e Maxilofacial são geralmente descritas como especialidades odontológicas no qual a prática se relaciona com a medicina. Organizações profissionais geralmente reúnem profissionais que se dedicam à prática de uma especialidade ou campo de estudo. O objetivo desta revisão de escopo foi descrever o desenvolvimento histórico e a disseminação das sociedades e associações internacionais de Estomatologia e Patologia Oral e Maxilofacial pelo globo e fornecer informações sobre suas contribuições significativas para a promoção da saúde oral. Essa revisão foi conduzida de acordo com as diretrizes do JBI Scoping Review Methodology Group e registrada no Open Science Framework. Os relatórios seguiram Preferred Reporting Items for Systematic Reviews extension for Scoping Reviews (PRISMA-ScR). A estratégia de busca foi aplicada a cinco bases de dados on-line (MEDLINE/PubMed, Scopus, Embase, Web of Science, Latin American and Caribbean Health Sciences (LILACS)) e três fontes de literatura cinzenta (Google Scholar, Open Grey e ProQuest). A análise das listas de referências, o acesso a sites e o contato com pesquisadores também forneceram fontes adicionais. Oitenta e nove fontes foram incluídas nesta revisão. Foram identificadas 46 associações/sociedades profissionais, das quais 39 representavam um país ou região geopolítica, duas representavam continentes, duas representavam organizações multinacionais e três representavam grupos de estudo multinacionais. Vinte e seis comunicações oficiais abordando tópicos relevantes em Estomatologia e Patologia Oral e Maxilofacial foram recuperadas. Devido à escassez de evidências históricas bem documentadas, o estabelecimento e o desenvolvimento de organizações de Estomatologia e Patologia Oral e Maxilofacial permanecem incertos. Atualmente, essas organizações estão distribuídas de forma heterogênea nas Américas, Europa, Ásia, África e Oceania, destacando as desigualdades de acessibilidade e padronização nas práticas clínicas e laboratoriais.

**Palavras-chave:** Estomatologia; Patologia Oral; Sociedades profissionais; História.



## SUMMARY

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## 1 INTRODUCTION

Oral Medicine (OM) and Oral and Maxillofacial Pathology (OMP) are dental specialties that focus on diagnosing and managing diseases that affect the oral and maxillofacial regions and clinically complex patients (Vincent et al., 1998; Stoopler et al., 2020). OM combines dentistry and medicine to diagnose and manage patients with complex medical conditions or oral and maxillofacial conditions (Stoopler et al., 2020). OMP uses microscopic examination techniques and laboratory methods to diagnose these diseases (Vincent et al., 1998). Consequently, the two fields of practice are interrelated, and professionals should collaborate closely to provide patient-centered care (Pérez-de-Oliveira et al., 2022). The developmental process of these fields, however, remains somewhat obscure.

In Ibero-American countries, the term “stomatology” is used to refer to OM, while in Eastern countries, it is used to denote what is known as dentistry in Western countries (Scully et al., 2016; Santos-Silva et al., 2022). The field of pathology in dentistry can be referred to as either Oral Pathology or OMP.

Scientific societies and associations are organizations that bring together professionals from the same field of practice and related specialties (Schwartz et al., 2008). Professional societies often emerge concurrently with the establishment of a specialty in a particular country, and their histories intertwine and evolve together. These organizations serve as forums for exchanging information, continuing education through meetings, collective representation of group and professional interests, and facilitating interprofessional recognition and networking (Schwartz et al., 2008). They can also provide guidelines and recommendations for evidence-based clinical practice (Fervers et al., 2010).

Therefore, it is important for professionals in the fields of OM and OMP to have a comprehensive understanding of the global history of these specialties, including the establishment and development of international societies and associations. In addition, it is beneficial to be aware of the contributions of these organizations to the promotion of oral health.

In order to assess the questions ‘What are the existing Oral Medicine (Stomatology) and Oral and Maxillofacial Pathology societies/associations and how/when were they established? How are they distributed globally?’ and “What is their contribution to the prevention, diagnosis, and management of oral conditions/diseases?”, a scoping review framework (Munn et al., 2022) was chosen. All available evidence from different sources was comprehensively retrieved and summarized in text, images and didactic tables using this systematic approach.

## 2 ARTICLE Mapping Oral Medicine (Stomatology) & Oral and Maxillofacial Pathology international organizations: a scoping review of global data and historical analysis

The article has been accepted for publication in the *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology* Journal (Attachment 1) and is currently available online (DOI: <https://doi.org/10.1016/j.oooo.2024.07.016>). The OOOO Journal has an impact factor of 2.0 and an acceptance rate of 14.0% (2022). It is the official publication of the American Academies of Oral Medicine (AAOM), Oral and Maxillofacial Pathology (AAOMP) and Oral and Maxillofacial Radiology (AAOMR), as well as the American College of Oral and Maxillofacial Surgeons (ACOMS) and the Brazilian Society of Oral Medicine (Stomatology) and Oral Pathology (SOBEP).

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### **Statement of Clinical Relevance**

The development of Oral Medicine and Oral and Maxillofacial Pathology specialties and associations is globally heterogeneous. The limited historical data underscores the paucity of information and the need for these organizations to promote evidence-based practice.

### **Abstract**

**Objectives:** To describe the historical evolution and dissemination of the Oral Medicine and Oral and Maxillofacial Pathology international societies and associations across the globe, and to provide insights into their significant contributions toward oral health promotion. **Study design:** This review was conducted in accordance with the JBI Scoping Review Methodology Group guidance. The reporting followed the Preferred Reporting Items for Systematic Reviews extension for Scoping Reviews (PRISMA-ScR). **Results:** Search strategy was applied to 5 databases (MEDLINE/PubMed, Scopus, Embase, Web of Science, Latin American and Caribbean Health Sciences (LILACS)) and grey literature (Google Scholar, Open Grey and ProQuest), as well as additional sources, such as organization websites. Eighty-nine sources were included in this review. Forty-six professional associations/societies were identified, of which 39 represented a country or geopolitical region, two represented continents, two represented multinational organizations and three multinational study groups. **Conclusions:** Documentation of the historical establishment and development of Oral Medicine and Oral and Maxillofacial Pathology organizations worldwide is limited and describing these processes remains challenging. Analysis of global data reveals heterogeneous development and distribution, resulting in disparities in accessibility and standardization. Further efforts toward oral health promotion should be implemented.

**Key words:** Oral Medicine; Oral Pathology; Professional Societies; History.

## INTRODUCTION

Oral Medicine (OM) and Oral and Maxillofacial Pathology (OMP) represent specialized areas of dentistry, although their relevance extends to the broader field of medicine <sup>1,2</sup>. OM is a recognized dental specialty in numerous countries across the Americas, Australia, Middle East, but not in Europe <sup>2-8</sup>. Nevertheless, it is worth noting that in Ibero-American nations, the term “stomatology” may be employed interchangeably with OM <sup>2</sup>; whilst in certain regions, like China and Hong Kong, this term may be used to define the domain of oral health care <sup>9</sup>.

The main focus of OM lies in the provision of diagnosing and managing oral lesions/conditions that affect the oral and maxillofacial complex, most of which are of medical significance, in addition to providing oral health care for individuals with medical complexities <sup>3</sup>. The practice of OMP centers on the diagnosis of disorders that compromise the integrity of the oral and maxillofacial complex using clinical, radiographic, microscopic, laboratory and other examinations, the comprehensive exploration of the development and effects of these disorders, and management of patients <sup>10</sup>.

The history of OM and OMP in various geographic regions has been comprehensively chronicled in the scientific literature <sup>2</sup>, encompassing countries such as Brazil <sup>5</sup>, Iran <sup>11</sup>, China, Hong Kong <sup>9</sup>, and the European continent <sup>4</sup>. Nonetheless, the scarcity of meticulously documented historical records poses a notable impediment to the comprehension of the evolutionary trajectory of scientific organizations dedicated to OM and/or OMP.

A comprehensive analysis of the diverse array of available historical sources of evidence was deemed necessary to better understand the establishment of OM and/or OMP organizations. Thus, the primary objective of this scoping review was to map OM and/or OMP societies and associations around the world, to generate an analysis of historical data and related aspects, and to compile pertinent insights into their significant contributions toward oral health promotion.

## **MATERIALS AND METHODS**

### Protocol and registration:

This review was conducted in accordance with the JBI Scoping Review Methodology Group guidance <sup>12</sup> while the reporting followed the Preferred Reporting Items for Systematic Reviews extension for Scoping Reviews (PRISMA-ScR) <sup>13</sup> (Supplementary Table I, available at [URL]). A protocol describing the research design was registered on Open Science Framework (OSF) (available at <https://osf.io/3hsgw>).

### Information sources and search:

Electronic databases (Medline/PubMed, Scopus, Embase, Web of Science, and Latin American and Caribbean Center on Health Sciences Information) were first searched for manuscripts published until February 15, 2023. The search was then updated on February 21, 2024. Additionally, a search on the grey literature (Google Scholar, Open Grey and ProQuest) was carried out and the reference lists of included studies were manually screened looking for additional relevant studies. To perform the search, three groups of query terms (“Oral Medicine”, “Pathology, Oral” and “Societies”) were utilized, each of containing either keywords, their synonyms, or related terms, and combined with the Boolean operators “or” and “and”, respectively. Supplementary Table II (available at [URL]) shows the search strategy used in each database.

### Selection of sources of evidence:

Once the search was completed, all citations were uploaded into EndNote X7 (Clarivate Analytics®, PA, USA) and duplicate records were removed. The titles and abstracts of all studies



identified in the electronic searches were individually read by two reviewers (T.C.E.P. and E.S.S.). Articles that clearly did not meet the eligibility criteria were excluded using the online software Rayyan (Qatar Computing Research Institute®, Doha, Qatar)<sup>14</sup>. The two reviewers proceeded with reading the full texts screened to identify eligible articles, and all the primary reasons for exclusions were registered. This scoping review considered information from qualitative studies, reviews, letters, conference abstracts/reports, guidelines, websites, and blogs. Additional sources were retrieved through citation screening and online search.

The main questions to be answered in this scoping review were: “What are the existing Oral Medicine (Stomatology) and Oral and Maxillofacial Pathology societies/associations and how/when were they established? How are they distributed globally? and What is their published contribution to the prevention, diagnosis, and management of oral conditions/diseases?”.

The inclusion criteria applied were based on the PCC (Population, Concept and Context) framework as follows: Population: OM and OMP societies/associations. Concept: the historical process of foundation of scientific entities (societies/associations) focused on OM (Stomatology) and/or OMP, Context: their geographical distribution around the world, and what recommendations have been published by these organizations regarding prevention, diagnosis and/or management of oral disorders.

The exclusion criteria applied to all full-text sources were as follows: (1) sources in foreign languages that could not be properly translated; (2) studies with content not relevant to the objectives of this investigation, not related to the fields of OM and/or OMP, or not pertinent to organizations representing a certain country/group of countries (e.g. local societies); (3) non-peer reviewed publications, such as posters, books, book chapters; (4) overlapping information, as we included the most recently reported or those providing more data.

#### Data charting and descriptive analysis:

An electronic data sheet was created to extract data from the included studies. The data collected included the following: publication characteristics (i.e., authors, study design, country, year of publication), associated OM or OMP society/association, related field of study (i.e., medicine or dentistry), foundation year, influential person or institution (i.e., founding members), historical facts, and country(ies) involved. Once all aforementioned data was collected, each of the identified societies/associations were descriptively analyzed.

## **RESULTS**

The electronic search yielded 5,990 records of which 5,488 remained after the elimination of duplicates. A total of 5,196 references were further excluded after the initial screening of titles and abstracts and another 83 could not be retrieved in full text, leaving 209 sources for full-text assessment. Citation screening, access to websites and contact with researchers provided 60 additional sources. Out of the 269 references/sources, 180 were excluded, leaving 89 references/sources to be included in this scoping review (Figure 1), of which seven were commentaries <sup>3,15–20</sup>, one was a conference report <sup>21</sup>, 12 were editorials <sup>22–33</sup>, six were reviews <sup>2,4,5,9,11,34</sup>, five were quantitative studies <sup>6,35–38</sup>, one was a qualitative study <sup>39</sup>, thirteen were position papers <sup>40–52</sup>, six were guidelines <sup>53–58</sup>, and 38 were websites <sup>59–96</sup>.

What are the existing Oral Medicine (Stomatology) and Oral and Maxillofacial Pathology societies/associations, how are they distributed globally, and how/when were they established?

Our search identified 46 societies/associations related to OM and/or OMP, of which 39 represented a country of geopolitical region, two represented continents, two represented multinational organizations and three represented multinational study groups, not recognized as a specific organization. Table I summarizes findings related to year of foundation and official website. A concise overview of the development process and historical facts pertaining to each organization included in this scoping review is presented below.

## **Africa**

The South African Society for Periodontology, Implantology and Oral Medicine (SASPIO) is a scientific organization that began its activities in the 1960s focusing on periodontology. As a significant achievement, SASPIO has influenced the establishment of OM and Periodontology departments in South African dental schools. This association is the result that in South Africa, OM forms part of the specialty of Periodontology and does not exist as a specialty on its own. One of the main activities of SASPIO is the continuing education courses for dental practitioners <sup>66</sup>. OMP is a separate recognized specialty in South Africa.

## **America**

The American Academy of Oral and Maxillofacial Pathology (AAOMP), officially founded in 1946, has its roots linked to Dr Joseph Bernier, who took the initiative to write to other dentists with great interest in oral pathology. Since its first meeting in 1947, the Academy has reunited its members annually. Since 1950, the American Dental Association recognizes OMP as a boarded dental specialty <sup>32,87</sup>.

The American Academy of Oral Medicine (AAOM) was founded in 1945 by Dr. Samuel Charles Miller, who sought to integrate the fields of dentistry and medicine. Since 2020, OM has been recognized as a specialty of dentistry in the United States of America. The Academy has sponsored annual meetings since 1947 aiming to share advances in OM education and research <sup>3,81</sup>.

