

C. In controls, IFI16 was completely degraded after 6h, while in affected patients, degradation rate was considerably increased (1h in the patient (a)). Therefore, we repeated the experiment after addition of inhibitors of proteases and incubating for 1h, 3h and 24h at 4°C. In the control and in localised disease saliva samples, recombinant IFI16 remained intact, while in patient (a), the protein was already degraded after a 1h. Explanation for the unsuccess of inhibitors of proteases in systemic pSS saliva could be that a different type of protease was present, or that proteases were more abundant than inhibitors.

Conclusions: Further experiments in a larger cohort of patients and proteomic analysis could confirm our preliminary findings of a correlation between the expression of IFI16 in the MSG and the severity of SS.

The evaluation of tumor budding in oral tongue squamous cell carcinoma patients: a novel prognostic histopathological grading system

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Aim: Oral tongue squamous cell carcinoma (OTSCC) is the most common malignant tumour of the oral cavity. The current staging system for oral cancer is based on the 8th edition of AJCC cancer staging manual, which takes into consideration new prognostic morphological markers such as depth of invasion and extranodal extension. Although several markers have been proposed for prognostication of this tumor, none of them has been approved for daily practice. For these reasons, despite of recent advances in diagnostic and therapeutic systems, the prognosis of OTSCC is poor and often unpredictable. Tumor budding refers to small cancer cell clusters (1–4 cells) has been recently reported to be a reliable prognostic marker in several tumors. Furthermore, the incorporation of this morphological marker into the WHO grading system of OTSCC has been recently proposed by Elseragy et al. The aim of the present study was to evaluate the prognostic value of Tumor Budding in a cohort of patients with OTSCC.

Methods: A cohort of 154 randomly selected patients

with primary OTSCC, stratified according to the pathological staging, were retrospectively evaluated. All the patients were treated with a curative intent at the "Ospedali Riuniti" General Hospital (Ancona, Italy), between 1990 and 2014. Hematoxylin and eosin stained sections obtained from formalin-fixed, paraffin-embedded blocks of the primary tumor specimens, were carried out from the most invasive part of the primary tumor. Two experienced pathologists independently performed the histological evaluation, blinded to the clinical and pathological data. Grading system was updated according to proposed method by Elseragy et al. In particular, tumor budding was considered in order to upgrade the current grading system. Sample with a number of infiltrating buds between 1 and 4 were upgraded to Grade 2. When the number of buds was more than 5, patients were upgraded to Grade 3. The software SPSS 20.0 was used to performed the statistical analysis. Log rank test was used to evaluate the new grading system in a Univariate survival analysis mode. Survival time was evaluated in months. Multivariate analysis was built in order to explore the prognostic value of the main clinic-pathological variables together with the upgraded grading system. Age, gender, and pathological staging (7th AJCC edition) were used in the model. p values <0,05 were considered as statistically significant.

Results: Grading was upgraded in in 46 patients (29.9%). Patients with the upgraded grading system reported a worse overall survival at both univariate and multivariate analysis. This risk was higher of 2 times compared to patients with lower grading.

Conclusion: Although the conventional WHO grading system has low prognostic utility in OTSCC, it can be improved by incorporation of Tumor Budding. Indeed, this new grading system can be used to augment the risk stratification of OTSCC. Furthermore, the evaluation of Tumor Budding is simple, inexpensive, and can be routinely included in pathology reports.

Medication-related osteonecrosis of the jaws in osteoporosis affected patient: a case report

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Aim: Bisphosphonates are a class of drugs commonly used for the treatment and prevention of osteoporosis and metastatic bone tumours. This class of drugs works by blocking bone metabolism, and so expose patients to bone necrosis, often triggered by