

Oral medicine (stomatology) across the globe: birth, growth, and future



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Oral medicine (stomatology) is a recognized and increasingly important dental specialty in many parts of the world that recognizes and fosters the interplay between medical health and oral health. Its dental activities rely greatly on the underlying biology of disease and evidence-based outcomes.

However, full recognition of the importance of oral medicine to patient care, research, and education is not yet totally universally acknowledged. To address these shortcomings, we outline the birth, growth, and future of oral medicine

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Statement of Clinical Relevance

To outline the importance of Oral Medicine to patient care, research and education globally and the increasing relevance to aging and immunocompromised populations.

globally, and record identifiable past contributions to the development of the specialty, providing an accurate, unique, and valuable resource on oral medicine. Although it was challenging to gather the data, we present this information as a review that endeavors to summarize the salient points about oral medicine, based on MEDLINE, other internet searches, communication with oral medicine and stomatological societies across the world, the web page http://en.wikipedia.org/wiki/List_of_dental_organizations, and discussions with a wide range of key senior persons in the specialty. (Oral Surg Oral Med Oral Pathol Oral Radiol 2016;121:149-157)

Oral medicine, originally called *dental medicine* and sometimes now termed *oral and maxillofacial medicine* is, in the Ibero-American world and in Southern Europe, often termed *stomatology*. Oral medicine often involves chronic, serious, painful, life-changing, or even life-threatening outcomes. It is a relatively young dental specialty in many countries, whose scope of practice is typically to provide diagnosis and nonsurgical care to patients with a variety of conditions affecting the orofacial region, whether local disorders or conditions related to systemic diseases.

Oral medicine also works closely with other dental specialties such as geriatric dentistry, oral surgery, periodontology, pediatric dentistry, and special care dentistry, and with medical specialties, especially dermatology, gastroenterology, hematology, hepatology, imaging, immunology and infectious diseases, maxillofacial surgery, neurology, oncology, otorhinolaryngology, pediatrics, pathology, psychiatry, psychology, rheumatology, and transplantology. Some of these medical specialties also have dental representation such as oral pathology (oral and maxillofacial pathology) and oral radiology (oral and maxillofacial radiology).

Oral medicine generally has active research components, often interacting with other dental specialties and special care patients, and also often interlinking with pathology, medicine, and pharmacology. A strong educational component is designed to highlight the interactions of oral and general health and to emphasize that dentistry is not simply a technological vocation.

It is challenging to provide a fully-balanced picture of the development of oral medicine because memories of past developments fade and there can be negationism, but this review endeavors to summarize the salient points in the local and global development of clinical and research areas that fall within the remit of oral medicine. It amounts to a complex and varied picture, and it particularly may be regretted that expressed respect for the work of some past giants and academic leaders in the field, including but not limited to Robert Bradshaw, Lester Burket, Rod Cawson, Sam Dreizen, David Grinspan, Robert Gorlin, Samuel Miller, Jens Pindborg, Martin Rushton, Irwin Ship, Sol Silverman, and Kurt Thoma, who stimulated the interest of many younger (early-career) colleagues, nowadays appears somewhat lacking (e.g., Guralnick¹) or overlooked. Many advances in oral medicine have been made through the clinical work, educational activities,

and publications (papers, chapters, books, electronic media) of the many interested colleagues across the globe, but it is impossible to completely document. A great deal of other useful information in this regard, however, can be found at <http://www.oralpath.com/OralPathOLD2.htm>² and <http://www.maxillofacialcenter.com/JBCV/bouquetcv.htm>.³

BIRTH AND GROWTH

Leaders in oral medicine have been instrumental in dental education since the 1920s. One of the early pioneers in the field was in the United States, where Francis P. McCarthy was one of the first to meld the knowledge of dermatology and pathology to provide care to patients with complex oral mucosal manifestations. Dr. McCarthy was also the first to introduce oral medicine lectures at a dental school (Tufts), in 1925.⁴

Subsequently, the field of oral medicine grew with the teachings of Dr. Samuel Charles Miller at New York University in the 1940s and 1950s and flourished under Dr. Lester Burket at the University of Pennsylvania, Dr. David Mitchell at Indiana University in the 1960s and 1970s, and Dr. Sol (Bud) Silverman, Jr. (University of California San Francisco), whose presence spanned 50 years in the field. Their teachings, publications, and graduates helped kindle and intensify interest in the field of oral medicine. Thus, although oral medicine is a relatively young specialty, a recent international survey found that 33 of 37 countries surveyed (89%) reported oral medicine as a recognized specialty, a distinct field of study, or an actively developing specialty/distinct field of study.⁵ In addition, at least 22 countries now identify as having postgraduate programs in oral medicine.⁶

Dr. Samuel Charles Miller was chairman of periodontology and oral medicine at New York University College of Dentistry, New York, from 1934 to the 1950s. In 1945, Dr. Miller and his university colleague Dr. Sidney Sorrin formed the first large oral medicine society in the world, termed the Academy of Dental Medicine. Dr. Miller was the first president of the academy, now called the American Academy of Oral Medicine (AAOM). The academy was incorporated in 1946, and the first edition of the academy's journal (*Journal of Dental Medicine*) was published under Dr. Allan N. Arvins that same year. The following year (1947) the inaugural meeting of the academy was held. As the academy grew, Dr. Miller encouraged

Dr. Hermann Becks at the University of California San Francisco to unite those interested in oral medicine from both coasts of the United States. In 1960, as President, Dr. Becks attracted Dr. Silverman, who eventually took the presidency. Dr. Abraham Reiner became president in 1972 and, through his leadership, the society gained considerable financial solvency. The highest award for service to the academy, the Diamond Pin Award, was first given in 1966 and renamed in 1995 in Dr. Reiner's honor. The first Oral Medicine Board exam was held in 1956. The AAOM today flourishes as an organization that advances the field of oral medicine and is dedicated to obtaining dental specialty recognition.

In the 1950s and 1960s, certified training programs in oral medicine spread throughout the United States and, as a result, the founding members of AAOM recognized the need for an examining board to establish uniformity of training for oral medicine residencies and to meet the demands of dental education for curriculum guidelines in oral medicine. Accordingly, the AAOM under the direction of Drs. Miller, William M. Greenhut, S. Leonard Rosenthal, George G. Steward, and Harold R. Gelhaar formed the American Board of Dental Medicine in 1955, changing its name to the American Board of Oral Medicine, Inc. (ABOM) in 1964. The directors of the first board, and the first board examiners, were Drs. Samuel Charles Miller, Lester W. Burkett, Joseph F. Volker, Irving Glickman, Herman M. Becks, and Harold R. Gelhaar. All were faculty at US dental schools.

Today the ABOM, although originally sponsored by the AAOM, operates as an independent entity, with the objective of providing certification of graduates of recognized advanced education programs in oral medicine. There are 440 diplomates of the ABOM, of which approximately 175 are active. The AAOM flourishes as an organization that advances the field of oral medicine in the United States and is dedicated to obtaining dental specialty recognition, and the ABOM has recently been certified by the newly formed American Board of Dental Specialties. European and other countries have followed many of these examples.

PRESENT

Globally today there are innumerable dental societies, but relatively few focus solely on oral medicine. Several oral medicine societies are affiliated also with other dental specialties, such as oral pathology, oral surgery, special care dentistry, periodontology, or others. Some societies are listed under "stomatology," but since that term is also used for some general dental associations, searches cannot unearth all facts. Readers are encouraged to communicate any perceived errors.