The Argentine Society of Stomatology – Oral Medicine (SAE-MO) was founded in 2002 to promote scientific and cultural activities related to the diagnosis, prognosis, treatment and prevention of oral and maxillofacial diseases. The Society organizes seminars, courses, conferences, research meetings, and campaigns to achieve its mission <sup>95</sup>.

The Brazilian Society of Oral Medicine (Stomatology) and Oral Pathology (SOBEP) is a non-profit scientific organization founded in 1974 <sup>5</sup>. This Society brings together dentists from all regions of Brazil and Latin America, as well as health professionals from related fields. Through congresses and continuing education courses, SOBEP is dedicated to sharing knowledge in OM and OPM. In 2024, the Society will celebrate its Golden Jubilee <sup>5,74</sup>.

The Canadian Academy of Oral and Maxillofacial Pathology and Oral Medicine (CAOMPOM) is an organization of dental professionals dedicated to the advancement of OM and OMP, while raising awareness of these topics among health care professionals <sup>18,78</sup>. It was founded in 2000 by the merger of the Canadian academies of oral pathology and oral medicine into the CAOMPOM. There are currently 40 active members in addition to associate, emeritus and student members.

The mission of the Chilean Society of Maxillofacial Pathology (SPBMFCH) is to guide the dental community and general health professionals regarding OMP in Chile. In addition to education, there is also the intention to participate in develop public policies and research <sup>88</sup>.

No information was found on the history of the Colombian Academy of Oral Pathology (ACPO) and the website was not in operation.

Founded in 2011, the Mexican Association of Oral Pathology and Medicine (AMPMB) brings together professionals from the dental and medical fields with experience in OM and/or OMP. Within the Association, the Mexican Board of Oral Pathology and Medicine (Consejo Mexicano de Patología y Medicina Bucal; COMPYMB) was formed, a collegiate group, with the aim of updating the knowledge and quality of services of professionals in these fields <sup>70</sup>.

The Paraguayan Society of Oral Pathology and Medicine (SPPMB) has been officially recognized since 2019. It is known that the first congress sponsored by the Society, in collaboration with the Ibero-American Academy of Oral Pathology and Medicine, was held in 2022. Currently, the website is not on operation <sup>59,73</sup>.

Founded in 2012, the Peruvian Association of Oral and Maxillofacial Pathology and Medicine (APPAMEB) is most likely formed by dental professionals. It brings together OM and OMP specialists, oral and maxillofacial surgeons and dental radiologists <sup>2</sup>. Our search did not turn up any online sources, such as a blog or website.

The Uruguayan Society of Stomatological Pathology (SUPE) was founded in 2011, as a section of the Uruguayan Dental Association. Its mission is to promote knowledge and scientific investigation in OMP <sup>89</sup>.

The Venezuelan Society of Oral Medicine (SVMB) was established in 2005 <sup>90</sup>, headquartered in Caracas, as a non-profit organization that unites dental professionals dedicated to the practice of OM or with an interest in the field, aiming to advance research, dissemination, progress, and enhancement of OM in the country.

## **Asia**

The Asian Society of Oral & Maxillofacial Pathology (ASOMP) was founded in 2003 with a mission to bring together professionals from at least 15 Asian countries: Bhutan, China, India, Indonesia, Japan, Malaysia, Myanmar, Nepal, Pakistan, Philippines, South Korea, Sri Lanka, Taiwan, Thailand, Vietnam. The Society's main objective is to promote the "expansion of academics in Asia through communication, cooperation in education, research and practice" <sup>77</sup>.

The Chinese Society of Oral Medicine (CSOM) was initially established in 1998 as a research group for oral mucosal diseases, then evolved to a Society status. In China, OM is considered a dental specialty <sup>9</sup>.

The Chinese Society of Oral Pathology was initially established in 1986 as a division of the Chinese Medical Association. Since 1996, the Society is part of the Chinese Stomatological Association <sup>20</sup>.

Organized in 1985, the Indian Academy of Oral Medicine and Radiology (IAOMR) focuses on oral diagnosis. It brings together dental professionals from different fields for the same goal: "to endeavor higher standards in teaching and practice of Oral Medicine, Oral Diagnosis, Maxillo-facial Radiology and Imaging Sciences" <sup>29,83</sup>.

The principles of the Indonesian Association of Oral Medicine Specialists (ISPMI) began in 1981 as a functional study group from the Indonesian Dental Association. In 1983, ISPMI was established as an independent organization but only in 2017 was its name officially recognized as ISPMI. In Indonesia, OM is considered the field of dentistry that focuses on the oral soft tissue disorders <sup>62</sup>.

In Iran, the development of OMP as a field of dentistry began in the 1960s under the influence of Dr. Ismail Yazdi. Since then, OMP has been taught in more than 60 dental schools. The Iranian Association of Oral and Maxillofacial Pathologists (IAOMP) was officially constituted in 1990 and holds annual meetings to expand its scientific activities <sup>11,67</sup>.

The Israeli Society of Oral Medicine (ISOM) is a dental organization that brings together dentists specializing in OM and OMP. Founded in 1994, the Society holds annual national conferences and it also cooperates with the Multinational Association of Supportive Care in Cancer (MASCC), the International Society of Oral Oncology (ISOO), and the Israeli Cancer Association <sup>65</sup>.

The Japanese Society for Oral Pathology (JSOP) is a dentistry-related organization with over 40 years of history, founded in 1978, although little is known about its historical development. Until 1990, the current JSOP was called the Japan Oral Pathology Study Group <sup>76</sup>.

The Japanese Society of Oral Medicine (JSOM) goes back to the establishment of the Research Group of Oral Mucosal Membrane in 1991. In 1995, this group developed into the Japanese Society of Oral Mucosal Membrane. Since 2011, the Society has adopted the name of JSOM <sup>33,71</sup>.

In Japan, there is also the Japanese Society of Oral Diagnosis/Oral Medicine (JSODOM), which assembles dentists. Activities began in 1985, and the first meeting of the Oral Diagnosis/Oral Medicine Research Group was held a year later <sup>63</sup>.

Formerly known as the Malaysian Association for Orofacial Diseases, the Malaysian Association of Oral Maxillofacial Pathology and Medicine (MAOMP) and its faculty actively participate in ASOMP, and other events related to OM and OMP <sup>61</sup>.

The Taiwan Academy of Oral Pathology (TAOP) was established in 1989. Since 2001, the Ministry of Health and Welfare in Taiwan recognizes OMP as a dental specialty. The members of TAOP include specialists in either OMP or OM or both. In 2023, the 21<sup>st</sup> International Congress of Oral Pathology and Medicine in conjunction with annual meetings for TAOP and the Asian Society of Oral and Maxillofacial Pathology was held in Taipei <sup>97</sup>.

Little is known about the Oral Diseases Group of Thailand (ODGT). However, the group has been in existence since 2003 <sup>34</sup>. On their official account on Facebook, the ODGT provides updates in OM and oral diagnostic science to Thai dentists.

## Europe

Since its inception in 1981, the British and Irish Society for Oral Medicine (BISOM) has brought together professionals from the medical and dental fields. Focusing on the advancement of clinical OM, by promoting excellence in education and research, the BISOM comprises professionals from England, Scotland, Wales, Northern Ireland and the Republic of Ireland <sup>15,86</sup>.

The British Society for Oral and Maxillofacial Pathology (BSOMP) started in 1967 as the “Oral Pathology Group” under the Chairmanship of Dr. John Boyes. In 1976, it was formally replaced by the British Society for Oral Pathology. In 1999, the name was changed to BSOMP <sup>17,80</sup>.

OM and OMP in Croatia dates back to the 1930s, with the establishment of the Stomatological Outpatient Clinic at the University of Zagreb. However, it was not until 1997 that the Croatian Society for Oral Medicine and Pathology (CSOMP) was established, which is still closely associated with the European Association of Oral Medicine <sup>2</sup>.

The Dutch Society for Oral Medicine and Oral and Maxillofacial Surgery (NVMKA) comprises dentists working at the intersection of dentistry and medicine. In the Netherlands, OM is covered by the specialty of oral and maxillofacial surgery. The birth of this specialty in 1956 was accompanied by the foundation of a supporting Society. Originally called the Dutch Society for Oral Surgery and Surgical Prosthodontics, the name was changed to the Dutch Society for Oral Medicine and Oral Surgery in 1975. Finally in 2006 the Society was renamed NVMKA <sup>94,98</sup>.

The European Association of Oral Medicine (EAOM) was officially organized in 1998, but the idea of an entity representing all of Europe was born at the beginning of the decade. The association is related to OM, which brings together professionals from medicine and dentistry. Most European countries have members joining the EAOM, such as Albania, Austria, Croatia, Denmark, England, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, the Netherlands, Norway, Portugal, Romania, Scotland, Serbia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and Wales. Professionals outside Europe, from the Americas, Africa, Asia and Oceania, are delegate members <sup>4,85</sup>.

The French Society of Stomatology, Maxillofacial Surgery and Oral Surgery (SFSCMFCO) is an organization mainly related to the medical field since OM is directly related to the medical specialty of oral surgery. The Society of Stomatology of Paris was founded in 1888. It officially became the French Society of Stomatology and Maxillofacial Surgery in 1953, which was later renamed SFSCMFCO in 2013. Its first official meeting was held in 1973 <sup>2,75</sup>.

Founded in 1859, the German Society of Dentistry and Oral Medicine (DGZMK) comprises more than 30 specialized organizations and groups in the fields of dentistry, oral and maxillofacial surgery, and OM. The DGZMK represents more than 22,000 members, mostly dentists. Involved in research, dental and medical care, politics and society, the DGZMK strives for outstanding clinical practice <sup>93</sup>.

Established in 2000, the Hellenic Society of Oral Medicine and Oral Pathology (HSOMP) reunites mainly dental professionals interested in OM and OMP. The Society seeks “to promote and provide excellence in education, research, and patient care” <sup>2,4,69</sup>.

The Italian Society of Oral Pathology and Medicine (SIPMO) was founded in 1992. Its membership comprises dentists, oral and maxillofacial surgeons, pathologists and dermatologists <sup>84</sup>.

Since its establishment in 1991, the Portuguese Academy of Oral Medicine (APMO) has aimed to improve the health care in OM and OMP. As a competence area dedicated to the health and diseases of the oral cavity and perioral region, the Academy raises awareness of malignant diseases, oral manifestations of systemic diseases, the medical and surgical treatment of these situations, as well as the provision of oral health care to medically compromised patients <sup>2,68</sup>.

Founded in 2014, the Romanian Society of Oral Medicine and Pathology congregates dentists, and other medical professionals to bring stomatology and medicine specialties closer <sup>2</sup>. No online source was found for this Society.

The Scandinavian Fellowship for Oral Pathology and Oral Medicine (SFOPOM) has met annually since its foundation in 1971. The Fellowship unites about 40 members, mostly affiliated with one of the departments at the dental schools or universities in Scandinavia <sup>60</sup>.

The Spanish Society of Oral Medicine (SEMO) was founded in 1988 inspired by Dr. Miguel Lucas Tomás and other professionals. The Society aims to improve the visibility of OM among dental and health professionals, strengthen relationships with organizations and promote continuing education courses <sup>72</sup>.

The field of OM in Sweden dates back to the second half of the 20<sup>th</sup> century and its closely related to hospital dentistry/special needs dentistry. The Swedish Society for Oral Medicine was founded in 1990, and merged with the Swedish Association for Hospital Dentistry (founded in 1976) in 2011, establishing the now Swedish Association of Orofacial Medicine (SOM) <sup>64</sup>.

## Oceania

The disciplines of oral medicine and oral pathology have been recognized by State-based Dental Boards as dental specialties since the 1970s, with each discipline supported by a local or Trans-Tasman society. The Oral Medicine Society of Australia and New Zealand (OMSANZ) was founded on 1994 despite the specialty existing for several decades. At formation, it constituted 52 ordinary and 8 student members including oral medicine specialists, oral pathologists, oral surgeons, periodontists and general dental practitioners, and elected Professor Peter Reade as its inaugural President. The Society held its first scientific meeting on 1995. OMSANZ continued to operate until 2012, after which it was dissolved, and its specialist oral medicine members transferred to the Oral Medicine Academy of Australasia. The Oral Medicine Academy of Australasia (OMAA) was founded on 2010 by unanimous vote of the then 17 oral medicine specialists registered in Australia and New Zealand, and elected Professor Camile Farah as its inaugural President. The impetus for forming a specialist Academy as the peak specialty body to represent the interests of oral medicine specialists and that of the specialty followed changes to the Health Practitioner Regulation National Law Act 2009 in Australia and the establishment of the Australian Health Practitioner Regulation Agency mandating national registration <sup>2,82</sup>. The Academy represents more than 90% of oral medicine specialists in Australia and New Zealand, and supports full members (including 32 fellows), associate members (trainees), and affiliate members, and oversees a national oral medicine fellowship examination <sup>82</sup>. At the commencement of national registration, oral medicine and oral pathology were separated into two distinct specialties. The specialty of oral and maxillofacial pathology had for many years been affiliated with the Royal College of Pathologists of Australasia as the Faculty of Oral and Maxillofacial Pathology, and currently supports single digit registered and practicing oral and maxillofacial pathologists <sup>96</sup>.

