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EDITORIAL

The MASCC/ISOO Mucositis Guidelines Update: introduction to the first set of articles

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The Multinational Association of Supportive Care in Cancer (MASCC), in partnership with the International Society of Oral Oncology (ISOO), is dedicated to improving the lives of oncology patients, with a focus on prevention and management of the adverse effects of cancer and of cancer therapy. Effective supportive care in oncology can significantly improve patient outcomes, including quality of life, and allow patients to tolerate and benefit from cancer therapy. The work of MASCC/ISOO is largely carried out through its study groups, which are groups of MASCC/ISOO members who have self-identified an interest in a particular toxicity of cancer or of its treatment. The Mucositis Study Group (MSG) is one of these study groups, comprising some 200–250 members committed to reducing the burden of mucositis through research, policy, and effective programs. Our membership includes clinicians, researchers, and industry representatives from across the world. An important activity of the MSG over the last decade has been the development and updating of evidence-based clinical practice guidelines for oral and gastrointestinal mucositis. The MASCC/ISOO Clinical Practice Guidelines for Mucositis were first published in the journal *Cancer* in May 2004 [1, 2]. This was followed by an update published in *Cancer* in March 2007 [3]. This summary update paper was preceded by a group of papers from the individual sections involved in the update, which were published in this journal *Supportive Care in Cancer* in June 2006 [4–15].

The current issue of this, our society's official journal, contains the first set of seven papers describing our most recent mucositis guidelines update. Although titled an update, we actually went back and reviewed all the relevant literature since the start of Medline, thus ensuring that all the relevant literature for each intervention was assessed uniformly, using the same criteria. A detailed explanation of our methods is provided in the paper by Bowen et al. that immediately follows this editorial. The following paper by Elad et al. explains the rationale for some of the decisions made regarding the process used. It is our intent that providing this level of detail will ensure transparency and demonstrate the stringency of our methods. This is very important since for guidelines to be respected, adopted, and implemented as recommended, they must be based on sound methodology and objectively assessed evidence. The next paper by Gibson et al. describes the work of the section that assessed interventions for gastrointestinal (GI) mucositis (not including oral mucositis). Although the oral cavity is technically part of the GI tract, mucositis in sites such as the intestine involves symptoms and management strategies distinct from oral mucositis. Therefore, we decided to have a separate section evaluating all interventions for mucositis involving regions of the GI tract other than the mouth. In contrast, we had multiple sections evaluating interventions for oral mucositis, organized by the type or mode of action of the intervention. For example, the fourth paper in this series, by Peterson et al., describes the work of the group that assessed cryotherapy (cooling therapy) for oral mucositis. Due to the promising data for cryotherapy in the setting of bolus infusions of chemotherapy drugs with short half-lives, this intervention was given a separate section in the current update. The next paper by Migliorati et al. describes the work of the group assessing low-level laser therapy for oral mucositis. This is an area with very positive new data, on the basis of which we have a new recommendation and a new suggestion in favor of this treatment modality. The following paper by Raber-Durlacher et al. examines the use of cytokines and growth factors for oral mucositis. This paper maintains the recommendation in favor of using recombinant human keratinocyte growth factor-1, but only in

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a very specific transplant population. A future update of our guidelines will examine the emerging evidence for this agent in other cancer treatment settings. The last paper in this first set, by Nicolatou-Galitis et al., examines the evidence for the use of amifostine for oral mucositis. Amifostine has been very widely studied, as evidenced by the fact that there was enough material to write a separate paper on just this one agent. However, as described in the paper, the evidence is conflicting and inconclusive, precluding the development of any guidelines at this time. We will continue to monitor and evaluate developments in this area as well.

The Mucositis Guidelines Update publications represent the efforts of almost 100 individuals, who have worked very hard on this large and ambitious undertaking. We were all volunteers, united by a shared vision and a desire to improve the lives of our patients. I sincerely thank each person who contributed to the success of this project. In particular, I must mention the MSG co-chairs, Joanne Bowen and Sharon Elad, who helped me to manage this effort. I also thank the MASCC/ISOO leadership and staff for their support.

Thank you for your interest. We hope these papers contribute to your understanding of this important area of supportive care and to improving the care of our patients.

Conflict of interest Dr. Lalla serves as Chair, Mucositis Study Group, MASCC/ISOO; Chair, MASCC Guidelines Committee; and Member, MASCC Board of Directors. No honorarium was paid to reviewers for participation in the guidelines update effort. The Guidelines Update Meeting was supported by BioAlliance Pharma and Helsinn Healthcare, SA. No industry representatives attended the guidelines update meeting or participated in the guidelines update effort in any way.

Disclaimer The MASCC/ISOO Mucositis Guidelines are developed to facilitate evidence-based management of mucositis. However, clinicians should also use their own judgement in making treatment decisions for individual patients. The guideline authors and MASCC/ISOO do not guarantee or take responsibility for clinical outcomes in individual patients.

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