Clinical practice

The current scope of oral medicine clinical practice is typically to provide diagnosis and nonsurgical care to patients with a variety of conditions affecting the orofacial region, whether local disorders or related to systemic diseases,⁵ and there is active research and education in the field. The current practice of oral medicine in the United States is documented.⁷

An oral medicine specialist is a dentist with advanced training who specializes in the diagnosis and nonsurgical management of oral diseases of patients with complex medical conditions. This specialist treats conditions such as oral mucosal disease, salivary gland dysfunction, oral manifestations of systemic disease, and orofacial pain. The specialist may provide interdisciplinary patient care in conjunction with medical specialists in hospitals and outpatient medical clinics, and also collaborate with other dentists in dental schools/hospitals and in private practices regarding the supervision of oral health care and the provision of dental therapeutic procedures for patients with complex medical conditions requiring multidisciplinary health-care intervention for best practice. This definition has been approved by the National Uniform Claim Committee (NUCC), a US organization chaired and hosted by the American Medical Association that maintains the set of data-element specifications for professional claims submission via the US Healthcare Finance Administration (HCFA)-1500 claim form, the professional Electronic Media Claims National Standard Format (EMC NSF), and the X12 837. The NUCC also maintains the Provider Taxonomy Codes and has a formal consultative role under HIPAA for all claims transactions affecting noninstitutional health care services in the United States. HIPAA is the US federal Health Insurance Portability and Accountability Act of 1996 whose primary goal is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information, and help the healthcare industry control administrative costs.

Oral medicine is defined in the United Kingdom by the General Dental Council as being concerned with the oral health care of patients with chronic recurrent and medically related disorders of the mouth and with their diagnosis and nonsurgical management.

Yet beyond such accepted definitions it now is important to recognize that the spectrum of orofacial diseases is in fact changing, in large part in relation to infections brought about by human immunodeficiency virus (HIV), iatrogenic immunosuppression, and the increase in infections (e.g., human papillomaviruses), an aging population in many resource-rich areas, and the emergence in the resource-rich world of diseases hitherto found exclusively in tropical or other resource-poor

Table I. Main orofacial complaints and conditions managed in most oral medicine units (alphabetically arranged)

-
- Bone diseases
 - Burning mouth
 - Cancer and oral complications of cancer therapies
 - Dry mouth, drooling, sialorrhea, and other salivary problems
 - Halitosis (malodor)
 - Head and neck cancer and oral complications
 - Immunocompromised conditions and oral complications
 - Lumps
 - Movement disorders
 - Pain
 - Pigmented lesions
 - Red lesions
 - Sensory changes
 - Sore mouth
 - Swellings
 - Taste disturbances
 - Tooth anomalies
 - Trismus
 - Ulcers
 - Vesiculobullous lesions
 - White lesions
-

areas.^{8,9} Because of such factors, oral medicine now has very wide ramifications¹⁰ involving some very sick patients.

The World Health Organization (WHO) has identified important target groups for oral health care.¹¹ The US surgeon general issued the landmark *Oral Health in America* report in 2000, which described the poor oral health of the United States as a “silent epidemic.”¹² However, despite notable improvements in oral health in the United States, oral diseases remain prevalent across the country, posing a major challenge for the US Department of Health and Human Services. In 2009, the US Health Resources and Services Administration asked the Institute of Medicine to assess the current oral health care system and recommend strategic actions for Health and Human Services agencies. The outcome has been action.¹³

The needs and demands for services to cope with oral diseases, and clinical oral medicine services in resource-rich areas, are thus well documented.^{7,14-17} For example, spreading odontogenic infections are often managed by oral and maxillofacial surgery in the United States, but oral medicinists in some countries also manage these patients.¹⁸ Oral medicine clinical units typically offer care to patients with a wide variety of orofacial complaints, as shown in [Table I](#). However, there is a significant variation both within countries and across the globe, as is evident from [Table I](#), and other dental and/or medical units may offer similar care in some areas.

The remit of disorders seen in oral medicine thus includes the main entities shown in [Tables I and II](#).

Table II. Main orofacial disorders managed in most oral medicine units (alphabetically arranged). Dentistry for medically complex/compromised patients is often included

-
- Allergies
 - Angioedema
 - Cheilitis
 - Orofacial granulomatosis
 - Aphthae (recurrent aphthous stomatitis)
 - Aphthous-like ulceration in auto-inflammatory disorders including Behçet syndrome and Crohn’s disease
 - Immune defects
 - Cancers
 - Bone diseases; e.g., medication related osteonecrosis
 - Drug reactions
 - Infections
 - Viral
 - Enteroviruses
 - Herpesvirus infections
 - HIV (Human Immunodeficiency Viruses)
 - Human papillomaviruses
 - Bacterial
 - Mycobacteria
 - Treponemes
 - Fungal
 - Angular cheilitis (angular stomatitis)
 - Candidiasis
 - Denture-related stomatitis
 - Parasites
 - Lumps and swellings
 - Angioma
 - Lipoma
 - Mucocele
 - Pyogenic granuloma
 - Traumatic fibroma
 - Pain, sensory, and movement disorders
 - Bell’s palsy
 - Burning mouth disorder (oral dysesthesia)
 - Idiopathic (atypical) facial pain
 - Taste anomalies
 - Trigeminal, other neuralgias, and autonomic cephalgias
 - Potentially malignant disorders
 - Erythroplakia (erythroplasia)
 - Fanconi syndrome
 - Leukoplakia (leukoplakia): proliferative verrucous leukoplakia
 - Lichen planus/lichenoid lesions (a controversial area)
 - Lupus erythematosus
 - Solar keratosis (actinic cheilitis)
 - Submucous fibrosis
 - Salivary disorders
 - Calculi
 - Neoplasms
 - Sialadenitis
 - Sialorrhea
 - Sialosis
 - Sjögren’s syndrome
 - Temporomandibular joint pain—dysfunction syndrome
 - Vasculitides
 - Vesiculobullous disorders
 - Epidermolysis bullosa
 - Erythema multiforme
 - Pemphigoid
 - Pemphigus
 - Xerostomia
-

Table III. Oral medicine main research areas

-
- Bone diseases
 - Cancer and oral complications of cancer therapies
 - Halitosis (malodor)
 - Head and neck cancer, potentially malignant disorders and oral complications
 - Immunocompromised conditions and oral complications
 - Infections (oral and others affecting oral health care) and infection control
 - Movement, sensory, and taste disturbances
 - Pain, including dysesthesia
 - Salivary disorders (dry mouth, drooling, sialorrhea, and other problems)
 - Special care—patients' issues
 - Tooth anomalies and premature loss
 - Ulceration
 - Vesiculobullous lesions
-

Education

A number of countries, such as the United States and the United Kingdom, do recognize oral medicine as a specific specialty. Furthermore, training in oral medicine, though standardized in a few countries such as the United Kingdom and the United States (e.g., training in the United States is standardized by the Commission on Dental Accreditation standards), is not uniform globally. It is typically seen in dentistry, though medicine training is also or has been sometimes advised or essential.^{19,20}

Many areas of interest in oral medicine are therefore also covered by other dental and/or medical specialties, and collaborative congresses with other medical/dental disciplines have been held in many parts of the world. Examples include orofacial aspects of cancer, dermatologic diseases, immunologic disorders, infections, pain, rheumatologic diseases, and salivary issues. Indeed, it may be worth emphasizing that few if any areas are exclusive within oral medicine. Oral medicine also falls outside mainstream dentistry and is at the other end of the spectrum of dental activities that have a focus on appearance, such as aesthetic and cosmetic procedures. Nevertheless, oral medicine is the main specialty, along with maxillofacial surgery, dealing with serious and sometimes life-threatening or life-changing orofacial diseases or outcomes.