### **Multinational Organizations**

The International Association of Oral and Maxillofacial Pathologists (IAOP) is a scientific organization that unites medical and dental professionals dedicated to the practice, education and research of OMP. Founded in 1976, the IAOP's primary goals are to develop and advance the practice and science of oral pathology, to promote undergraduate and postgraduate education, and to advance the knowledge of clinical aspects, laboratory diagnosis, and applied and translational research in the specialty field of oral pathology <sup>30,79</sup>. Therefore, anyone with an interest in OMP is encouraged to apply for membership. Since 1981, the IAOP has held congresses on all continents to enable members from different countries to communicate with each other. The recent 22<sup>nd</sup> edition of the International Congress on Oral Pathology and



Medicine was held from June 18<sup>th</sup> to 22<sup>nd</sup>, 2024, in Cancún, Mexico <sup>79</sup>. The 23<sup>rd</sup> edition is scheduled to take place in Santos, Brazil in 2026.

The Ibero-American Academy of Oral Pathology and Medicine (AIPMB) was officially founded in 1995. The working groups are distributed throughout Ibero-America: Argentina, Brazil, Colombia, Chile, Guatemala, Mexico, Paraguay, Peru, United States, Uruguay, Venezuela and Spain. Since 1995, the Academy has been holding meetings in some of these countries with the aim of promoting the development of OMP and OM in clinical, teaching and research aspects, as well as promoting and facilitating collaboration and communication among Ibero-American professionals dedicated to the field of OMP and OM <sup>2,73</sup>. The 19<sup>th</sup> Congress of the AIPMB will be held in Córdoba, Argentina, from September 25<sup>th</sup> to 27<sup>th</sup>, 2025.

### **Multinational Study Groups**

The Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology (MASCC/ISOO) is dedicated to developing and improving support care in cancer <sup>99</sup>. Within MASCC/ISOO, OM specialists play important roles in both the Oral Care and Mucositis Study Groups. The Oral Care Study Group aims to enhance knowledge of the range of oral complications associated with cancer therapies and to support the translation of this knowledge into improved clinical management for patients <sup>91</sup>. The Mucositis Study Group aims to enhance the outcomes of patients who suffer from oral and gastrointestinal mucositis. They work towards designing and conducting clinical investigations, disseminating up-to-date educational information, and serving as a resource for investigators <sup>92</sup>.

The World Workshop on Oral Medicine (WWOM) has evolved significantly since its inaugural edition in 1988 in Chicago, USA, under the leadership of Professor H. Dean Millard and Professor David K. Mason. The early editions of WWOM focused on critical themes such as defining the scope of OM, qualifications, training, and patient care <sup>28</sup>. Subsequent gatherings in 1993 and 1998 continued to bring together international experts, fostering collaboration and knowledge exchange <sup>26</sup>. It was not until WWOM IV in 2006 in Puerto Rico that the workshops evolved to include comprehensive reviews on emerging OM topics and surveys to collect global professional opinions and the participation of tens of faculty members from various countries <sup>22</sup>. WWOM V in 2010, held in London, saw faculty representation from 23 countries <sup>24</sup>. The subsequent editions, WWOM VI in Orlando and WWOM VII in Sweden, addressed issues such as medication-induced salivary gland dysfunction, management of medically complex patients, and the future of OM <sup>25,27</sup>. In 2022, WWOM VIII, hosted in Memphis, USA, initiated several impactful projects, including the “World Workshop on Oral Medicine Outcomes Initiative for

the Direction of Research (WONDER)”<sup>23</sup>. The upcoming WWOM IX, is scheduled for 2025 in Las Vegas, USA.

The historical evolution of the organizations is presented in Table I, which includes the founding year of each. Figure 2 presents a timeline of the establishment milestones of those scientific entities. Table II provides an overview of the official recognition of OM and/or OMP as a specialty by the regulatory agency of countries that have an organization of OM and/or OMP.

What are the published contributions of OM and OMP societies/associations to the prevention, diagnosis, and management of oral disorders?

To respond to this review question, our search identified research articles, position papers, or clinical practice guidelines published by the aforementioned organizations. Twenty-six sources published as official communications were included. Table III summarizes these findings. Statements not retrieved by the electronic search are available online, such as clinical practice statements by the AAOM (available at <https://www.aaom.com/>) and SIPMO recommendations (available at [https://www.sipmo.it/wp-content/uploads/2020/08/SICMF-SIPMO-2.0\\_web-con-cover-2020.pdf](https://www.sipmo.it/wp-content/uploads/2020/08/SICMF-SIPMO-2.0_web-con-cover-2020.pdf)).

## DISCUSSION

This investigation provided a comprehensive scoping review of sources elaborating on the existing OM and OMP scientific associations/societies from diverse regions across the Americas, Asia, Africa, Europe, and Oceania. Our primary focus was to summarize the establishment processes of these scientific organizations, list their global distribution and highlight their significant contributions toward oral health promotion.

While the first systematic description of oral diseases by Hippocrates, a Greek physician, was documented in V B.C.<sup>100</sup>, the field of study that provides health care to patients with oral diseases and medical complexities was principled in the early 1920s. Consequently, the 1940s witnessed great revolutionary development in the area of oral care resulting in the evolution and shaping of the fields of OM and OMP<sup>1,2,101</sup>. That decade was also marked by the founding of the first documented organizations dedicated to OM and OMP which marked a significant milestone in the formalization and institutionalization of these areas of healthcare<sup>1,10</sup>. Figure 2 illustrates the development of the associations in the 19<sup>th</sup>, 20<sup>th</sup> and 21<sup>st</sup> centuries.

Notably, OM and OMP are recognized for their unique role in bridging the fields of medicine and dentistry, as they inherently integrate the knowledge and practices from both of these disciplines. This hybridization of both disciplines in these two specialties is clearly perceived when OM and OMP specialist are considered to be part of the dental profession in the majority of the countries, while their scope falls into the medical profession in some European and Asian countries <sup>2,4</sup>. This is reflected in the fact that a significant amount of formal postgraduate training in OM, and especially OMP, takes place in medical departments.

Our analysis revealed a notable heterogeneity in the establishment processes of such organizations, especially concerning their foundation throughout the 20<sup>th</sup> and 21<sup>th</sup> centuries, and also the recognition of OM and or/ OMP as a specialty of the dental or medical field in these countries. Additionally, we identified a disproportionate geographic distribution of these scientific entities across the continents (Figure 3). This ranged from complete absence of scientific societies/associations in the Caribbean, Central America, and the Middle East <sup>7</sup>, regardless of recognizable specialty status of OM and OMP in many of these countries, to the existence of scientific OM and OMP societies/associations in each of the large North American countries <sup>70,78,81,87</sup>. Moreover, it was noted that the large densely populated Asian continent is only represented by 13 organizations and that only one organization was identified in Africa <sup>66</sup>. This inadequacy raises important questions about the extent representation and accessibility OM and OMP have achieved in those geographic area <sup>102</sup>, and the level of support professional practitioners in both fields are receiving. Despite an increased patient need, particularly in the context of oncology supportive care <sup>103</sup>, many countries still lack an official presence of OM and/or OMP.

In term of the contributions of OM and OMP societies/associations to the prevention, diagnosis, and management of oral disorders, few official communications authored by the organizations were found. The themes most assessed were MRONJ by SIPMO, AAOMP, AAOM, SOBEP, SEMO and SFSCMOFCO <sup>21,40,44,45,51,52,55</sup>, and oral potentially malignant disorders (OPMDs) by SIPMO, EAOM, AAOMP and CSOM <sup>35–38,42,46,57</sup>. The MASCC/ISOO study groups have published reviews and guidelines on topics related to supportive care in cancer, with a focus on OM related subjects, such as mucositis and oral care during and after cancer therapy (Supplementary Table III, available at [URL]). The WWOM study groups have developed and published reviews and surveys on emerging and relevant topics in OM including salivary dysfunction, oral mucosal diseases, and burning mouth syndrome (Supplementary Table IV, available at [URL]). Utilizing the best evidence available in clinical practice is essential for achieving high-quality care and optimal patient outcomes <sup>104,105</sup>.

The potential limitation of the present scoping review was the limited data reported on the spread of OM and OMP across the globe. The unavailability of the information about OM and OMP societies/associations in certain parts of the world does not necessarily represents complete absence of the professional organizations but rather points out at the voids that need to be filled by providers in these fields. The inclusion of information from the societies/associations websites, as additional sources of information, was a necessity due to the lack of published literature pertaining to the establishment efforts and development processes of the organizations. This renders our resources chances for bias and inaccuracies due to the lack of peer review process.

Existing OM and OMP societies/associations should take proactive measures to generate research and publications that serve as resources for evidence-based practice in OM and OMP, alongside web-based materials for patient education. In addition, organizations should enhance their efforts in offering both online and published literature that delves into the development of these fields within their respective countries, thereby providing a comprehensive overview of practitioners' contributions. A notable strength of our study resides in its scoping review framework, which systematically employed a rigorous search strategy and integrates multiple sources of evidence.

## CONCLUSION

Historic documentation for the establishment efforts and development processes of OM and OMP societies/association across the continents is still lacking. Mapping the global distribution of the scientific entities shows that OM and OMP have developed heterogeneously across the globe, increasing inequalities in accessibility and standardization of the scope of these specialties. Literature regarding the contributions of OM and OMP societies/associations in area pertaining to the prevention, diagnosis, and management of oral disorders remain scarce and further efforts should be implemented.

**Disclaimer:** The authors acknowledge that there may be additional scientific organizations beyond those mentioned in the text that were not cited due to not being retrieved by the search strategy.

**Declaration of Generative AI and AI-assisted technologies in the writing process:** During the preparation of this work the authors used DeepL Write and ChatGPT in order to improve

readability and language. After using this tool/service, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

### Figure legends:

**Figure 1.** Flow diagram of literature search and selection criteria adapted from PRISMA-ScR

13.

**Figure 2.** Timeline depicting the establishment milestones of Oral Medicine (OM) and/or Oral and Maxillofacial Pathology (OMP) organizations\*.

\* It excludes organizations for which the founding year was not available, as indicated in Table I.

**Legend:** DGZMK: German Society of Dentistry and Oral Medicine; SFSCMFCO: French Society of Stomatology, Maxillo-Facial Surgery and Oral Surgery; AAOM: American Academy of Oral Medicine; AAOMP: American Academy of Oral and Maxillofacial Pathology; NVMKA: Dutch Society for Oral Medicine and Oral and Maxillofacial Surgery; SASPIO: South African Society for Periodontology, Implantology and Oral Medicine; BSOMP: British Society for Oral and Maxillofacial Pathology; SFOPOM: Scandinavian Fellowship for Oral Pathology and Oral Medicine; SOBEP: Brazilian Society of Oral Medicine (Stomatology) and Oral Pathology; IAOP: International Association of Oral and Maxillofacial Pathologists; JSOP: Japanese Society for Oral Pathology; BISOM: British & Irish Society for Oral Medicine; ISPMI: Indonesian Association of Oral Medicine Specialists; IAOMR: Indian Academy of Oral Medicine and Radiology; JSODOM: Japanese Society of Oral Diagnosis/Oral Medicine; CSOP: Chinese Society of Oral Pathology; SEMO: Spanish Society of Oral Medicine; WWOM: World Workshop on Oral Medicine; TAOP: Taiwan Academy of Oral Pathology; IAOMP: Iranian Association of Oral and Maxillofacial Pathologists; APMO: Portuguese Academy of Oral Medicine; SIPMO: Italian Society for Oral Pathology and Medicine; ISOM: Israeli Society of Oral Medicine; AIPMB: Ibero-American Academy of Oral Pathology and Medicine; CSOM: Chinese Society of Oral Medicine; CSOMP: Croatian Society for Oral Medicine and Pathology; JSOM: Japanese Society of Oral Medicine; EAOM: European Association of Oral Medicine; CAOMPOM: Canadian Academy of Oral and Maxillofacial Pathology and Oral Medicine; HSOMP: Hellenic Society of Oral Medicine and Oral Pathology; SAE-MO: Argentine Society of Stomatology – Oral Medicine; ASOMP: Asian Society of Oral & Maxillofacial Pathology; ODGT: Oral Diseases Group of Thailand; SVMB: Venezuelan Society of Oral Medicine; OMAA: Oral Medicine Academy of Australasia; AMPMB: Mexican

Association of Oral Pathology and Medicine; SOM: Swedish Association of Orofacial Medicine; SUPE: Uruguayan Society of Stomatological Pathology; APPAMEB: Peruvian Association of Oral and Maxillofacial Pathology and Medicine; RSOMP: Romanian Society of Oral Medicine and Pathology; SPPMB: Paraguayan Society of Oral Pathology and Medicine.

**Figure 3.** Geographical representation of the location of national OM and/or OMP organizations\*.

\*Map does not include multinational organizations or multinational events, as which the International Association of Oral and Maxillofacial Pathologists, the Ibero-American Academy of Oral Pathology and Medicine, the Asian Society of Oral & Maxillofacial Pathology, the European Association of Oral Medicine, the Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology Mucositis Study Group, the Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology Oral Care Study Group and the World Workshop on Oral Medicine.

**Legend:** Africa: SASPIO: South African Society for Periodontology, Implantology and Oral Medicine.

America: AAOMP: American Academy of Oral and Maxillofacial Pathology; AAOM: American Academy of Oral Medicine; SAE-MO: Argentine Society of Stomatology – Oral Medicine; SOBEP: Brazilian Society of Oral Medicine (Stomatology) and Oral Pathology; CAOMPOM: Canadian Academy of Oral and Maxillofacial Pathology and Oral Medicine; SPBMFCH: Chilean Society of Maxillofacial Pathology; ACPO: Colombian Academy of Oral Pathology; AMPMB: Mexican Association of Oral Pathology and Medicine; SPPMB: Paraguayan Society of Oral Pathology and Medicine; APPAMEB: Peruvian Association of Oral and Maxillofacial Pathology and Medicine; SUPE: Uruguayan Society of Stomatological Pathology; SVMB: Venezuelan Society of Oral Medicine.

