Results: 9 out of 37 (24%) OSCC patients of the training dataset developed a secondary neoplastic manifestation during the follow-up period. Cox proportional hazards lasso model selected 5 CpG sites significantly related with appearance of a second neoplastic event (ZAP70-position1, FLI1-position3, ITGA4-position4 FLI1-position4. and MIR193position3). Based on these 5 CpG sites, a prognostic score for each patient was calculated, and OSCC patients were divided on the basis of risk of relapse (high and low risk) in two groups: 8/18 high-risk group patients (44,4%) developed a local relapse with respect to 1/19 low-risk group patients (5,3%). This difference is statistically significant (P < 0.0003).

Conclusion: Our study revealed that an altered methylation pattern may be also related to the prognosis. In the present study we developed a prognostic score that might be a useful indicator in surgical decision making. An external validation dataset will be necessary to confirm or not the prognostic value of our non invasive procedure.

Incidence of mucositis during therapy with PD1-PDL1 type immune checkpoint inhibitors

Saracino P.¹, Arena C.¹, Mascitti M.², Togni L.², Mauceri R.³, Campisi G.³, Bizzoca M.¹, Lo Muzio L.¹

¹Department of Clinical and Experimental Medicine, University of Foggia, Foggia, Italy

²Department of Clinical Specialistic and Dental Sciences, Marche Polytechnic University, Ancona, Italy

³Department of Surgical, Oncological and Oral Sciences, University of Palermo, Palermo, Italy

Aim: The aim of our work is to understand the incidence and oral adverse events during therapy with immune checkpoint inhibitors (ICI). ICI (anti-PD-1 / PD-L1 and CTLA-4 inhibitors) have ushered in a new era for cancer treatment and may play a new role in improving results in a metastatic context. Regulation of the mechanisms of immune surveillance, immunoediting and immunoescape can play, as monotherapy or associated therapy, an interesting and relevant role.[1] Methods: An electronic table (excel) has been prepared for the collection of data to facilitate a rapid compilation by the clinicians. Data of hospitalized patients (date of birth, race, gender, age at the time of diagnosis, profession) were collected anonymously alongside some variables such as habits (smoking, alcohol and consumption notes), systemic and local risk factors. The main section concerned the presence or absence of oral lesions. Systemic adverse effects and staging data of primary neoplasia and management of primary tumor were also collected. Data analysis was performed to establish and study the development and presence of such adverse effects.

Results: Data were collected for 51 patients (42 males and 9 females) with an average age of 62 years and an average of 15.2 cigarettes or other tobacco smoked per day for an average of 17.8 years. 16.32% (32 patients) were regular consumers of 2 glasses on average / day of alcohol for 10 years on average. No patient showed vitamin deficiencies or immunosuppression states. There were no infections with Candida Albicans or HPV. 14.28% (28 patients) showed a poor state of oral hygiene but no patient was found to be the carrier of oral lesions prior to intravenous treatment with ICI. The treatment was necessary for the management of 3 out of 51 patients (1.51%). No patient had to stop immunological ICI therapy for oral lesions or other recorded adverse effects. Xerostomia was reported in one patient being treated for Squamous cell lung cancer receiving Nivolumab. Two other patients experienced oral lesions for which cortisone treatment was performed. A patient being treated with Pembrolizumab for cutaneous melanoma was treated for multiple areas of Grade II mucositis. Lastly a patient had histological diagnosis of Pemphigus in the lower lip (grade II) with skin lesions and was successfully treated with steroid therapy.

Conclusion: ICI treatment can lead to the onset of serious side effects that may require additional therapy and cause significant discomfort in cancer patients[2]. During this study, there was no suspension of ICI cancer therapy but it is good to draw the attention of oncologists to the importance of the clinical detection of oral lesions and the therapeutic implications of these lesions. Awareness campaigns are needed to carry out specialist visits to the oral mucous membranes and to detect and manage oral lesions adequately. We are certainly facing an underestimation of oral injuries.

Mucocutaneus Leishmaniasis, a case report

Setti G.^{1,2}, Bellini P.¹, Checchi V.¹, Franceschini E.³, Caramaschi S.⁴, Bencivenni D.¹, Consolo U.¹.

¹Struttura Complessa di Odontoiatria e Chirurgia Oro-Maxillofacciale, Dipartimento Chirurgico, Medico, Odontoiatrico e di Scienze Morfologiche con Interesse Trapiantologico, Oncologico e di Medicina Rigenerativa, Università degli Studi Di Modena e Reggio Emilia, Italy

²Scuola di Dottorato di Medicina Molecolare, XXXIV Ciclo, Università di Parma

³Struttura Complessa di Malattie Infettive, Azienda Ospedaliero-Universitaria, Policlinico di Modena

⁴Dipartimento di Scienze Mediche e Chirurgiche Materno-Infantili e dell'Adulto, Università degli Studi Di Modena e Reggio Emilia

Aim: Leishmaniasis are uncommon infectious diseases, generally described in different forms