Research

Oral medicine has an active research component, often interlinking with medicine or other dental specialties. Prime research areas conducted by oral medicine units are shown in [Table III](#).

Research areas that one might imagine should fall naturally within the remit of oral medicine ([Table III](#)) have frequently been progressed by oral medicine colleagues and also within, with, or by other disciplines; examples include the interest in the

Table IV. Selected countries with no national oral medicine societies identified as of August 30, 2015

No active specific society in evidence*

Austria
 Belgium
 Bulgaria
 Denmark[†]
 Estonia
 Finland[†]
 France[†]
 Germany
 Hungary
 Iceland
 Indonesia
 Latvia
 Malaysia
 Norway[‡]
 Lithuania
 Pakistan
 Poland
 Russia
 Serbia
 Slovenia
 Switzerland
 Turkey[‡]

*Societies not identified. Society may exist but communication is nonexistent.

[†]T. Axéll, Oral Medicine Specialist, Länssjukhuset in Halmstad.

[‡]Society appears now defunct.

possible associations of common oral health problems with diverse systemic disease (e.g., “periodontal Medicine”) and orofacial manifestations of drug effects and adverse reactions (e.g., medication-related osteonecrosis of the jaws, initially reported by surgeons).

MULTINATIONAL OR MULTISTATE SOCIETIES

This section outlines the main multinational or multistate oral medicine societies identified. These include the American, Australasian, Brazilian, British, European, and Ibero-American societies/associations covering oral medicine, though others, such as for the Baltic region, China, and India, could also reasonably be categorized here ([Supplemental Tables SI-SIV](#); available at www.ooojournal.net). Smaller national societies identified are summarized in [Supplemental Table SV](#) (available at www.ooojournal.net). Many oral medicine societies also attract some delegates from outside their geographic or specialist areas. Societies could not be identified for some countries ([Table IV](#)).

America (The United States): AAOM

The AAOM was evidently the first association founded (see Birth and Growth). The AAOM as founded by Dr. Samuel Charles Miller, and in 1960, it created in his honor the Samuel Charles Miller Award, to recognize

persons making outstanding contributions to oral medicine. The name AAOM was agreed on in 1966. The journal of the AAOM began as *The Journal of Dental Medicine* and changed to *The Journal of Oral Medicine*. In 1988 the official publication became the journal *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology*. AAOM is also affiliated with the journal *Oral Diseases*.

The AAOM has over 600 members and annually hosts a large national meeting in the spring and a continuing educational meeting in the fall. Presidents of the society are shown in [Supplemental Table SI](#) (available at www.oooojournal.net). The AAOM's website is at www.aaom.com.

The American Board of Dental Specialties is a new organization charged with evaluation and certification of dental specialties. See their website, <http://dentalspecialties.org>.

Australasia: The Oral Medicine Academy of Australasia (OMAA)

Before 2010, the needs of oral medicine in Australia and New Zealand were served by the Oral Medicine Society of Australia and New Zealand, formed in 1990 by Professor Peter Reade (Melbourne, Australia). Leadership in oral medicine at that time fell to Professor Reade, supported by Drs. Alison Rich and Norman Firth, Dr. David Hay (New Zealand), Dr. Tony Barratt (Sydney), and Associate Professor Neil Savage (Brisbane). The founding of the OMAA was initiated by Professor Camile Farah in association with Professor Michael McCullough and Clinical Associate Professor Mark Schifter in 2009; the organization was founded in 2010 as the peak body to represent their interests and the interests of the specialty field of oral medicine, following the establishment of the Australian Health Practitioner Regulation Agency and changes to national registration legislation. Founding members were Samah Abdel-Hafeth, Ramesh Balasubramaniam, Camile Farah, Agnieszka Frydrych, Anastasia Georgiou, Nicole Heaphy, Katrussha Hull, Firoz Iqbal, Ben Karim, Michael McCullough, Raj Nair, Anita Nolan, Ajith Polonowita, Neil Savage, Mark Schifter, Jonathan Tversky, and Sue Ching Yeoh. Presidents have been Professor Farah (2010-2013) and Dr. Georgiou (2014-2016); Professor Michael McCullough is now president-elect for the 2017-2019 term.

Oral medicine is a registrable specialty in Australia and New Zealand and has been for many years, although in some Australian states this was previously combined with oral pathology. This mirrored specialist training programs in Australian universities, where oral medicine and oral pathology formed a common pathway to registration. Following national registration

legislation, oral medicine was recognized as a stand-alone specialty, as was oral pathology (now known as oral and maxillofacial pathology).

The OMAA established the Fellowship Examination pathway to establish uniformity of training programs in oral medicine and to support oral medicine education by setting out training guidelines, competencies, standards, and criteria. These are used for peer review of training programs in conjunction with national regulatory bodies in Australia and New Zealand.

Currently 35 OMAA members represent more than 90% of oral medicine specialists in Australia and New Zealand, including full members (fellows), associate members (trainees), and affiliate members. The OMAA has held scientific meetings both in Australia and overseas (Brisbane 2011, Singapore 2011, Melbourne 2012, Sydney 2013, Orlando 2014, and Brisbane 2015).

The official publication of the OMAA is *Oral Diseases*. The web page is <http://www.oomaa.com.au>.

Brazil: The Brazilian Society of Stomatology (SOBE)

When the SOBE was founded in 1974, oral pathology was already recognized as a dental specialty, and in 1992 stomatology was recognized as an independent specialty by the Federal Council of Odontology of Brazil.

Oral pathology was always a part of the meetings of the SOBE, and in 2007 it was officially included in the society, changing the name of SOBE to SOBEP (Brazilian Society of Stomatology and Oral Pathology). Presidents of the society are listed in [Supplemental Table SII](#) (available at www.oooojournal.net).

The *Journal of Oral Diagnosis of Brazil* and *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology* are the affiliated journals; the website is at <http://www.estomatologia.com.br>.

Britain and Ireland: The British Society of Oral Medicine (BSOM)

The British Society of Oral Medicine (BSOM) represents Great Britain (England, Northern Ireland, Scotland, and Wales) plus the Republic of Ireland. Oral medicine in the United Kingdom really arose from the Nuffield Foundation, which funded the first two chairs in oral medicine. Professor Martin Boyes filled the chair in oral medicine at Newcastle University and Professor Martin Rushton, the chair in dental medicine at Guy's Hospital, London. Professor Brian Cooke also established an oral medicine unit in Cardiff, Wales and David Mason, a department of oral medicine and pathology in Glasgow, Scotland.²¹ At a meeting in London in 1981, a decision was made to form the BSOM, and at the first BSOM meeting Professor

Cooke was elected president. Subsequent presidents have been listed in [Supplemental Table SIII](#) (available at www.oooojournal.net). Their website is at <http://www.bsom.org.uk>.

Europe: The European Association of Oral Medicine (EAOM)

The EAOM was founded in 1998. The concept was initiated when Professors Miguel Lucas-Tomas (Spain), Jens Pindborg (Denmark), Sir David Mason (United Kingdom), and Dr. Dean Millard (United States) met in Madrid, Spain in 1991 to discuss a multinational association of oral medicine. There were subsequent meetings with other colleagues in Granada, Spain (1993), Belfast (1995), and London (1997) and then, in London in 1998, Professors Isaac van der Waal (Netherlands) and Crispian Scully (United Kingdom) formally founded the EAOM along with Professors Sir David Mason, Tony Axéll (Scandinavia), Antonio Azul (Portugal), and Stephen Challacombe (United Kingdom).