Asia: CSOM: Chinese Society of Oral Medicine; CSOP: Chinese Society of Oral Pathology; IAOMR: Indian Academy of Oral Medicine and Radiology; ISPMI: Indonesian Association of Oral Medicine Specialists; IAOMP: Iranian Association of Oral and Maxillofacial Pathologists; ISOM: Israeli Society of Oral Medicine; JSOP: Japanese Society for Oral Pathology; JSODOM: Japanese Society of Oral Diagnosis/Oral Medicine; JSOM: Japanese Society of Oral Medicine; MAOMP: Malaysian Association of Oral Maxillofacial Pathology and Medicine; ODTG: Oral Diseases Group of Thailand; TAOP: Taiwan Academy of Oral Pathology.

Europe: BISOM: British & Irish Society for Oral Medicine; BSOMP: British Society for Oral and Maxillofacial Pathology; CSOMP: Croatian Society for Oral Medicine and Pathology;

NVMKA: Dutch Society for Oral Medicine and Oral and Maxillofacial Surgery; SFSCMFCO: French Society of Stomatology, Maxillo-Facial Surgery and Oral Surgery; DGZMK: German Society of Dentistry and Oral Medicine; HSOMP: Hellenic Society of Oral Medicine and Oral Pathology; SIPMO: Italian Society for Oral Pathology and Medicine; APMO: Portuguese Academy of Oral Medicine; RSOMP: Romanian Society of Oral Medicine and Pathology; SFOPOM: Scandinavian Fellowship for Oral Pathology and Oral Medicine; SEMO: Spanish Society of Oral Medicine; SOM: Swedish Association of Orofacial Medicine.

Oceania: OMAA: Oral Medicine Academy of Australasia.

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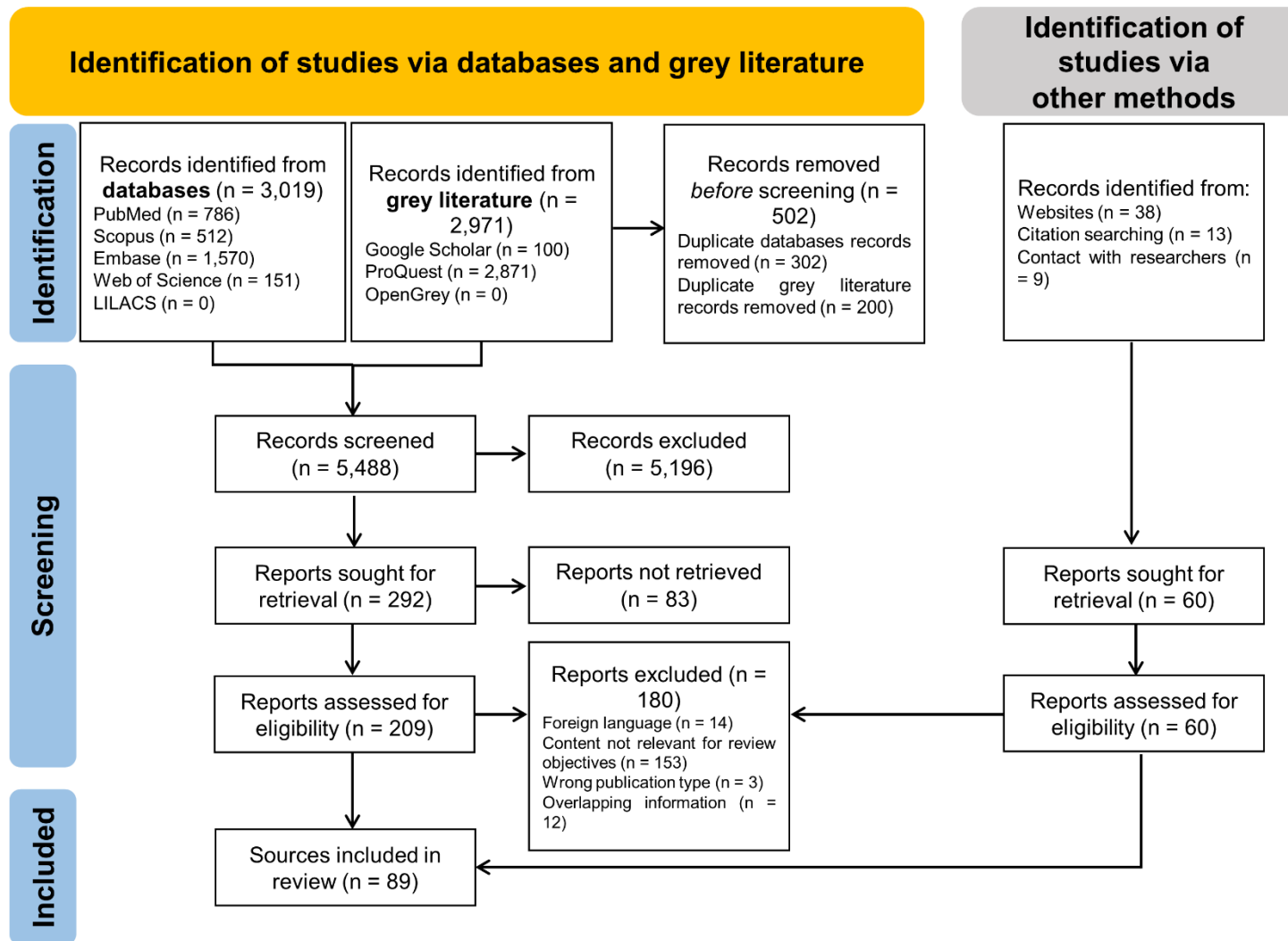
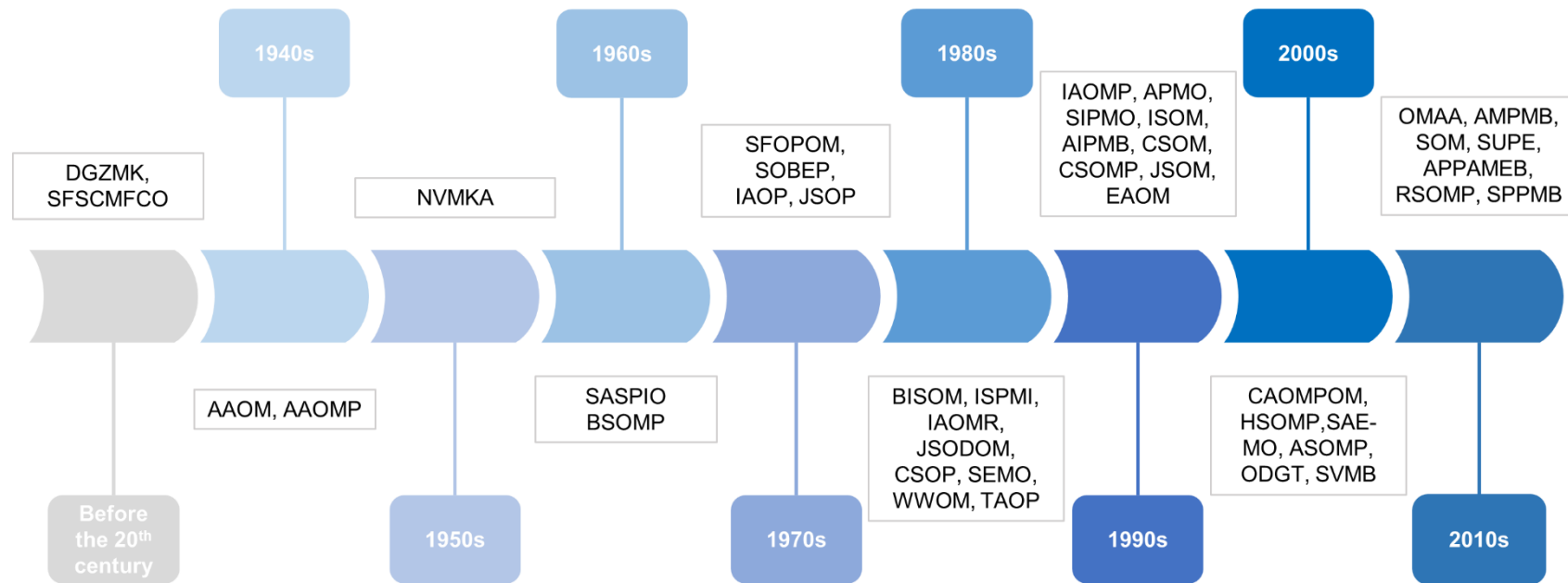


Figure 1.





**Figure 2.**

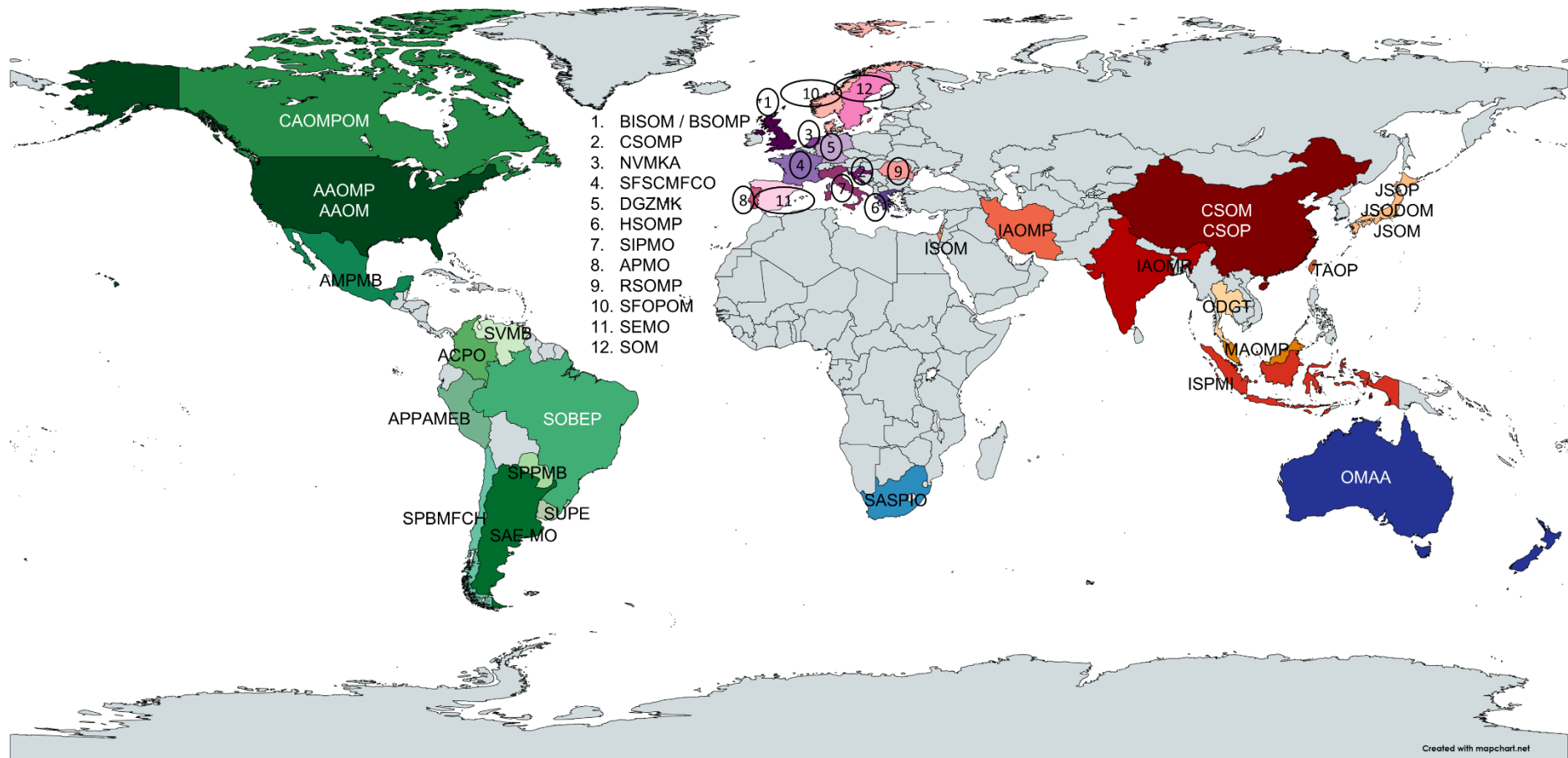


Figure 3.

