

# ONJ UPDATE 2024

## Torino, 24 febbraio 2024

### Abstract Submission FORM

#### COMPARISON OF AAOMS STAGE AND SIPMO-SICMF STAGE IN MRONJ PATIENTS. THE EXPERIENCE OF A MULTISCIPLINARY TEAM

SECTION: 5B

\*Rossetti Giorgia<sup>1,2</sup>, Fasciolo Antonella<sup>2,3</sup>, Campora Riccardo<sup>4</sup>, Massarino Costanza<sup>1</sup>, Marengo Francesca<sup>1</sup>, Luca Benzi<sup>4</sup>, Fusco Vittorio<sup>1,2,5</sup> and Maconi Antonio<sup>1</sup>

#### AFFILIATION:

1. Research and Innovation Department DAIRI- Azienda Ospedaliera-Universitaria "SS Antonio e Biagio e Cesare Arrigo", Alessandria, Italy
2. MRONJ Multidisciplinary Team, - Azienda Ospedaliera-Universitaria "SS Antonio e Biagio e Cesare Arrigo", Alessandria, Italy,
3. Maxillofacial Unit - Azienda Ospedaliera-Universitaria "SS Antonio e Biagio e Cesare Arrigo", Alessandria, Italy,
4. Radiology Department, ASLAL -Azienda Sanitaria Locale Alessandria, Italy
5. Oncology Unit - Azienda Ospedaliera-Universitaria "SS Antonio e Biagio e Cesare Arrigo", Alessandria, Italy

**Background.** An American Association Oral Maxillofacial Surgery (AAOMS) task force released a definition (and a staging system) of Medication-Related Osteonecrosis of Jaw (MRONJ), based on clinical features (mainly bone exposure for at least 8 weeks, or – only after 2014 - bone to be probed through a fistula) but both definition and staging system are questioned by many experts<sup>1</sup>. A team supported by the Italian Societies of Oral Medicine (SIPMO) and Maxillofacial Surgery (SICMF) suggested adoption of imaging tools (mainly Computed Tomography, CT) together with clinical features<sup>2,3</sup> to reach diagnosis (also in suspected cases without bone exposure, classified in the so called "Stage 0" according to AAOMS) and to evaluate real disease extension.

**Patients and methods.** To compare the stage of MRONJ cases at the first observation time in patients receiving antiresorptive therapy (bisphosphonates, denosumab), according to two different staging systems, we reviewed charts and CT scans of patients with signs of MRONJ and a history of:

- GROUP A) metastatic cancer and myeloma patients and  
GROUP B) osteoporosis and other non-malignant diseases .

**Results.** We reviewed data of 124 MRONJ patients (98 GROUP A, 26 GROUP B), observed at Alessandria Hospital by a MRONJ multidisciplinary team, with 177 MRONJ sites (80 patients with one site; 35 with two sites; 9 patients with three sites).

GROUP A: The AAOMS stage was 0/I/II/III respectively in 37/12/33/6 sites (10 not reported). The SIPMO-SICMF stage was I (involvement of only alveolar bone at CT scan)/ II (extended to extralveolar bone)/ III (*complicated case*) respectively in 19/64/11 sites (4 not available).

GROUP B: The AAOMS stage 0/I/II/III was respectively in 6/3/14/2 sites (1 not reported). The SIPMO-SICMF stage was I/II/III respectively in 4/15/6 sites (1 not available).

In the two groups, 58 AAOMS "stage 0" sites (with signs/symptoms and without bone exposure, formally out of AAOMS definition) were reclassified as stage I (15) or II (38) or III (5) respectively, according to SIPMO/SICMF

#### Conclusions.

In cancer and myeloma patients as well as in osteoporosis patients the AAOMS definition and the correlated staging system appear inadequate, potentially exposing patients to delayed diagnosis (and possibly delay of treatment planning, for example adequate surgery). The diagnosis and staging should be based not only on clinical data but also on the findings of the maxillofacial region CT scan (to be performed immediately in case of suspected disease), since the CT offers larger information about extent and severity of the disease.

#### REFERENCES:

1. Bedogni et al. *Qeios* 2023 at [www.qeios.com/read/PBUJ6Z](http://www.qeios.com/read/PBUJ6Z)
2. Bedogni et al. *Learning from experience. Oral Dis.* 2012 Sep;18(6):621-3. At <https://pubmed.ncbi.nlm.nih.gov/22353421/>
3. Campisi et al. *Raccomandazioni clinico-terapeutiche sull'osteonecrosi delle ossa mascellari (ONJ) farmaco-relata e sua prevenzione* 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)

**Il titolo non deve essere superiore a 130 caratteri (spazi inclusi); l'abstract deve essere scritto in Times New Roman carattere 10. Numero minimo di parole: 400 inclusi titoli, autori e affiliazioni; numero massimo di parole: 600 inclusi titoli, autori e affiliazioni. Inserire al massimo 3 note bibliografiche. L'abstract (tutto in inglese titolo e testo) deve essere contenuto all'interno della prima pagina del form.**