The first official EAOM congress was held in Amsterdam in 1998 under Professor van der Waal, the first EAOM president; other presidents are shown in [Supplemental Table SIV](#) (available at www.oooojournal.net).

The EAOM now includes representatives from a majority of European countries, 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. Non-European delegates are increasing, including those from Australasia, Brazil, Canada, Iran, Israel, Japan, Kuwait, Russia, Saudi Arabia, Thailand, and the United States. The affiliated EAOM journal is *Oral Diseases*; the website is <http://www.eaom.eu>.

Ibero-America: Ibero-American Academy of Oral Pathology and Medicine (AIPMB)

Oral medicine in Ibero-American countries (Latin America plus Spain and Portugal) is represented by the AIPMB. In 1995, Dr. Elías Romero de Leon from Monterrey, Mexico, organized the founding meeting. Individuals signing the founding act were Elías Romero de León (Mexico), Alfredo Esguep Sarah (Chile), Alicia Kezsler (Argentina), Alejandro Ceballos Salobreña (Spain), Adalberto Mosqueda Taylor (Mexico), Wilson Delgado Azañero (Peru), Ariel Cruz (México), Francisco V. Domínguez (Argentina), José Manuel Gándara Rey (Spain), Roman Carlos Bregni (Guatemala), Rafael Martínez Conde (Spain), Heddie O. Sedano (United States), and José Manuel Aguirre Urizar

(Spain). The Presidents are shown in [Supplemental Table SV](#) (available at www.oooojournal.net).

The AIPMB has over 200 members from most countries of Ibero-America and has held 13 biennial meetings in different Ibero-American countries. The official publication is *Medicina Oral Patología Oral y Cirugía Bucal*. The webpage is at www.aipmb.com.

NATIONAL SOCIETIES

There is a scattering of other societies of various sizes identified, some with incomplete obtainable data, in [Supplemental Table SVI](#) (available at www.oooojournal.net).

International activities and collaborations

Formal international collaborations in oral medicine have been largely through publications in journals and books, multicenter studies, online activities, and joint congresses. Journals pre-eminent in the field include *Oral Diseases*; *Journal of Oral Pathology and Medicine*; *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology*; and *Medicina Oral Patología Oral y Cirugía Bucal*. The online *Bulletin Board in Oral Pathology* initiated by Professor Alan Drinnan (United States)²² can also provide some useful communication in oral medicine and pathology, as does *Euroralmed*, initiated by Professor Crispian Scully (United Kingdom).

There is also *World Workshops on Oral Medicine* (WWOM) and international societies such as the International Academy of Oral Medicine (IAOM) and the International Federation of Oral Medicine. Oral medicine activities are also emerging in countries such as China^{23,24} and elsewhere, and there are associations distinct from and not related to conventional oral medicine as defined previously (e.g., International Academy of Oral Medicine & Toxicology, website found at <http://iaomt.org/>).

International collaborations and other activities are surely the most important single goal necessary to enhance progress in oral medicine. The contributions to progress from innumerable significant publications (books, chapters, monographs, and papers) and symposia are impossible to document or assess. For example, there have been numerous successful publications and meetings held on a range of topics including Behçet's disease, dermatology, HIV/AIDS, oncology, orofacial pain, Sjögren's syndrome, and tropical diseases. The WWOM, however, have been the natural single development in global oral medicine. The model, created in the 1980s, by Professor Sir David Mason (University of Glasgow Dental School, UK) and Dr. Dean Millard (University of Michigan School of Dentistry, USA) convened meetings involving experts

from across the world, such as Professor Jens Pindborg (Copenhagen, Denmark) and a host of others, and were successful not least because of the high industrial sponsorship garnered and the supported international delegate participation ([Supplemental Table SVII](#); available at www.oooojournal.net).

Workshops (WWOM IV) were subsequently run by Professors Peter Lockhart, Douglas Peterson (United States), and David Wray (United Kingdom) and latterly also involved Professors Martin Greenberg, Ross Kerr, Mats Jontell, and Dr. Tim Hodgson (WWOM V) and then additionally Professors Siri Beier Jensen and Giovanni Lodi (WWOM VI) but these have not benefitted from the same level of financial backing^{25,26} as the earlier workshops, inhibiting participation of many potential delegates. Preparations for closer European-American and other ties started more seriously at the Ninth EAOM congress in Salzburg, Austria in 2008, where there was a substantial cohort of leading international delegates. WWOM has since formally collaborated via joint meetings with the EAOM in London, UK in 2010 and with the AAOM in Orlando, FL, USA in 2014. WWOM VI also included an inaugural joint meeting between the AAOM, the EAOM, and the OMAA together with delegates from the BSOM.

The proceedings of the first WWOM workshops were published as books.²⁷⁻²⁹ The three most recent workshops (2004, 2010, 2014) have been published in journals,³⁰⁻³² linking the WWOM with the international societies such as the IAOM. The IAOM, was founded in 2005 by Professors Crispian Scully, with Bruce J. Baum, Jake Kelsey, Cesar Migliorati, Michael Glick, Nelson Rhodus, Doug Peterson, Jonathan Ship, Mark Schubert, Roy Eversole, Sook Woo, Joel Epstein, and Mark Chambers. The IAOM executives included Oslei Almeida, Jose Bagan, Stephen Challacombe, Takashi Fujibayashi, Deborah Greenspan, Abe Reiner, and Crispian Scully. The successful IAOM founding meeting was held in Montreal, Canada, involving Professors Jose Bagan (Spain), Dore Eisen (United States), Meir Gorsky (Israel), Francina Lozada-Nur (United States), and Crispian Scully (United Kingdom).

FUTURE

The evolution of oral medicine has positioned it well to further contribute strategically to science, clinical care, and policy associated with oral health and disease. This should enhance the already steady growth of oral medicine both locally, nationally, regionally, and globally and guarantee survival. The future needs in this area are increasingly recognized, especially in resource-rich populations, many of whom have increasingly aging populations and advanced healthcare and technologies.³³ Oral medicine is therefore an

increasingly important specialty, particularly with the aging populations and for emerging and new diseases, especially in medically compromised people. It needs to develop stronger activities in the more important foci and be strongly involved in multidisciplinary teams and universally more closely involved in research, educational, and clinical linkages with allied disciplines such as oral pathology (histopathology). Thereby it should be in a stronger position to attract increased attention, support, and funding.

The evolution of oral medicine as delineated by this narrative history emphasizes several key themes:

- Transition from institution and region-specific approaches to oral medicine in the early years to development over the past 20 years of an international framework in which unifying concepts in the field can be defined and implemented
- Integration of mechanism-based research for many of the diseases in which oral medicine is centrally involved, with oral medicine researchers contributing a lead role in the basic research and its clinical translation
- Promoting the value of interprofessional research, education, and patient care relative to prevention and treatment of oral diseases
- Contributing to the definition of the mechanistic and clinical relationships between oral and systemic health and disease
- Capitalizing upon the principles of “value care,” in which state-of-the-science prevention and oral medicine-based treatment can result in enhanced clinical outcomes in patients while also reducing toxicity and cost of care

Building upon the maturation of oral medicine over the past 70 years, it is now important and timely to strategically align the future of collaborative, international oral medicine with the scientific principles and health-care policy strategies developed by national and international institutions such as the National Academy of Medicine and the WHO. Synergistic coordination among the various interested bodies is a logical next step toward achieving this alignment.