**Table I.** Findings according to year of foundation and website, per continent.

<b>National Organization</b>	<b>Foundation</b>	<b>Website</b>
<b>AFRICA</b>		
South African Society for Periodontology, Implantology and Oral Medicine (SASPIO)	1960s	<a href="https://saspio.org.za/">https://saspio.org.za/</a>
<b>AMERICA</b>		
American Academy of Oral and Maxillofacial Pathology (AAOMP)	1946	<a href="http://www.aaomp.org/">http://www.aaomp.org/</a>
American Academy of Oral Medicine (AAOM)	1945	<a href="https://www.aaom.com/">https://www.aaom.com/</a>
Argentine Society of Stomatology – Oral Medicine (SAE-MO)	2002	<a href="http://sae-mo.com/">http://sae-mo.com/</a>
Brazilian Society of Oral Medicine (Stomatology) and Oral Pathology (SOBEP)	1974	<a href="http://www.estomatologia.com.br/">http://www.estomatologia.com.br/</a>
Canadian Academy of Oral and Maxillofacial Pathology and Oral Medicine (CAOMPOM)	2000	<a href="https://caompom.org/">https://caompom.org/</a>
Chilean Society of Maxillofacial Pathology (SPBMFCH)	NA	<a href="https://www.patologiaoralchile.cl/">https://www.patologiaoralchile.cl/</a>
Colombian Academy of Oral Pathology (ACPO)	NA	<a href="http://www.acpo.com.co/">http://www.acpo.com.co/</a>
Mexican Association of Oral Pathology and Medicine (AMPMB)	2011	<a href="https://www.ampmbcolegio.org.mx/">https://www.ampmbcolegio.org.mx/</a>
Paraguayan Society of Oral Pathology and Medicine (SPPMB)	2019	<a href="https://patologiaymedbucal.com/">https://patologiaymedbucal.com/</a>
Peruvian Association of Oral and Maxillofacial Pathology and Medicine (APPAMEB)	2012	NA
Uruguayan Society of Stomatological Pathology (SUPE)	2011	<a href="https://web.aou.org.uy/sociedades-cientificas-y-seccionales/sociedad-uruguay-de-patologia-estomatologica-supe/">https://web.aou.org.uy/sociedades-cientificas-y-seccionales/sociedad-uruguay-de-patologia-estomatologica-supe/</a>
Venezuelan Society of Oral Medicine (SVMB)	2005	<a href="https://instagram.com/svmedicinabucal">https://instagram.com/svmedicinabucal</a>
<b>ASIA</b>		
Asian Society of Oral & Maxillofacial Pathology (ASOMP)	2003	<a href="https://www.asomp.com/">https://www.asomp.com/</a>
Chinese Society of Oral Medicine (CSOM)	1998	NA
Chinese Society of Oral Pathology (CSOP)	1986	NA

Indian Academy of Oral Medicine and Radiology (IAOMR)	1985	<a href="http://iaomr.org/">http://iaomr.org/</a>
Indonesian Association of Oral Medicine Specialists (ISPMI)	1983	<a href="https://www.ispmi.or.id/">https://www.ispmi.or.id/</a>
Iranian Association of Oral and Maxillofacial Pathologists (IAOMP)	1990	<a href="http://omfpathology.com/">http://omfpathology.com/</a>
Israeli Society of Oral Medicine (ISOM)	1994	<a href="http://www.oralmed.org.il/">http://www.oralmed.org.il/</a>
Japanese Society for Oral Pathology (JSOP)	1978	<a href="https://www.jsop.or.jp/">https://www.jsop.or.jp/</a>
Japanese Society of Oral Diagnosis/Oral Medicine (JSODOM)	1985	<a href="http://www.jsodom.org/">http://www.jsodom.org/</a>
Japanese Society of Oral Medicine (JSOM)	1998	<a href="https://jsom.sakura.ne.jp/">https://jsom.sakura.ne.jp/</a>
Malaysian Association of Oral Maxillofacial Pathology and Medicine (MAOMP)	NA	<a href="https://www.facebook.com/MAOFD/">https://www.facebook.com/MAOFD/</a>
Taiwan Academy of Oral Pathology (TAOP)	1989	NA
Oral Diseases Group of Thailand (ODGT)	2003	<a href="https://www.facebook.com/ThaiODGT/">https://www.facebook.com/ThaiODGT/</a>
<b>EUROPE</b>		
British & Irish Society for Oral Medicine (BISOM)	1981	<a href="https://bisom.org.uk/">https://bisom.org.uk/</a>
British Society for Oral and Maxillofacial Pathology (BSOMP)	1967	<a href="https://www.bsomp.org.uk/">https://www.bsomp.org.uk/</a>
Croatian Society for Oral Medicine and Pathology (CSOMP)	1997	<a href="http://www.oralmed.com.hr/">http://www.oralmed.com.hr/</a>
Dutch Society for Oral Medicine and Oral and Maxillofacial Surgery (NVMKA)	1956	<a href="https://www.nvmka.nl/">https://www.nvmka.nl/</a>
European Association of Oral Medicine (EAOM)	1998	<a href="https://eaom.eu/">https://eaom.eu/</a>
French Society of Stomatology, Maxillo-Facial Surgery and Oral Surgery (SFSCMFco)	1888	<a href="https://www.sfscmfco.com/">https://www.sfscmfco.com/</a>
German Society of Dentistry and Oral Medicine (DGZMK)	1859	<a href="https://www.dgzmk.de/">https://www.dgzmk.de/</a>
Hellenic Society of Oral Medicine and Oral Pathology (HSOMP)	2000	<a href="http://www.pathologyoral.gr/en/">http://www.pathologyoral.gr/en/</a>
Italian Society for Oral Pathology and Medicine (SIPMO)	1992	<a href="https://www.sipmo.it/">https://www.sipmo.it/</a>
Portuguese Academy of Oral Medicine (APMO)	1991	<a href="https://www.apmo.pt/web/">https://www.apmo.pt/web/</a>
Romanian Society of Oral Medicine and Pathology (RSOMP)	2014	NA
Scandinavian Fellowship for Oral Pathology and Oral Medicine (SFOPOM)	1971	<a href="http://www.sfopom.org/">http://www.sfopom.org/</a>

Spanish Society of Oral Medicine (SEMO)	1988	<a href="http://www.semo.es/">http://www.semo.es/</a>
Swedish Association of Orofacial Medicine (SOM)	2011	<a href="https://orofacialmedicin361673900.files.wordpress.com/2018/10/som-brochure.pdf">https://orofacialmedicin361673900.files.wordpress.com/2018/10/som-brochure.pdf</a>
<b>OCEANIA</b>		
Oral Medicine Academy of Australasia (OMAA)	2010	<a href="http://www.oma.com.au/">http://www.oma.com.au/</a>
<b>MULTINATIONAL ORGANIZATIONS</b>		
International Association of Oral and Maxillofacial Pathologists (IAOP)	1976	<a href="https://iaop.com/">https://iaop.com/</a>
Ibero-American Academy of Oral Pathology and Medicine (AIPMB)	1995	<a href="http://www.aipmb.com/">http://www.aipmb.com/</a>
<b>MULTINATIONAL STUDY GROUPS</b>		
Multinational Association of Supportive Care in Cancer/ International Society of Oral Oncology (MASCC/ISOO) Oral Care Study Group	NA	<a href="https://mascc.org/study-groups/oral-care/">https://mascc.org/study-groups/oral-care/</a>
Multinational Association of Supportive Care in Cancer/ International Society of Oral Oncology (MASCC/ISOO) Mucositis Study Group	NA	<a href="https://mascc.org/study-groups/mucositis/">https://mascc.org/study-groups/mucositis/</a>
World Workshop on Oral Medicine (WWOM)	1988	<a href="https://wworalmed.org/">https://wworalmed.org/</a>

**Legend:** NA: information not available.

**Table II.** Recognition of OM and OMP as a specialty by regulatory agency of each country.

Country	Oral Medicine		Oral and Maxillofacial Pathology	
	Related to	Recognized specialty	Related to	Recognized specialty
<b>AFRICA</b>				
South Africa	Dentistry	Yes (within Periodontology)	Dentistry	Yes
<b>AMERICA</b>				
The United States of America	Dentistry	Yes	Dentistry	Yes
Argentina	Dentistry	Yes	Dentistry	Yes

Brazil	Dentistry	Yes	Dentistry	Yes
Canada*	Dentistry	Yes	Dentistry	Yes
Chile	Dentistry	Yes	Dentistry	Yes
Colombia	Dentistry	Yes	Dentistry	Yes
Mexico	Dentistry	Yes	Dentistry	Yes
Paraguay	Dentistry	Yes	Dentistry	Yes
Peru	Dentistry	Yes	Dentistry	Yes
Uruguay	Dentistry	Yes	Dentistry	Yes
Venezuela	Dentistry	Yes	Dentistry	Yes
<b>ASIA</b>				
China	Dentistry	Yes	Dentistry	Yes
India	Dentistry	Yes	Dentistry	Yes
Indonesia	Dentistry	Yes	Dentistry	NA
Iran	Dentistry	Yes	Dentistry	Yes
Israel	Dentistry	Yes	Dentistry	Yes
Japan	Dentistry	No	Dentistry	No
Malaysia	Dentistry	Yes	Dentistry	Yes
Thailand	Dentistry	Yes	Dentistry	Yes
Taiwan	Dentistry	No	Dentistry	Yes
<b>EUROPE</b>				
The United Kingdom	Dentistry	Yes	Dentistry	Yes
Croatia	Dentistry	Yes	Dentistry	Yes
The Netherlands	Dentistry and Medicine	No	Dentistry and Medicine	No
France**	Medicine	Yes	Medicine	No
Germany	Dentistry	No	Dentistry	No
Greece***	Dentistry	No	Dentistry	No
Italy	Dentistry and Medicine	No	Dentistry and Medicine	No
Portugal	Dentistry and Medicine	Yes	Dentistry	Yes
Romania	Dentistry and Medicine	No	Dentistry and Medicine	No
Spain	Dentistry	No	Dentistry	No
Sweden	Dentistry	Yes (within Orofacial	NA	NA

Medicine)				
OCEANIA				
Australia	Dentistry	Yes	Dentistry	Yes

**Legend:** NA: information not available.

\*In Canada, Oral Medicine and Pathology is recognized as a dental specialty that includes OM and OMP.

\*\*In France, the medical specialty of “Stomatology” encompasses, but is not limited to, the fields of OM and OMP.

\*\*\*In Greece, OM and OMP are under the broad term “Stomatology”.

**Table III.** Findings by topic related to OM and/or OMP education and training, prevention, diagnosis and/or management of oral conditions/diseases.

Organization	Author	Study design	Topic	Conclusions
American Academy of Oral Medicine (AAOM)	Migliorati et al., 2005 <sup>44</sup>	Position paper	Prevention and management of bisphosphonate-associated osteonecrosis (BON) for patients with cancer and/or osteoporosis	<ul style="list-style-type: none"> <li>• It is important that dentists and physicians communicate with each other so that patients receive good care, not only dentally, but also medically.</li> <li>• Understanding the mechanisms that lead to BON could be provided by clinical research, identifying risk factors and therapeutic measures.</li> <li>• The patient, dentist and physician must agree on the course of treatment to prevent or minimize the risk of BON development.</li> </ul>
American Academy of Oral Medicine (AAOM)	Little et al., 2010 <sup>48</sup>	Position paper	Dental treatment of patients with joint replacements	<ul style="list-style-type: none"> <li>• The AAOM suggests three options for dentists: inform their patients with prosthetic joints of the lack of scientific evidence to support antibiotic prophylaxis (AP) in their situation and the potential for a drug reaction; choose to base their clinical decisions entirely on the 2003 consensus statement and other literature published since then; or contact the patient's orthopaedic surgeon, discuss or outline the dilemma in a letter, and suggest that they both follow the 2003 guidelines until a new joint</li> </ul>

				<p>consensus statement is approved.</p> <ul style="list-style-type: none"> <li>• The AAOM believes the 2009 American Academy of Orthopaedic Surgeons (AAOS)' information statement on AP for bacteremia in patients with joint replacements. should not replace the 2003 joint consensus statement prepared by the American Dental Association, the AAOS and the e Infectious Diseases Society of America.</li> </ul>
American Academy of Oral and Maxillofacial Pathology (AAOMP)	Woo, Hellstein and Kalmar, 2006 <sup>40</sup>	Position paper	A systematic review on bisphosphonates and osteonecrosis of the jaws	<ul style="list-style-type: none"> <li>• Patients treated with bisphosphonates are at risk of developing osteonecrosis of the jaws.</li> <li>• The authors outlined findings on the actions of bisphosphonates and its potential adverse effects, oral complication of the use of the medication, risk factors for developing BON, prevalence and management recommendations, as well as other topics.</li> </ul>
American Academy of Oral and Maxillofacial Pathology (AAOMP)	Lingen et al., 2007 <sup>41</sup>	Position paper	Diagnostic aids for the detection of oral cancer	<ul style="list-style-type: none"> <li>• Although screening and early detection in at-risk populations could minimize morbidity and mortality from oral cancer, visual detection of these lesions is not standardized. This is due to subjective interpretation by the clinician. There is also the issue of heterogeneous presentation of oral potentially malignant disorders and incipient oral cancer.</li> <li>• Many techniques and tools can be used in the diagnosis of oral cancer, but there is little strong evidence to support their use.</li> </ul>
American Academy of Oral and Maxillofacial Pathology (AAOMP)	Cheng et al., 2016 <sup>42</sup>	Position paper	Diagnostic criteria for OLP	<ul style="list-style-type: none"> <li>• Resemblances in clinical or histopathological features of OLP compared to other disorders can make the OLP diagnosis challenging.</li> <li>• The authors compared the WHO criteria and WHO modified criteria for diagnosis and proposed a new set of clinical and histopathological criteria. A checklist for clinical information regarding oral lichenoid lesions was also presented.</li> </ul>