This should enhance the already steady growth of oral medicine both locally, nationally, regionally, and globally and guarantee improvement of oral health care for the increasing numbers of people needing improved oral health care, from disease prevention and diagnosis to treatment and health maintenance.

Concerted attempts to contact high profile colleagues in the field were made. We acknowledge with thanks, data and/or advice received from responders Professors Carl Allen, Tony Axell, Antonio Azul, Bruce Baum, Jerry Bouquot, Ron Brown, Wilson Delgado, Joel Epstein, John Greenspan,

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REFERENCES

- Guralnick WC. A tribute to Kurt H. Thoma. *Oral Surg Oral Med Oral Pathol.* 1974;38:495-500.
- Available at: <http://www.oralpath.com/OralPathOLD2.htm>. Accessed August 15, 2015.
- Short Biographical Sketch of J.E. Bouguot, DDS, MSD, FICD. Available at: <http://www.maxillofacialcenter.com/JBCV/bouquotcv.htm>. Accessed August 25, 2015.
- Shklar G, McCarthy PL, Francis P. McCarthy, pioneer in oral medicine. *J Hist Dent.* 2008;56:145-147.
- Stoopler ET, Shirlaw P, Arvind M, et al. An international survey of oral medicine practice: Proceedings from the 5th World Workshop in Oral Medicine. *Oral Dis.* 2011;17(suppl 1):99-104.
- Rogers H, Sollecito TP, Felix DH, et al. An international survey in postgraduate training in Oral Medicine. *Oral Dis.* 2011;17(suppl 1):95-98.
- Pinto A, Khalaf M, Miller CS. The practice of oral medicine in the United States in the twenty-first century: An update. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2015;119:408-415.
- Zarkowski P, Gyenes M, Last K, et al. The demography of oral diseases, future challenges and the implications for dental education. *Eur J Dent Educ.* 2002;6(suppl 3):162-166.
- Scully C, Samaranayake L. Emerging and changing viral diseases in the new millennium [e-pub ahead of print]. *Oral Dis* <http://dx.doi.org/10.1111/odi.12356>, Accessed October 24, 2015.
- Sonis ST, Fazio R, Setkowitz A, Gottlieb D, Vorhaus C. Comparison of the nature and frequency of medical problems among patients in general, specialty and hospital dental practices. *J Oral Med.* 1983;38:58-61.
- World Health Organization. Oral Health. Available at: http://www.who.int/oral_health. Accessed August 15, 2015.
- Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Available at: <http://silk.nih.gov/public/hck1ocv.@www.surgeon.fullrpt.pdf>. Accessed.
- National Academy of Sciences. Report Brief; Advancing Oral Health in America. Available at: <https://iom.nationalacademies.org/~media/Files/Report%20Files/2011/Advancing-Oral-Health-in-America/Advancing%20Oral%20Health%202011%20Report%20Brief.pdf>. Accessed.
- Bottomley WK, Brown RS, Lavigne GJ. A retrospective survey of the oral conditions of 981 patients referred to an oral medicine private practice. *J Am Dent Assoc.* 1990;120:529-533.
- Miller CS, Hall EH, Falace DA, et al. Need and demand for oral medicine services in 1996. A report prepared by the Subcommittee on Need and Demand for Oral Medicine Services, a subcommittee of the Specialty Recognition Committee, American Academy of Oral Medicine. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1997;84:630-634.
- Miller CS, Epstein JB, Hall EH, Sirois D. Changing oral care needs in the United States: The continuing need for oral medicine. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 2001;91:34-44.
- Villa A, Wolff A, Aframian D, et al. World Workshop on Oral Medicine VI: A systematic review of medication-induced salivary gland dysfunction: Prevalence, diagnosis, and treatment. *Clin Oral Investig.* 2015;19:1563-1580.
- Harrison W, O'Regan B. Provision of oral medicine in departments of oral and maxillofacial surgery in the UK: National postal questionnaire survey 2009. *Br J Oral Maxillofac Surg.* 2011;49:396-399.
- Zakrzewska JM. Training in oral medicine. *J R Soc Med.* 2001;94:79-82.
- Baum BJ, Scully C. Training specialists in oral medicine. *Oral Dis.* 2015;21:681-684.
- Cooke BED. A history of oral medicine. *Br Dent J.* 1981;151:11-13.
- Drinnan AJ, Alberth R, Porter SR. Development of the bulletin board for oral pathology. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1996;81:267-269.
- BIT's 2nd Annual World Congress of Oral and Dental Medicine-2015. Available at: <http://www.bitcongress.com/codm2015/>. Accessed.
- eBrace Attended the 1st Chinese Oral medical Conference in Xiamen. Available at: <http://ebraceortho.com/profile/1st-gccd.html/125923/0>. Accessed.
- Napeñas JJ, Kujan O, Arduino PG, et al. World Workshop on Oral Medicine VI: Controversies regarding dental management of medically complex patients: assessment of current recommendations. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2015;120:207-226.
- Peterson DE, Lodi G, Beier Jensen S, et al. Report on World Workshops on Oral Medicine (WWOM) IV and V: Research themes and citation impact: WWOM VI steering committee. *Oral Dis.* 2015;21:409-416.
- Millard HD, Mason DK, eds. *Perspectives on 1988 World Workshop on Oral Medicine.* Chicago: D.K. Year Book Publishers; 1989.
- Millard HD, Mason DK, eds. *1993 World Workshop on Oral Medicine.* Ann Arbor: University of Michigan Press; 1995.
- Millard HD, Mason DK, eds. *Third World Workshop in Oral Medicine.* Ann Arbor: University of Michigan Press; 2000.
- 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;103(suppl):S1-S2.
- Greenberg MS, Hodgson T, Jontell M, et al. World Workshop on Oral Medicine V. *Oral Dis.* 2011;17(suppl 1):1-6.
- Lockhart P, Peterson D, Kerr R, et al. Sixth World Workshop on Oral Medicine: Historical context. *Oral Surg Oral Med Oral Pathol Oral Radiol*, in press.
- Sollecito TP, Rogers H, Prescott-Clements L, et al. Oral medicine: Defining an emerging specialty in the United States (review). *J Dent Educ.* 2013;77:392-394.

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Supplemental Table SI. American Academy of Oral Medicine presidents