				<ul style="list-style-type: none"> <li>• The diagnostic process for OLP involves oral pathologists and clinician working together, relating clinical and histopathological features.</li> </ul>
Brazilian Society of Stomatology and Oral Pathology (SOBEP)	Madeira et al., 2020 <sup>45</sup>	Position paper	Risk factors for the development of medication- related osteonecrosis of the jaws (MRONJ) and prevention of this complication in patients with osteoporosis taking antiresorptive drugs and requiring invasive dental treatment	<ul style="list-style-type: none"> <li>• Osteoporosis often requires treatment with antiresorptive drugs.</li> <li>• The use of antiresorptive agents in patients with osteoporosis has not been strongly associated with the development of MRONJ. However, these agents are considered a risk factor for MRONJ.</li> <li>• Due to the poor quality of life of MRONJ patients, it is imperative that these patients receive adequate care, from prevention to treatment.</li> <li>• Interprofessional healthcare is required to manage this condition.</li> </ul>
British Society for Oral and Maxillofacial Pathology (BSOMP)	Odell et al., 2004 <sup>43</sup>	Position paper	Curriculum in OMP for undergraduate dental education in the UK	<ul style="list-style-type: none"> <li>• This consensus provides statements regarding the minimum knowledge and skills that dental students should receive during their education.</li> <li>• Dental students should be aware of the range of diseases that affect not only the oral mucosa but also the head and neck tissues. They should also understand the diagnostic process and the histopathologic features of common oral lesions.</li> <li>• Last but not least, evidence-based practice should guide OMP practice.</li> </ul>
Chinese Society of Oral Medicine (CSOM)	Chen et al., 2020 <sup>47</sup>	Position paper	Management of burning mouth syndrome (BMS)	<ul style="list-style-type: none"> <li>• This position paper provides 27 recommendations, summarizing pre-treatment examinations, removal of stimuli, pharmacological and non-pharmacological therapy.</li> <li>• The clinical pathway for diagnosis and management of BMS developed by the authors should be used by</li> </ul>

				clinicians.
Chinese Society of Oral Medicine (CSOM)	Chen et al., 2021 <sup>46</sup>	Position paper	Management of oral leukoplakia (OL)	<ul style="list-style-type: none"> <li>• This position paper provides 22 recommendations for the clinical management and surveillance of OL.</li> <li>• The clinical pathway for diagnosis and monitoring of OL developed by the authors should be used by clinicians.</li> </ul>
Chinese Society of Oral Medicine (CSOM)	CSOM, 2023 <sup>57</sup>	Guideline	Diagnosis and management of oral submucous fibrosis (OSF)	<ul style="list-style-type: none"> <li>• The authors addressed the clinical diagnosis and treatment of OSF, targeting clinicians, nursing staff and management personnel for policy formulation.</li> <li>• Medical institutions in China are recommended to follow the guideline recommendation for standardized diagnosis and treatment of this oral potentially malignant disorder.</li> </ul>
European Association of Oral Medicine (EAOM)	Pentenero et al., 2022 <sup>37</sup>	Quantitative study	Attitudes and practice in the diagnosis, risk stratification and treatment of OL in Europe and Australia	<ul style="list-style-type: none"> <li>• This study shows that there is no consensus on the management of oral potentially malignant disorders.</li> <li>• OMP practitioners still have the power to define risk assessment, based on subjective perception, leading to potential inconsistencies in the management of these disorders.</li> <li>• There is currently insufficient evidence to support treatment guidelines.</li> </ul>
French Society of Stomatology, Maxillofacial Surgery and Oral Surgery (SFSCMFCO)	SFSCMOFCO, 2013 <sup>55</sup>	Guideline	Recommendations for the management of MRONJ	<ul style="list-style-type: none"> <li>• The SFSCMFCO provides guidelines in assessing the risk of MRONJ prior to a surgical procedure, which protocol(s) should be adopted to reduce the risk of MRONJ following a surgical procedure, and guidelines on diagnosing and treating MRONJ.</li> </ul>
French Society of Stomatology, Maxillofacial Surgery and Oral Surgery	Cheyne et al., 2016 <sup>56</sup>	Guideline	Indications for occlusal appliance use in temporomandibular disorders	<ul style="list-style-type: none"> <li>• Experts recommend following the Diagnostic Criteria for TMD (DC/TMD) Axis I and II protocols.</li> <li>• Recommendations are formulated on treatment options including conservative management, stabilization splints, anterior repositioning splint, etc.</li> </ul>

(SFSCMFCO)				
French Society of Stomatology, Maxillofacial Surgery and Oral Surgery (SFSCMFCO)	SFSCMFCO, 2020 <sup>54</sup>	Guideline	Recommendations for the prevention of nosocomial infections for oral health professionals	<ul style="list-style-type: none"> <li>• The guidelines include statements on mask use, use of goggles, hand washing, gloves, distancing, and surface disinfection.</li> <li>• There are also recommendations for oral care for asymptomatic or mildly symptomatic patients and hospitalized patients.</li> </ul>
French Society of Stomatology, Maxillofacial Surgery and Oral Surgery (SFSCMFCO)	Khonsari et al., 2021 <sup>58</sup>	Guideline	3D-printing in maxillo-facial surgery, stomatology, and oral surgery	<ul style="list-style-type: none"> <li>• Implementing in-house 3D-printing requires technical considerations and logistical adjustments.</li> <li>• It is important to be aware of regulatory restrictions when 3D-printing medical devices.</li> <li>• Several scenarios in which 3D-printed medical devices can be used have been addressed by the authors.</li> </ul>
Italian Society of Oral Pathology and Medicine (SIPMO)	Adamo et al., 2022 <sup>35</sup>	Quantitative study	Clinical, psychological profile and symptoms between Italian patients with oral lichen planus (OLP) from the North and Central-South regions	<ul style="list-style-type: none"> <li>• There is higher prevalence of pain, anxiety, depression and sleep disturbance in patients with OLP in the Central-South regions of Italy.</li> <li>• Oral symptoms and psychological profile differences between patients may be multifactorial.</li> <li>• Individual and environmental factors should be taken into account when assessing a patient with OLP, as well as the disparities in health care and in quality of life between patients living in different geographical areas.</li> <li>• Stress management programs could help patients to cope with stress and benefit the clinical management.</li> </ul>
Italian Society of Oral Pathology and Medicine (SIPMO)	Adamo et al., 2022 <sup>36</sup>	Quantitative study	Analysis of quality of sleep and the differences between keratotic and non-keratotic manifestations of OLP patterns	<ul style="list-style-type: none"> <li>• Sleep disturbances are mostly undiagnosed and untreated in OLP patients.</li> <li>• There is a high prevalence of insomnia and mood disorders in the sample evaluated in this study; therefore, the psychological status of this patients should be assessed.</li> <li>• Poor quality of life is an aggravating factor for OLP. It can be improved by treating sleep disturbances.</li> </ul>

Italian Society of Oral Pathology and Medicine (SIPMO)	Adamo et al., 2023 <sup>38</sup>	Quantitative study	Analysis of prevalence of depression and anxiety in keratotic OLP	<ul style="list-style-type: none"> <li>• Anxiety and depression presented higher prevalence in keratotic OLP patients than in healthy controls.</li> <li>• Severity of OLP might not be aggravated by anxiety and depression levels.</li> </ul>
Italian Society of Oral Pathology and Medicine (SIPMO), in collaboration with the Italian Allied Committee in Osteonecrosis of the Jaws	Campisi et al., 2020 <sup>21</sup>	Conference report	MRONJ diagnosis and therapy, prevention and the dental management of patients at risk of MRONJ	<ul style="list-style-type: none"> <li>• MRONJ is a serious complication of antiresorptive and/or antiangiogenic medications and is associated with poor quality of life in affected patients.</li> <li>• The authors addressed six issues related to MRONJ and provided good and questionable practices related to each of them: clinical diagnosis, radiologic diagnosis, prevention, dental management, drug suspension in at-risk patients, and therapy.</li> </ul>
Italian Society of Oral Pathology and Medicine (SIPMO), in collaboration with the Italian Society of Maxillofacial Surgery	Bedogni et al., 2024 <sup>52</sup>	Position paper	Recommendations for researchers and clinicians on MRONJ	<ul style="list-style-type: none"> <li>• MRONJ is challenging condition for both researchers and clinicians in terms of prevention and treatment.</li> <li>• The authors provided insightful recommendations on: definition, epidemiology, diagnosis, staging, risk factors and individual risk assessment, prevention strategies, drug holiday and treatment, as well as a staged-related surgical algorithm.</li> </ul>
Japanese Society of Oral Pathology (JSOP), Japanese Society of Oral Medicine (JSOM), Asian Society of Oral and Maxillofacial Pathology (ASOMP)	JSOP; JSOM; ASOMP, 2014 <sup>39</sup>	Qualitative study	Description the concept of carcinoma in situ (CIS) in the committee's view	<ul style="list-style-type: none"> <li>• The expert panel concludes that the sample could be differentiated into two major histologic variations of oral CIS, basaloid and differentiated.</li> <li>• In the cases analyzed, a large number of CIS were of the differentiated type. A tendency to keratinization of CIS was observed.</li> </ul>

Mexican Association of Oral Pathology and Medicine (AMPMB)	Anaya-Saavedra, 2021 <sup>19</sup>	Commentary	Oral manifestations accompanying and related to COVID-19	<ul style="list-style-type: none"> <li>• Oral manifestations in SARS-CoV-2 infection do not serve as early identification markers and do not necessitate a biopsy.</li> <li>• In addressing global uncertainty and fear, health professionals play a crucial role by analyzing and conveying scientific information to patients with clarity, truthfulness, and efficacy.</li> </ul>
Scandinavian Fellowship for Oral Pathology and Oral Medicine (SFOPOM)	Kragelund et al., 2012 <sup>53</sup>	Guideline	Standard of OMP and OM in the European dental curriculum	<ul style="list-style-type: none"> <li>• The authors present the definition of OMP and OM established by consensus of the SFOPOM faculty in 2009 and the competencies of a Scandinavian dentist.</li> <li>• The diagnostic approach is not simple and many aspects have to be considered by the clinician.</li> <li>• It is important to include oral diseases/conditions and oral manifestations of systemic diseases/disorders in the curriculum in terms of their commonality, importance and uniqueness.</li> </ul>
Spanish Society of Oral Medicine (SEMO)	Gutiérrez et al., 2006 <sup>50</sup>	Position paper	Antibiotic prophylaxis in dental surgery and procedures	<ul style="list-style-type: none"> <li>• Antibiotic prophylaxis in Dentistry has certain well-founded, precise indications and offers the international scientific community a practical protocol for action.</li> </ul>
Spanish Society of Oral Medicine (SEMO)	Sosa Henríquez et al., 2009 <sup>51</sup>	Position paper	Osteonecrosis of the jaw (ONJ)	<ul style="list-style-type: none"> <li>• In a consensus, the authors consider patients undergoing treatment for osteoporosis with bisphosphonates to be at a higher risk for ONJ if they have a previous history of ONJ, are being treated with immunosuppressors, or are undergoing prolonged treatment with bisphosphonates.</li> <li>• Conservative dental treatment can be performed without discontinuing bisphosphonate treatment if the patient does not have additional risk factors, is not receiving corticosteroids, or has not been receiving bisphosphonates for osteoporosis for more than three years. Any decision to suspend treatment should be</li> </ul>

				discussed with the medical team, and if necessary, the medication should be reinstated as soon as healing occurs.
Spanish Society of Oral Medicine (SEMO)	Jané-Salas et al., 2022 <sup>49</sup>	Position paper	Oral care in cancer patients	<ul style="list-style-type: none"> <li>• There are no tests that are sensitive or specific enough to predict or provide an early diagnosis of ONJ.</li> <li>• Oral health significantly influences the well-being and quality of life for cancer patients, emphasizing the importance of prioritizing its preservation and care during cancer treatments. The document provides recommendations for different phases of the treatment process:</li> <li>• Before treatment: emphasizes the need for a systematic dental review in patients before cancer treatment to avoid potential limitations in treatment effectiveness and impacts on the patient's quality of life.</li> <li>• During treatment: suggests that minimal dental intervention is ideal during cancer treatment, with a focus on emergency treatments and preference for pharmacological actions.</li> <li>• After treatment: highlights the importance of assessing patient rehabilitation, taking into account the treatments received and potential after-effects. It mentions that for patients treated for other neoplasms, there should be no limitation in the type of intervention, except for those who received bisphosphonates.</li> </ul>

**Legend:** AP: antibiotic prophylaxis; AAOS: American Academy of Orthopaedic Surgeons; BMS: burning mouth syndrome; BON: bisphosphonate-associated osteonecrosis; CIS: carcinoma *in situ*; MRONJ: medication-related osteonecrosis of the jaws; OL: oral leukoplakia; OLP: oral lichen planus; OMP: oral and maxillofacial pathology; OM: oral medicine; ONJ: osteonecrosis of the jaw; OSF: oral submucous fibrosis.

### Supplementary Material

**Supplementary Table I.** Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

Section	Item	PRISMA-ScR Checklist Item	Reported on page #
<b>TITLE</b>			
<b>Title</b>	1	Identify the report as a scoping review.	Title page
<b>ABSTRACT</b>			
<b>Structured summary</b>	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	1
<b>INTRODUCTION</b>			
<b>Rationale</b>	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	2
<b>Objectives</b>	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	2
<b>METHODS</b>			
<b>Protocol and registration</b>	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	2
<b>Eligibility criteria</b>	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	3
<b>Information sources</b>	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	2-3
<b>Search</b>	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Supplementary Table I

<b>Selection of sources of evidence</b>	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	3
<b>Data charting process</b>	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	3
<b>Data items</b>	11	List and define all variables for which data were sought and any assumptions and simplifications made.	3
<b>Critical appraisal of individual sources of evidence</b>	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Not applicable
<b>Synthesis of results</b>	13	Describe the methods of handling and summarizing the data that were charted.	3
<b>RESULTS</b>			
<b>Selection of sources of evidence</b>	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Figure 1
<b>Characteristics of sources of evidence</b>	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Table 3 and Results
<b>Critical appraisal within sources of evidence</b>	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Not applicable
<b>Results of individual sources of evidence</b>	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Table 1, Table 3 and Results
<b>Synthesis of results</b>	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	Table 1 and Table 3
<b>DISCUSSION</b>			



<b>Summary of evidence</b>	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	9
<b>Limitations</b>	20	Discuss the limitations of the scoping review process.	10
<b>Conclusions</b>	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	10
<b>FUNDING</b>			
<b>Funding</b>	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Not applicable

Supplementary Table II. Database search strategy

Database	Search strategy	Results
	(initial search date: February 15, 2023 / updated search date: February 21, 2024)	
MEDLINE/PubMed	((("Oral Medicine"[MeSH Terms] OR Stomatology) OR ("Pathology, Oral"[MeSH Terms] OR "Oral and Maxillofacial Pathology" OR "Oral Pathology" OR "Maxillofacial Pathology")) AND (Societies[MeSH Terms] OR "Professional Organizations" OR "Professional Organization"))	786
SCOPUS	TITLE-ABS-KEY("Oral Medicine" OR Stomatology) OR TITLE-ABS-KEY("Pathology, Oral" OR "Oral and Maxillofacial Pathology" OR "Oral Pathology" OR "Maxillofacial Pathology") AND TITLE-ABS-KEY(Societies OR "Professional Organizations" OR "Professional Organization")	512
EMBASE	('oral medicine'/de OR 'stomatology'/de OR 'pathology, oral'/de OR 'oral and maxillofacial pathology' OR 'oral pathology'/de OR 'maxillofacial pathology') AND ('societies'/de OR 'professional organizations' OR 'professional organization'/de)	1,570
Web of Science	(TS=("Oral Medicine" OR Stomatology) OR TS=("Pathology, Oral" OR "Oral and Maxillofacial Pathology" OR "Oral Pathology" OR "Maxillofacial Pathology")) AND TS=(Societies OR "Professional Organizations" OR "Professional Organization")	151
LILACS	("Medicina Bucal" OR "Medicina Oral") OR ("Patologia Bucal" OR "Patología Bucal") AND ("Sociedades Científicas")	0
Google Scholar	("Oral Medicine" OR Stomatology) OR ("Oral Pathology" OR "Oral and Maxillofacial Pathology") AND (Societies)	100

<b>Open Grey</b>	("Oral Medicine" OR Stomatology) OR ("Oral Pathology" OR "Oral and Maxillofacial Pathology") AND Societies	<b>0</b>
<b>ProQuest</b>	TI,AB("Oral Medicine" OR Stomatology) OR TI,AB("Pathology, Oral" OR "Oral and Maxillofacial Pathology" OR "Oral Pathology" OR "Maxillofacial Pathology") AND TI,AB(Societies OR "Professional Organizations" OR "Professional Organization")	<b>2,871</b>

**Supplementary Table III.** Official publications from the MASCC Mucositis Study Group and the MASCC Oral Care Study Group

<b>Title</b>	<b>Study group</b>	<b>Type of publication</b>	<b>Reference</b>
A systematic review of dental disease management in cancer patients	Oral care	Systematic review	Hong CHL, Hu S, Haverman T, Stokman M, Napeñas JJ, Braber JB, Gerber E, Geuke M, Vardas E, Waltimo T, Jensen SB, Saunders DP. A systematic review of dental disease management in cancer patients. Support Care Cancer. 2018 Jan;26(1):155-174. doi: 10.1007/s00520-017-3829-y.
Clinical use of photobiomodulation for the prevention and treatment of oral mucositis: the real-life experience of MASCC/ISOO members	Mucositis	Cross-sectional	Abdalla-Aslan R, Zadik Y, Intrator O, Bardellini E, Cheng KKF, Bossi P, Yarom N, Elad S. Clinical use of photobiomodulation for the prevention and treatment of oral mucositis: the real-life experience of MASCC/ISOO members. Support Care Cancer. 2023 Jul 21;31(8):481. doi: 10.1007/s00520-023-07919-9.
Clinicians' experience with topical benzydamine and morphine for the management of oral mucositis: adverse effects and barriers	Mucositis	Cross-sectional	Blanchard A, Yarom N, Levi L, Cheng KKF, Bossi P, Zadik Y, Elad S; Atask force of the Mucositis Study Group of the Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology (MASCC/ISOO). Clinicians' experience with topical benzydamine and morphine for the management of oral mucositis: adverse effects and barriers. Support Care Cancer. 2022 Dec;30(12):10255-10262. doi: 10.1007/s00520-022-07443-2.
Development of the MASCC/ISOO clinical practice guidelines for mucositis: an overview of the methods	Mucositis	Overview	Ranna V, Cheng KKF, Castillo DA, Porcello L, Vaddi A, Lalla RV, Bossi P, Elad S; Mucositis Study group of the Multinational Association of Supportive Care in Cancer/International Society for Oral Oncology (MASCC/ISOO). Development of the MASCC/ISOO clinical practice guidelines for mucositis: an overview of the methods. Support Care Cancer. 2019 Oct;27(10):3933-3948. doi: 10.1007/s00520-019-04891-1.

From Pathogenesis to Intervention: The Importance of the Microbiome in Oral Mucositis	Mucositis	Narrative review	Bruno JS, Al-Qadami GH, Laheij AMGA, Bossi P, Fregnani ER, Wardill HR. From Pathogenesis to Intervention: The Importance of the Microbiome in Oral Mucositis. <i>Int J Mol Sci.</i> 2023 May 5;24(9):8274. doi: 10.3390/ijms24098274.
MASCC/ISOO clinical practice guidelines for the management of mucositis secondary to cancer therapy	Mucositis	Clinical practice guidelines	Elad S, Cheng KKF, Lalla RV, Yarom N, Hong C, Logan RM, Bowen J, Gibson R, Saunders DP, Zadik Y, Ariyawardana A, Correa ME, Ranna V, Bossi P; Mucositis Guidelines Leadership Group of the Multinational Association of Supportive Care in Cancer and International Society of Oral Oncology (MASCC/ISOO). MASCC/ISOO clinical practice guidelines for the management of mucositis secondary to cancer therapy. <i>Cancer.</i> 2020 Oct 1;126(19):4423-4431. doi: 10.1002/cncr.33100.
MASCC/ISOO clinical practice guidelines for the management of mucositis: sub-analysis of current interventions for the management of oral mucositis in pediatric cancer patients	Mucositis	Clinical practice guidelines	Miranda-Silva W, Gomes-Silva W, Zadik Y, Yarom N, Al-Azri AR, Hong CHL, Ariyawardana A, Saunders DP, Correa ME, Arany PR, Bowen J, Cheng KKF, Tissing WJE, Bossi P, Elad S; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer / International Society for Oral Oncology (MASCC/ISOO). MASCC/ISOO clinical practice guidelines for the management of mucositis: sub-analysis of current interventions for the management of oral mucositis in pediatric cancer patients. <i>Support Care Cancer.</i> 2021 Jul;29(7):3539-3562. doi: 10.1007/s00520-020-05803-4.
MASCC/ISOO expert opinion on the management of oral problems in patients with advanced cancer	Oral care	Clinical practice guidelines	Jones JA, Chavarri-Guerra Y, Corrêa LBC, Dean DR, Epstein JB, Fregnani ER, Lee J, Matsuda Y, Mercadante V, Monsen RE, Rajimakers NJH, Saunders D, Soto-Perez-de-Celis E, Sousa MS, Tonkaboni A, Vissink A, Yeoh KS, Davies AN. MASCC/ISOO expert opinion on the management of oral problems in patients with advanced cancer. <i>Support Care Cancer.</i> 2022 Nov;30(11):8761-8773. doi: 10.1007/s00520-022-07211-2.
Medication-Related Osteonecrosis of the Jaw: MASCC/ISOO/ASCO Clinical Practice Guideline	Oral care	Clinical practice guidelines	Yarom N, Shapiro CL, Peterson DE, Van Poznak CH, Bohlke K, Ruggiero SL, Migliorati CA, Khan A, Morrison A, Anderson H, Murphy BA, Alston-Johnson D, Mendes RA, Beadle BM, Jensen SB, Saunders DP. Medication-Related Osteonecrosis of the Jaw: MASCC/ISOO/ASCO Clinical Practice Guideline. <i>J Clin Oncol.</i> 2019 Sep 1;37(25):2270-2290. doi: 10.1200/JCO.19.01186.

Pathogenesis of Oral Toxicities Associated with Targeted Therapy and Immunotherapy	Mucositis	Narrative review	Villa A, Kuten-Shorrer M. Pathogenesis of Oral Toxicities Associated with Targeted Therapy and Immunotherapy. <i>Int J Mol Sci</i> . 2023 May 3;24(9):8188. doi: 10.3390/ijms24098188.
Prediction of mucositis risk secondary to cancer therapy: a systematic review of current evidence and call to action	Mucositis	Systematic review	Wardill HR, Sonis ST, Blijlevens NMA, Van Seville YZA, Ciorba MA, Loeffen EAH, Cheng KKF, Bossi P, Porcello L, Castillo DA, Elad S, Bowen JM; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology (MASCC/ISOO). Prediction of mucositis risk secondary to cancer therapy: a systematic review of current evidence and call to action. <i>Support Care Cancer</i> . 2020 Nov;28(11):5059-5073. doi: 10.1007/s00520-020-05579-7.
Salivary Gland Hypofunction and/or Xerostomia Induced by Nonsurgical Cancer Therapies: ISOO/MASCC/ASCO Guideline	Oral care	Clinical practice guidelines	Mercadante V, Jensen SB, Smith DK, Bohlke K, Bauman J, Brennan MT, Coppes RP, Jessen N, Malhotra NK, Murphy B, Rosenthal DI, Vissink A, Wu J, Saunders DP, Peterson DE. Salivary Gland Hypofunction and/or Xerostomia Induced by Nonsurgical Cancer Therapies: ISOO/MASCC/ASCO Guideline. <i>J Clin Oncol</i> . 2021 Sep 1;39(25):2825-2843. doi: 10.1200/JCO.21.01208.
Systematic review of agents for the management of cancer treatment-related gastrointestinal mucositis and clinical practice guidelines	Mucositis	Systematic review and Clinical practice guidelines	Bowen JM, Gibson RJ, Collier JK, Blijlevens N, Bossi P, Al-Dasooqi N, Bateman EH, Chiang K, de Mooij C, Mayo B, Stringer AM, Tissing W, Wardill HR, van Seville YZA, Ranna V, Vaddi A, Keefe DM, Lalla RV, Cheng KKF, Elad S; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology (MASCC/ISOO). Systematic review of agents for the management of cancer treatment-related gastrointestinal mucositis and clinical practice guidelines. <i>Support Care Cancer</i> . 2019 Oct;27(10):4011-4022. doi: 10.1007/s00520-019-04892-0.
Systematic review of anti-inflammatory agents for the management of oral mucositis in cancer patients and clinical practice guidelines	Mucositis	Systematic review and Clinical practice guidelines	Ariyawardana A, Cheng KKF, Kandwal A, Tilly V, Al-Azri AR, Galiti D, Chiang K, Vaddi A, Ranna V, Nicolatou-Galitis O, Lalla RV, Bossi P, Elad S; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer/International Society for Oral Oncology (MASCC/ISOO). Systematic review of anti-inflammatory agents for the management of oral mucositis in cancer patients and clinical practice guidelines. <i>Support Care Cancer</i> . 2019 Oct;27(10):3985-3995. doi: 10.1007/s00520-019-04888-w.

Systematic review of anti-inflammatory agents for the management of oral mucositis in cancer patients and clinical practice guidelines	Mucositis	Systematic review and Clinical practice guidelines	Ariyawardana A, Cheng KKF, Kandwal A, Tilly V, Al-Azri AR, Galiti D, Chiang K, Vaddi A, Ranna V, Nicolatou-Galitis O, Lalla RV, Bossi P, Elad S; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer/International Society for Oral Oncology (MASCC/ISOO). Systematic review of anti-inflammatory agents for the management of oral mucositis in cancer patients and clinical practice guidelines. Support Care Cancer. 2019 Oct;27(10):3985-3995. doi: 10.1007/s00520-019-04888-w.
Systematic review of antimicrobials, mucosal coating agents, anesthetics, and analgesics for the management of oral mucositis in cancer patients	Mucositis	Systematic review and Clinical practice guidelines	Saunders DP, Epstein JB, Elad S, Allemano J, Bossi P, van de Wetering MD, Rao NG, Potting C, Cheng KK, Freidank A, Brennan MT, Bowen J, Dennis K, Lalla RV; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology (MASCC/ISOO). Systematic review of antimicrobials, mucosal coating agents, anesthetics, and analgesics for the management of oral mucositis in cancer patients. Support Care Cancer. 2013 Nov;21(11):3191-207. doi: 10.1007/s00520-013-1871-y. Erratum in: Support Care Cancer. 2015 Feb;23(2):601-2. Dosage error in article text.
Systematic review of basic oral care for the management of oral mucositis in cancer patients and clinical practice guidelines	Mucositis	Systematic review and Clinical practice guidelines	Hong CHL, Gueiros LA, Fulton JS, Cheng KKF, Kandwal A, Galiti D, Fall-Dickson JM, Johansen J, Ameringer S, Kataoka T, Weikel D, Eilers J, Ranna V, Vaddi A, Lalla RV, Bossi P, Elad S; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer/International Society for Oral Oncology (MASCC/ISOO). Systematic review of basic oral care for the management of oral mucositis in cancer patients and clinical practice guidelines. Support Care Cancer. 2019 Oct;27(10):3949-3967. doi: 10.1007/s00520-019-04848-4.
Systematic review of growth factors and cytokines for the management of oral mucositis in cancer patients and clinical practice guidelines	Mucositis	Systematic review and Clinical practice guidelines	Logan RM, Al-Azri AR, Bossi P, Stringer AM, Joy JK, Soga Y, Ranna V, Vaddi A, Raber-Durlacher JE, Lalla RV, Cheng KKF, Elad S; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology (MASCC/ISOO). Systematic review of growth factors and cytokines for the management of oral mucositis in cancer patients and clinical practice guidelines. Support Care Cancer. 2020 May;28(5):2485-2498. doi: 10.1007/s00520-019-05170-9.
Systematic review of natural and	Mucositis	Systematic	Yarom N, Hovan A, Bossi P, Ariyawardana A, Jensen SB, Gobbo M, Saca-