<i>Years</i>	<i>President</i>	<i>Years</i>	<i>President</i>	<i>Years</i>	<i>President</i>
1946-1947	Samuel Charles Miller	1971-1972	Norton M. Ross	1996-1997	Allyn E. Segelman
1947-1948	Sidney Sorrin	1972-1973	Abraham Reiner	1997-1998	Ellis H. Hall
1948-1949	Lewis Blass	1973-1974	Charles Calderone	1998-1999	Martin T. Tyler
1949-1950	George A. Bruns	1974-1975	Alexander Soberman	1999-2000	Ronald S. Brown
1950-1951	Louis R. Berman	1975-1976	Leo Botwinick	2000-2001	Morton R. Demak
1951-1952	Gordon R. Winter	1976-1977	Joseph L. Bernier	2001-2002	Francina Lozada
1952-1953	Harold R. Gelhaar	1977-1978	Leon Herschfus	2002-2003	Jack L. Appelbaum
1953-1954	Alvin H. Berman	1978-1979	Meyer H. Green	2003-2004	Craig S. Miller
1954-1955	George F. Clarke	1979-1980	William K. Bottomley	2004-2005	George M. Taybos
1955-1956	S. Leonard Rosenthal	1980-1981	Sheldon J. Ross	2005-2006	Michael A. Siegel
1956-1957	William M. Greenhut	1981-1982	Milton A. Marten	2006-2007	Nelson L. Rhodus
1957-1958	Marcel B. Archambault	1982-1983	Sumner M. Sapiro	2007-2008	Wayne W. Herman
1958-1959	Don Chalmers Lyons	1983-1984	Frank M. Lucatorto	2008-2009	Craig L. Hatch
1959-1960	George G. Stewart	1984-1985	Lawrence Cohen	2009-2010	John C. Robinson
1960-1961	Hermann Becks	1985-1986	Harriet S. Goldman	2010-2011	Thomas P. Sollecito
1961-1962	Abraham Goldstein	1986-1987	Geza T. Terezhalmly	2011-2012	Martin S. Greenberg
1962-1963	Gunter Schmidt	1987-1988	Robert N. Eskow	2012-2013	Mark Kutcher
1963-1964	Leslie Milne	1988-1989	Joseph L. Konzelman	2013-2014	Michael L. A. Huber
1964-1965	Charles Conat	1989-1990	David A. Lederman	2014-2015	Carol M. Stewart
1965-1966	Howard L. Ward	1990-1991	Vincent A. Mazzeo	2015-	Alexander Ross Kerr
1966-1967	Reuben Feltman	1991-1992	Norman S. Alperin		
1967-1968	Abram Chasens	1992-1993	Sol Silverman Jr.		
1968-1969	Alonzo Devanna	1993-1994	William M. Carpenter		
1969-1970	Milton Hyman	1994-1995	Robert N. Arm		
1970-1971	A. James Kershaw	1995-1996	Granvil L. Hays		

Supplemental Table SII. Brazilian Society of Stomatology presidents

<i>Years</i>	<i>President</i>	<i>Years</i>	<i>President</i>
1976-1977	Antônio Fernando Tommasi	1998-1999	Mireile São Geraldo Dos Santos Souza
1978-1979	Volnei Garrafa	2000-2001	Décio Dos Santos Pinto
1980-1981	Abel Silveira Cardoso	2002-2003	Gilberto Marcucci
1982-1983	Celso Pilla Cauduro	2004-2005	Abel Silveira Cardoso
1984-1985	Gilberto Marcucci	2006-2007	Lélia Batista De Souza
1986-1987	Carlos Roberto Martins	2008-2009	Oslei Paes de Almeida
1988-1989	José F. Menezes Filho	2010-2011	Jair Carneiro Leão
1990-1991	José Carlos Borges Teles	2012-2013	Celso Augusto Lemos Júnior
1992-1993	Leão Pereira Pinto	2014-2015	Fábio Ramoa Pires
1994-1995	José Humberto Damante	2015-	Cassius Carvalho Torres Pereira
1996-1997	Cesar Sant'anna Lorandi		

Supplemental Table SIII. British Society of Oral Medicine presidents

<i>Years</i>	<i>President</i>	<i>Years</i>	<i>President</i>
1981-1982	Brian Cooke	1995-1997	Stephen Challacombe
1982-1983	Desmond Farmer	1997-1999	Joanna Zakrzewska
1983-1984	Roderick Cawson	1999-2001	Stephen Porter
1984-1985	David Mason	2001-2003	John Hamburger
1985-1986	Frederick Hopper	2003-2005	David Felix
1986-1987	Roy Duckworth	2005-2007	Michael Lewis
1987-1988	J. Harold Jones	2007-2009	Farida Fortune
1988-1989	Crispian Scully	2009-2011	Anne Field
1989-1991	D Murray Walker	2011-2013	Alan Mighell
1991-1993	David Wray	2013-2015	Crispian Scully
1993-1995	Philip Lamey	2015-2017	Philip Atkin

Supplemental Table SIV. European Association of Oral Medicine presidents

<i>Years</i>	<i>President</i>
1998-2000	Isaac van der Waal, Netherlands
2000-2002	Antonio Mano Azul, Portugal
2002-2004	Crispian Scully, UK
2004-2006	Antonio Carrassi, Italy
2006-2008	Peter Reichart, Germany
2008-2010	Stephen Challacombe, UK
2010-2012	Jose Bagan, Spain
2012-2014	Stephen Porter, UK
2014-2016	Alexandra Sklavounou, Greece

Supplemental Table SV. Ibero-American Academy of Oral Pathology and Medicine presidents

<i>Years</i>	<i>President</i>
1995-1997	Alfredo Esguep Sarah, Chile
1997-1999	Wilson Delgado Azañero, Peru
1999-2001	José Manuel Aguirre Urizar, Basque Country, Spain
2001-2003	Alicia Keszler, Argentina
2003-2007	Adalberto Mosqueda Taylor, Mexico
2007-2011	José Manuel Gandara Rey, Spain
2011-2015	Oslei Paes de Almeida, Brazil
2015-2017	Ana Verónica Ortega, Chile

Supplemental Table SVI. National oral medicine societies identified as of August 30, 2015

Country	Active specific societies identified
Canada	<p>The Canadian Academy of Oral and Maxillofacial Pathology and Oral Medicine—L'Académie Canadienne de Pathologie Buccale et Maxillofaciale et Médecine Buccale (CAOMP&OM-ACPBM&MB) was established by Drs. James Main and George Wysocki as the Canadian Association of Oral Pathology (CAOP). Amalgamation of the CAOP with the Canadian Academy of Oral Medicine was spearheaded over a decade ago by Drs. John McComb and Bruce Blasberg.</p> <p>The presidents of the CAOMP&OM for the past 10 years are Drs. Stephen Ahing, Catalena Birek, John Perry, Sara Gordon, Grace Bradley, Eli Whitney, Adel Kauzman, and Iona Leong.</p> <p><i>Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology</i> is the affiliated journal; the website is http://www.jcda.ca/.</p>
China*	<p>The Chinese Society for Oral Medicine in China (the Society) or the Society of Oral Medicine, Chinese Stomatology Association, dates from 1998, with the founding of “Coordinating Group for the Investigation of Two Mucosal Diseases: Oral Leukoplakia and Oral Lichen Planus” in Beijing, led by Professors Guoqi Xu, Bingqi LI, and Huibon LI. In 1998, the Society was founded in Chengdu, with the founder President Professor Bingqi LI. Under Professor Li’s leadership (1998-2005), several national congresses were held and clinical guidelines for oral mucosal diseases were formulated. Professor Li’s successors as presidents include Professors Zhengtong Zhou (2005-2008), Zheng Sun (2008-2012), and Qianming Chen (2012 to date). The Society leaders consist of about 60 currently practicing oral medicine specialists, most attached to academic institutions. <i>Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology</i> is the affiliated journal. The website is http://www.cndent.com/show.php?contentid=1684.</p>
Croatia	<p>The Croatian Society for Oral Medicine and Pathology (CSOMP) dates from the 1933 founding of the Stomatological Ambulatory at the University of Zagreb School of Medicine—Maxillofacial Surgery Clinic. Professor V. Ritterman was the first course leader of Pathology and Therapy of the Mouth.</p> <p>In 1948, the School of Dental Medicine was founded, transferring faculty and courses from the School of Medicine. The Oral Medicine Department in Zagreb was formed in 1962 by Professor M. Dobrenic, with specialty training available since 1974, and in 1997 CSOMP was founded, within the Croatian Medical Association. The founder, President Professor Ana Cekic-Arambasin, encouraged involvement in EAOM. Pivotal people who encouraged and facilitated the affirmation of CSOMP were EAOM administrative members Crispian Scully, Antonio Carrassi, Giovanni Lodi, and Tim Hodgson. This collaboration evolved into a successful EAOM congress in Zagreb (2006). Professor Cekic-Arambasin was succeeded by Professor Ivan Alajbeg, current President.</p> <p>There are about 20 oral medicine specialists currently practicing, most attached to academic institutions in Zagreb, Rijeka, and Split. The journal is <i>Acta Stomatologica Croatica</i> (www.ascro.hr) and the website is www.oralmed.com.hr.</p> <p>The development of dentistry in Croatia is discussed elsewhere.[†]</p>
France	<p>France has no current official oral medicine society. The Conseil de l’Ordre des Médecins (Council of the Medical Association), after political negotiations, suppressed stomatology as a specialty of medicine, and replaced it with <i>chirurgie orale</i> (oral surgery). Oral medicine is now a skill and competence of pathology and dermatology. The Société de Stomatologie et de Chirurgie Maxillofaciale (Society of Stomatology and Maxillofacial Surgery) is more surgery than oral medicine (stomatology).</p>
Greece (Greek)*	<p>The Greek Association of Oral Medicine, established in 2008, has 200 members including oral medicine specialists, oral surgeons, physicians (mainly dermatologists), otolaryngologists, and dentists. Professor George Laskaris was the founding president (2008-2013); the current president is Eleana Stoufi (2014 to date). There is one major meeting in Athens annually with 800-1000 participants and 4-5 meetings at other municipalities in association with the local dental associations. The website is at www.georgelaskaris.gr.</p>
Greece (Hellenic)*	<p>The Hellenic Society of Oral Medicine and Oral Pathology (HSOMP) founded in 2000, represents both oral medicine and oral pathology. The first president was Professor Stavros Papanicolaou (2000-2007). Subsequent presidents have included Professors Alexandra Sklavounou (2007-2012), Anastasios Markopoulos (2012-2015), and Nikolaos Nikitakis (2015 to date).</p> <p>The Society has organized 3 successful meetings in Athens, in 2009, 2012 (in conjunction with EAOM), and 2015, plus a number of local conferences, seminars, and continuing education courses throughout Greece and Cyprus. HSOMP has 80 members. The website is at http://pathologyoral.gr/en.</p>
Greece (Stomatological Society of Greece)*	<p>This appears to be related to the European Regional Organization of the Federation Dentaire Internationale. No other details were available.</p>
India*	<p>The Indian Academy of Oral Medicine and Radiology (IAOMR) was formed in 1985 with Professor P. Ramachandra Reddy as founding president. Past presidents have been Drs. B. K. Venkataraman, K. S. Nagesh, Babu Mathew, N. Gnanasundaram, K. S. Ganapathy, Ulhas Wagh, M. Lakshmaiah, Anil Kumar Bhoweer, Annie John, S. Shanmugam, Shailesh Lele, Nipa Parikh, Ajit D. Dinkar, A. B. Surveyor, R. N. Modi, D. Koteeswaran, P. G. Agnihothri, D. B. Gandhi Babu, R. S. Sathawane, L. Ashok, Basavaraj Kallalli, and C. V. Mohan. Professor T. B. Jayachandran is the current president.</p> <p>There are about 4000 members. IAOMR produces a journal and holds annual meetings. The credit for starting the Master of Dental Surgery (MDS) in Oral Medicine and Radiology programs goes to Professor B. K. Venkataraman from the Government Dental College and Hospital, Bangalore in 1971; it is now offered by about 250 institutions. The website is at http://www.iaomr.org.</p>

Supplemental Table SVI. Continued

Country	Active specific societies identified
Iran	The Iranian Oral Medicine Association President is Mahnaz Sahebamee. No other details were available.
Israel	<p>The Israeli Society of Oral Medicine (ISOM) was established in the late 1980s. The start of oral medicine was with the Department of Dr. Ino Shaki at Hebrew University—Hadassah School of Dental Medicine, Jerusalem in 1955. In addition, the ISOM is the official society of specialists of oral pathology.</p> <p>Chairpersons of ISOM have been Drs. Mordechai Findler, Andy Wolff, Joseph Katz, Rafael Benoliel, Ilana Kaplan, Eli Eliav, Sharon Elad, Noam Yarom, Silvina Fridlander Barenboim, and Yehuda Zadik.</p> <p>Currently, most hospitals in Israel have departments of oral medicine, and there are four postgraduate training programs at Hebrew University—Hadassah School of Dental Medicine, Tel Aviv University, Medical Center of Galilee (affiliated with Bar Ilan University), and Ashkelon Barzilai Medical Center. Every 4 years ISOM hosts a congress in collaboration with the Multinational Association of Supportive Care in Cancer, the International Society of Oral Oncology, and the Israeli Cancer Association.</p> <p>The ISOM official journal is <i>Oral Diseases</i>; the website is at http://www.ida.org.il.</p>
Italy	<p>The Società Italiana di Patologia e Medicina Orale (Italian Society of Oral Pathology and Medicine; SIPMO), founded in 1992 as the Società Italiana di Patologia Orale (Italian Society of Oral Pathology), took its current name in 2000. Members of SIPMO are mostly dentists interested in the promotion of oral health and in the early detection, diagnosis, and treatment of potentially malignant disorders and of other mucosal and osseous lesions. Special needs and systemic diseases, conditioning dental treatments, are also a main interest for the society, together with the most recent and emerging problems (e.g., medication-related osteonecrosis of jaws). Maxillofacial surgeons, oral and general pathologists, and dermatologists may also be members of SIPMO.</p> <p>The first SIPMO president was Professor Fernando Gombos (1992-1994), followed by Professors Adriano Piatelli (1994-1997), Pierluigi Sapelli (1997-2000), Valerio Margiotta (2000-2002), Sergio Gandolfo (2003-2005), Lorenzo Lo Muzio (2005-2011), Giuseppina Campisi (2011-2013), and Lorenzo Lo Muzio (2013 to date).</p> <p>Annual or biannual congresses have been held in Naples (1992), Torino (1997), Brescia (1999), Chieti (2000), Palermo (2001), Bari (2002), Milan (2003), Parma (2005), Capri-Naples (2007), Trieste (2009), Pugnochiuso-Foggia (2011), Rome (2013), and Bologna (2015).</p> <p>SIPMO is affiliated with <i>Oral Diseases</i>, and the website is http://www.sipmo.it.</p>
Japan*	<p>The Japanese Society of Oral Medicine (JSOM) arose from a study group of the Society for Oral Mucosal Diseases, founded in 1991 under the leadership of Professor S. Enomoto (1991-2000), and this study group was promoted to the Japanese Society of Oral Mucous Membrane (JSOMM) in 1995, which lasted for 16 years. In 2011, JSOMM was reorganized and renamed JSOM with an eye toward a more academic development with a wider scope of views in the field of oral medicine, and JSOM was formally incorporated in Japan in 2014. The successor presidents have been Professors T. Fujibayashi (2000-2002), M. Nagumo (2003-2006), G. Yamane (2006-2011), and M. Kusama (2012 to date).</p> <p>The JSOM has 633 members and holds an annual scientific meeting. The website is http://jsom.aca-med.net/special/index.asp?id=5086. The official journals are <i>The Journal of Oral and Maxillofacial Surgery, Medicine and Pathology</i>, and <i>The Journal of Japanese Society of Oral Medicine</i> (in Japanese).</p>
Japanese Stomatological Society	<p>The Japanese Stomatological Society started in 1913 followed by extended meetings for discussion which ultimately led to the establishment of the Japanese Dental Stomatological Society in 1918. The first chairman was Prof. Hisashi Ishihara. In 1946, a decision to recommence the activities of the Society, and the name was changed to the Japanese Stomatological Society. The first postwar general meeting was held in 1947 in Osaka (Chairman: Prof. Shigeie Yumikura) and those meetings have continued to the present day. A relationship to the Japanese Association of Medical Sciences commenced with the participation of Assistant Prof. Hisashi Ishihara in 1906.</p>
Mexico	<p>The Mexican Association of Oral Pathology and Medicine (Asociación Mexicana de Patología y Medicina Bucal, Colegio A.C.) was founded in 2011 with 53 members, and at present includes mostly dentists but also members of related specialties such as surgery and pathology from 22 out of 32 states of Mexico. This Association has organized four national meetings and Presidents have been Dr. Marco Antonio Torres Carmona, Dr. Fabian Ocampo Acosta and Dr. Miguel Padilla Rosas. Web page: ampmbcolegio.org.mx</p>
Peru	<p>The Peruvian Association of Oral and Maxillofacial Pathology and Medicine (Asociación Peruana de Patología y Medicina Bucal y Maxilofacial; APPAMEB), was founded in 2012, and at present includes also dentists from specialties such as oral and maxillofacial surgery and stomatologic radiology. APPAMEB has organized one national meeting. The first president is Dr. Wilson Delgado who has been re-elected for 2014-2015. Web page: appameb2012@gmail.com</p>
Portugal	<p>The Academia Portuguesa de Medicina Oral (Portuguese Academy of Oral Medicine; APMO) was founded in 1984 to increase the attention of professionals to the importance of oral medicine and oral pathology. The APMO has relationships with similar European societies and personalities and was strongly helped by the EAOM, with the support of Presidents Scully and van der Waal.</p> <p>The APMO had some years of intense and productive activities (including organization of national and international meetings and publication of texts to increase professional and public awareness of oral medicine. APMO was reactivated in 2015, with great success. The first president was Santinho Cunha and the current president is Antonio Azul.</p> <p>The APMO official journal is <i>Medicina Oral Patología Oral y Cirugía Bucal</i>.</p>