miscellaneous agents for the management of oral mucositis in cancer patients and clinical practice guidelines-part 1: vitamins, minerals, and nutritional supplements		review and Clinical practice guidelines	Hazboun H, Kandwal A, Majorana A, Ottaviani G, Pentenero M, Nasr NM, Rouleau T, Lucas AS, Treister NS, Zur E, Ranna V, Vaddi A, Cheng KKF, Barasch A, Lalla RV, Elad S; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer / International Society of Oral Oncology (MASCC/ISOO). Systematic review of natural and miscellaneous agents for the management of oral mucositis in cancer patients and clinical practice guidelines-part 1: vitamins, minerals, and nutritional supplements. Support Care Cancer. 2019 Oct;27(10):3997-4010. doi: 10.1007/s00520-019-04887-x. Erratum in: Support Care Cancer. 2021 Jul;29(7):4175-4176.
Systematic review of natural and miscellaneous agents, for the management of oral mucositis in cancer patients and clinical practice guidelines - part 2: honey, herbal compounds, saliva stimulants, probiotics, and miscellaneous agents	Mucositis	Systematic review and Clinical practice guidelines	Yarom N, Hovan A, Bossi P, Ariyawardana A, Jensen SB, Gobbo M, Saca-Hazboun H, Kandwal A, Majorana A, Ottaviani G, Pentenero M, Nasr NM, Rouleau T, Lucas AS, Treister NS, Zur E, Ranna V, Vaddi A, Barasch A, Lalla RV, Cheng KKF, Elad S; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer / International Society of Oral Oncology (MASCC/ISOO). Systematic review of natural and miscellaneous agents, for the management of oral mucositis in cancer patients and clinical practice guidelines - part 2: honey, herbal compounds, saliva stimulants, probiotics, and miscellaneous agents. Support Care Cancer. 2020 May;28(5):2457-2472. doi: 10.1007/s00520-019-05256-4.
Systematic review of oral cryotherapy for the management of oral mucositis in cancer patients and clinical practice guidelines	Mucositis	Systematic review and Clinical practice guidelines	Correa MEP, Cheng KKF, Chiang K, Kandwal A, Loprinzi CL, Mori T, Potting C, Rouleau T, Toro JJ, Ranna V, Vaddi A, Peterson DE, Bossi P, Lalla RV, Elad S. Systematic review of oral cryotherapy for the management of oral mucositis in cancer patients and clinical practice guidelines. Support Care Cancer. 2020 May;28(5):2449-2456. doi: 10.1007/s00520-019-05217-x.
Systematic review of photobiomodulation for the management of oral mucositis in cancer patients and clinical practice guidelines	Mucositis	Systematic review and Clinical practice guidelines	Zadik Y, Arany PR, Fregnani ER, Bossi P, Antunes HS, Bensadoun RJ, Gueiros LA, Majorana A, Nair RG, Ranna V, Tissing WJE, Vaddi A, Lubart R, Migliorati CA, Lalla RV, Cheng KKF, Elad S; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology (MASCC/ISOO). Systematic review of photobiomodulation for the management of oral mucositis in cancer patients and clinical practice guidelines. Support Care Cancer. 2019 Oct;27(10):3969-3983. doi: 10.1007/s00520-019-04890-2.

The impact of the COVID-19 outbreak on supportive care for oral mucositis: current concepts and practice	Mucositis	Editorial	Bonomo P, Elad S, Kataoka T, Bossi P; Mucositis Study Group of MASCC/ISOO. The impact of the COVID-19 outbreak on supportive care for oral mucositis: current concepts and practice. Support Care Cancer. 2021 May;29(5):2255-2258. doi: 10.1007/s00520-020-05966-0.
The MASCC/ISOO Mucositis Guidelines 2019 Update: introduction to the first set of articles	Mucositis	Editorial	Elad S. The MASCC/ISOO Mucositis Guidelines 2019 Update: introduction to the first set of articles. Support Care Cancer. 2019 Oct;27(10):3929-3931. doi: 10.1007/s00520-019-04895-x.
The MASCC/ISOO mucositis guidelines 2019: the second set of articles and future directions	Mucositis	Editorial	Elad S. The MASCC/ISOO mucositis guidelines 2019: the second set of articles and future directions. Support Care Cancer. 2020 May;28(5):2445-2447. doi: 10.1007/s00520-019-05153-w.
The pathogenesis of mucositis: updated perspectives and emerging targets	Mucositis	Narrative review	Bowen J, Al-Dasooqi N, Bossi P, Wardill H, Van Seville Y, Al-Azri A, Bateman E, Correa ME, Raber-Durlacher J, Kandwal A, Mayo B, Nair RG, Stringer A, Ten Bohmer K, Thorpe D, Lalla RV, Sonis S, Cheng K, Elad S; Mucositis Study Group of the Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology (MASCC/ISOO). The pathogenesis of mucositis: updated perspectives and emerging targets. Support Care Cancer. 2019 Oct;27(10):4023-4033. doi: 10.1007/s00520-019-04893-z.
To extract or not extract teeth prior to head and neck radiotherapy? A systematic review and meta-analysis	Oral care	Systematic review	Normando AGC, Pérez-de-Oliveira ME, Guerra ENS, Lopes MA, Rocha AC, Brandão TB, Prado-Ribeiro AC, Gueiros LAM, Epstein JB, Migliorati CA, Santos-Silva AR; Oral Care Study Group, Multinational Association of Supportive Care in Cancer (MASCC)/International Society of Oral Oncology (ISOO). To extract or not extract teeth prior to head and neck radiotherapy? A systematic review and meta-analysis. Support Care Cancer. 2022 Nov;30(11):8745-8759. doi: 10.1007/s00520-022-07215-y.

**Supplementary Table IV.** Official publications from the eight editions of the World Workshop on Oral Medicine (WWOM)

WWOM Edition	Title	Type of publication	Reference
I	First Oral Medicine World Workshop - June 1988	Editorial	Mason D. First Oral Medicine World Workshop - June 1988. J Oral Pathol Med. 1989 Jan;18(1):18-20. doi: 10.1111/j.1600-

			0714.1989.tb00726.x.
I	Perspectives on 1988 World Workshop on Oral Medicine	Book	Millard HD, Mason DK, eds. Perspectives on 1988 World Workshop on Oral Medicine. Chicago: D.K. Year Book Medical Publishers; 1989.
II	The second World Workshop on Oral Medicine	Editorial	Millard HD. The second World Workshop on Oral Medicine. Oral Surg Oral Med Oral Pathol Oral Radiol. 1994 Mar;77(3). doi: 10.1016/0030-4220(94)90287-9
II	2 <sup>nd</sup> World Workshop on Oral Medicine	Book	Millard HD, Mason DK, eds. 2 <sup>nd</sup> World Workshop on Oral Medicine. Ann Arbor: University of Michigan Press; 1995.
III	3 <sup>rd</sup> World Workshop on Oral Medicine	Book	Millard HD, Mason DK, eds. 3 <sup>rd</sup> World Workshop on Oral Medicine Ann Arbor: University of Michigan Press; 2000.
IV	Process and methodology for systematic review and developing management recommendations: Reference Manual for Management Recommendations Writing Committees	Reference Manual	Baccaglini L, Brennan MT, Lockhart PB, Patton LL. World Workshop on Oral Medicine IV: Process and methodology for systematic review and developing management recommendations. Reference manual for management recommendations writing committees. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2007 Mar;103 Suppl:S3.e1-19. doi: 10.1016/j.tripleo.2006.12.002.
IV	Fourth World Workshop on Oral Medicine	Editorial	Lockhart PB, Wray D, Peterson DE, Greenberg MS. Fourth World Workshop on Oral Medicine. Introduction. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2007 Mar;103 Suppl:S1-2. doi: 10.1016/j.tripleo.2007.01.028.
IV	The World Workshop on Oral Medicine IV—potential impact on future research and patient management	Editorial	Greenberg MS. The World Workshop on Oral Medicine IV—potential impact on future research and patient management. Oral Surg Oral Med Oral Pathol Oral Radiol. 2006 Jul;102(1):1-2. doi: 10.1016/j.tripleo.2006.05.009.
IV	World Workshop on Oral Medicine highlights areas where research is required	Editorial	Greenberg MS. World Workshop on Oral Medicine highlights areas where research is required. Oral Surg Oral Med Oral Pathol Oral Radiol. 2007 Mar;103(3):301-302. doi: 10.1016/j.tripleo.2006.12.018.
IV	Management of dental patients taking common hemostasis-altering medications	Narrative review	Aframian DJ, Lalla RV, Peterson DE. Management of dental patients taking common hemostasis-altering medications. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2007 Mar;103 Suppl:S45.e1-11. doi: 10.1016/j.tripleo.2006.11.011.
IV	Oral lichen planus and oral lichenoid	Systematic	Al-Hashimi I, Schifter M, Lockhart PB, Wray D, Brennan M, Migliorati



	lesions: diagnostic and therapeutic considerations	review	CA, Axéll T, Bruce AJ, Carpenter W, Eisenberg E, Epstein JB, Holmstrup P, Jontell M, Lozada-Nur F, Nair R, Silverman B, Thongprasom K, Thornhill M, Warnakulasuriya S, van der Waal I. Oral lichen planus and oral lichenoid lesions: diagnostic and therapeutic considerations. <i>Oral Surg Oral Med Oral Pathol Oral Radiol Endod.</i> 2007 Mar;103 Suppl:S25.e1-12. doi: 10.1016/j.tripleo.2006.11.001.
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IV	Use of prophylactic antifungals in the immunocompromised host	Narrative review	Ship JA, Vissink A, Challacombe SJ. Use of prophylactic antifungals in the immunocompromised host. <i>Oral Surg Oral Med Oral Pathol Oral Radiol Endod.</i> 2007 Mar;103 Suppl:S6.e1-14. doi: 10.1016/j.tripleo.2006.11.003.
IV	Management of recurrent oral herpes simplex infections	Narrative review	Woo SB, Challacombe SJ. Management of recurrent oral herpes simplex infections. <i>Oral Surg Oral Med Oral Pathol Oral Radiol Endod.</i> 2007 Mar;103 Suppl:S12.e1-18. doi: 10.1016/j.tripleo.2006.11.004.
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VII	Non-opioid pain management of head and neck chemo/radiation-induced mucositis: A systematic review	Systematic review	Christoforou J, Karasneh J, Manfredi M, Dave B, Walker JS, Dios PD, Epstein J, Kumar N, Glick M, Lockhart PB, Patton LL. World Workshop on Oral Medicine VII: Non-opioid pain management of head and neck chemo/radiation-induced mucositis: A systematic review. <i>Oral Dis.</i> 2019 Jun;25 Suppl 1:182-192. doi: 10.1111/odi.13074.
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VIII	Development of a core outcome set for oral lichen planus: a systematic review of outcome domains	Systematic review	López-Pintor RM, Diniz-Freitas M, Ramesh SSK, Valdéz JA, Dan H, Bissonnette C, Hong C, Farag A, Greenberg MS, Brennan MT, Burkhart NW, Setterfield JF, Woo SB, Sollecito TP, Riordain RN, Taylor J, Robledo-Sierra J. World Workshop on Oral Medicine VIII: Development of a core outcome set for oral lichen planus: a systematic review of outcome domains. Oral Surg Oral Med Oral Pathol Oral Radiol. 2023 Jun;135(6):772-780. doi: 10.1016/j.oooo.2023.01.014.
VIII	Development of a core outcome set for oral lichen planus: The patient perspective	Cross-sectional	Diniz-Freitas M, López-Pintor RM, Bissonnette C, Dan H, Ramesh SSK, Valdéz JA, Brennan MT, Burkhart NW, Farag A, Greenberg MS, Hong C, Setterfield JF, Woo SB, Sollecito TP, Byrne H, Robledo-Sierra J, Taylor J, NiRiordain R. World Workshop on Oral Medicine VIII: Development of a core outcome set for oral lichen planus: the patient perspective. Oral Surg Oral Med Oral Pathol Oral Radiol. 2023 Jun;135(6):781-791. doi: 10.1016/j.oooo.2023.02.015.
VIII	Dentists' compliance with infective endocarditis prophylaxis guidelines for patients with high-risk cardiac conditions: a systematic review	Systematic review	Diz Dios P, Monteiro L, Pimolbutr K, Gobbo M, France K, Bindakhil M, Holmes H, Sperotto F, Graham L, Turati F, Salvatori A, Hong C, Sollecito TP, Lodi G, Thornhill MH, Lockhart PB, Edefonti V. World Workshop on Oral Medicine VIII: Dentists' compliance with infective endocarditis prophylaxis guidelines for patients with high-risk cardiac conditions: a systematic review. Oral Surg Oral Med Oral Pathol Oral Radiol. 2023 Jun;135(6):757-771. doi: 10.1016/j.oooo.2022.12.017.
VIII	Development of a core outcome set for dry mouth: a systematic review of	Systematic review	Simms ML, Kuten-Shorrer M, Wiriyakijja P, Niklander SE, Santos-Silva AR, Sankar V, Kerr AR, Jensen SB, Riordain RN, Delli K, Villa

	outcome domains for salivary hypofunction		A. World Workshop on Oral Medicine VIII: Development of a core outcome set for dry mouth: a systematic review of outcome domains for salivary hypofunction. <i>Oral Surg Oral Med Oral Pathol Oral Radiol.</i> 2023 Jun;135(6):804-826. doi: 10.1016/j.oooo.2022.12.018.
VIII	Development of a core outcome set for dry mouth: A systematic review of outcome domains for xerostomia	Systematic review	Wiriyakijja P, Niklander SE, Santos-Silva AR, Shorrer MK, Simms ML, Villa A, Sankar V, Kerr AR, Riordain RN, Jensen SB, Delli K. World Workshop on Oral Medicine VIII: Development of a core outcome set for dry mouth: a systematic review of outcome domains for xerostomia. <i>Oral Surg Oral Med Oral Pathol Oral Radiol.</i> 2023 Jun;135(6):827-875. doi: 10.1016/j.oooo.2023.01.012.

### **3 CONCLUSIONS**

A total of 46 OM and/or OMP international organizations are distributed heterogeneously across the globe. Thirty-nine of the organizations represent a country or geopolitical region, two represent continents, two represent multinational organizations, and three represent multinational study groups that are not recognized as specific organizations. The mapping of scientific entities on a global scale reveals disparate patterns of OM and OMP development worldwide, emphasizing discrepancies in accessibility and standardization. It is imperative that existing societies and associations engage in research and disseminate resources for evidence-based practice in both OM and OMP, as the current literature on this topic is limited.

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