(continued on next page)

Supplemental Table SVI. Continued

Country	Active specific societies identified
Romania	<p>The Societatea Română de Medicină și Patologie Orală (Romanian Society of Oral Medicine and Pathology) was founded in 2014 with about 20 members, mostly dentists, but also specialists in medicine, maxillofacial surgeons, oral and general pathologists, dermatologists, etc, with Professor Șerban Tovuș as president. Its main goal is to strengthen collaboration between stomatology and general medicine specialties.</p> <p>There have been three national conferences and a workshop at the Congress of the University of Timișoara. The main clinical service of oral medicine/oral pathology is in Bucharest with a small unit in the city of Iași, covering more than 2 million people, and with a close collaboration with oral surgeons, dermatologists, rheumatologists, gastroenterologists, etc.</p> <p>There is no journal or website.</p>
Spain	<p>The Sociedad Española de Medicina Oral (Spanish Society of Oral Medicine; SEMO), founded in 1988, includes mostly dentists or stomatologists but also members of other related specialties (surgeons, pathologists, etc). Presidents have been Professors Miguel Lucas, Alejandro Ceballos, Ambrosio Bermejo, Antonio Bascones, and Jose Manuel Gandara and Rafael Segura (current president).</p> <p>The SEMO maintains relationships with various scientific societies: the Spanish Society of Oral Surgery, the Spanish Society of Odontostomatology for the disabled or special patients, the Spanish Society of Gerodontology, the Spanish Society of Craneomandibular Disorders and Orofacial Pain, etc, and a special one with the Ibero-American Academy of Oral Pathology and Medicine.</p> <p>Biannual congresses have been in Madrid (1991), Granada (1994), Santiago (1996), Valencia (1998), Seville (2000), Bilbao (2001), Madrid (2003), Murcia (2005), Barcelona (2007), Cádiz (2009), Córdoba (2011), Santiago (2013), and Seville (2015).</p> <p><i>Medicina Oral Patología Oral Cirugía Bucal</i> is SEMO's official journal. The website is at www.semo.es.</p>
Sweden [‡]	<p>Svensk Förening för Orofacial Medicin (SOM) (the Swedish Association for Orofacial Medicine) is derived from The Society for Hospital Dentists in Sweden, founded in 1941. In 1976 this association was divided into the Swedish Society for Hospital Dentists (SSHD) and the Swedish Society for Orofacial Surgery. Oral medicine was established in Sweden in 1990 by the formation of the Swedish Society for Oral Medicine (SSOM).</p> <p>The first SSOM president was Professor Tony Axéll (1990-1996), followed by Göran Ahlborg (1997-1998), Mats Jontell (1999-2003), Ulf Mattsson (2004-2006), and Johan Blomgren (2007-2010).</p> <p>In 2011, the SSHD and the SSOM merged into the SOM, which has about 250 members including members from other Nordic countries. The first president was Inger von Bültzingslöwen (2011-2012), followed by Bengt Hasséus (2013 to date).</p> <p>Every month features internet sessions on www.somweb.se/somweb/. Twice a year SOM publishes a periodical, <i>Orofacial Medicine</i>. The SOM website is www.som.nu.</p>
Thailand [*]	<p>The Oral Diseases Group of Thailand ODGT was established in 2003 under Professor Kobkan Thongprasom from Chulalongkorn University, Bangkok as founder and first president. Individuals who participated in the founding were Dr. Pornpan Piboonrattanakit (Bangkok), Dr. Punni Soomsawasdi (Bangkok), Dr. Patcharee Kumpalanont (Had Yai), Dr. Anak Iamaroon (Chiang Mai), Dr. Polatham Chaiyarit (Khon Kaen), Dr. Mantarop Chaimusig (Saraburi), Dr. Sorasan Rungsianont (Bangkok), Dr. Chontavat Suvanpiyasiri (Bangkok), Dr. Wilairat Sareedechaigul (Khon Kaen), Dr. Suwan Prasongtanskul (Lumpoon), Dr. Titikarn Laothamthat (Bangkok), Dr. Kittipong Dhanuthai (Bangkok), Dr. Chanvit Prapinjumrune (Bangkok), and Dr. Tavorn Preungvittayakul (Bangkok). Subsequent presidents have been Professor Dr. Anak Iamaroon and Associate Professor Dr. Sorasan Rungsianont.</p> <p>ODGT has more than 120 dental and medical members from various parts of Thailand. The webpage is www.odgt.net, and they have a Facebook page at https://www.facebook.com/ThaiODGT.</p> <p>A separate Thai Oral Diagnostic Sciences Group includes specialists mainly in oral radiology, pathology, occlusion, and diagnosis and some in oral medicine.</p>

Disclaimer: There may be other societies - the details of which were inaccessible.

*Several societies are known.

[†]Kaic Z. The development of dental medicine in Croatia. *Acta Stomat Croat.* 2002;36:19-28.

[‡]T. Axéll, Oral Medicine Specialist, Länssjukhuset in Halmstad, Sweden has a website for Norsk Oralmedisinsk Selskap (NOMS) at <http://www.oralmedicine.se/pages/en/feedback.html>.

Supplemental Table SVII. World Workshops in Oral Medicine

Year	Location	City
1988	United States	Chicago
1993	United States	Chicago
1998	United States	Chicago
2004	Puerto Rico	San Juan
2010	United Kingdom	London
2014	United States	Orlando