Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Study Design: The data consist of retrospectively collected information on all patients treated at the University of Colorado School of Dental Medicine between March 1, 2019, and March 31, 2020, retrieved from the electronic dental health record. Variables of interest focused on patients treated by predoctoral students and included age group, race/ethnicity, and major comorbidities for COVID-19 risk. Patients were placed into 3 risk categories based on age and health status: Minimal (no comorbidities), high (comorbidities), and highest (>65 years and comorbidities). Descriptive statistics were calculated on the cohort. No hypothesis testing or statistical inference was employed.

Results: A total of 10,958 patients, with a median age of 53 (interquartile range, 34, 67) and equal sex distribution (P = 50%; M = 49.8%), treated by predoctoral students were identified. White, Hispanic, black, and mixed race accounted for 58.4%, 20.9%, 13.1%, and 2.2%, respectively. Regarding major comorbidities, 29.9% had 1, 14.8% had 2, and 9.1% had ≥3 (median = 1; interquartile range, 0, 1), with 53.5% of those ≥65 years having 3+ diseases. The most common comorbidities were cardiovascular disease (24.5%); diabetes (9.9%); immunocompromised, including HIV; and chronic corticosteroid use (9.5%), cancer (8.2%), and pulmonary disease (7.9%). The prevalence of tobacco smoking was 26.5%. Most patients were defined as high (30.9%) or highest (23%) risk, with 77.5% of those ≥75 years in the highest risk category. Stratifying by race/ethnicity, those with ≥1 comorbidities were distributed as follows: white = 62.3%, black = 56.8%, Hispanic = 40.4%, and mixed race = 64.4%.

Conclusions: Most patients treated by predoctoral dental students in the main clinic were classified as high or highest risk for COVID-19 infection, and this risk increased with age. Information from this quality improvement project was critical for understanding the medical complexity of the patient pool and justifying major scheduling and infrastructure changes for safe delivery of clinical care in an academic environment.

TELEMEDICINE FOR SYMPTOMS MANAGEMENT IN ORAL MEDICINE Zahra Ali Alsafwani, Caroline Shiboski, and Alessandro Villa, University of California San Francisco, San Francisco, CA, USA

Objectives: The recent coronavirus disease 2019 pandemic has caused a significant drop in visits to dental and medical practices. Following the shelter-in-place orders across the United States, we have implemented tele (oral) medicine for the diagnosis and management of oral medicine conditions. We aimed to (1) characterize a cohort of oral medicine patients seen via telemedicine and (2) assess the effectiveness of telemedicine visits in terms of pain control in patients affected by oral diseases.

Study Design: A retrospective chart review for patients seen via telemedicine was conducted between March 2020 and December 2020. Sociodemographic information, home ZIP code, referring doctor and type of insurance, and clinical diagnoses were collected and entered into an electronic database. The pain score was recorded at each visit using a 0 to 10 scale. Descriptive statistics were used to calculate median and range. Differences in oral pain were evaluated using the Wilcoxon signed-rank test.

Results: A total of 137 new patients were included (57% female), with a median age of 56 years (range, 3-89). If seen in person, patients would have traveled a median distance of 65 miles (range, 0.9-100). More than half of the patients (n = 82; 59.8%) were referred by physicians, with the greatest proportion coming from primary care physicians (n = 47; 34.3%) and otolaryngologists (n = 17; 12%).

The most common oral conditions seen were reactive/inflammatory lesions (n = 70; 51%), orofacial pain disorders (n = 18; 13.1%), and immune-mediated conditions (n = 17; 12.4%). One third of patients (n = 51; 37%) required an oral biopsy. Imaging and laboratory studies were ordered in 9.4% and 2.1% patients, respectively. Most patients (n = 92; 67.1%) had their visit covered by private medical insurance, 9 by dental insurance (6.5%), and 31 by Medicare (22.6%), and 5 were self-pay (3.6%). When pain was considered, there was a 3-point median pain reduction from the first video visit to the first follow-up (P < 0.05) and a self-reported 65% (range, 0%-100%) median improvement of oral symptoms.

Conclusions: Tele (oral) medicine was an effective method for the diagnosis and treatment of oral medicine conditions. Tele (oral) medicine may be used in the future for an initial screening of oral mucosal conditions and to improve access to care.

THE ROLE OF CONSERVATIVE MANAGEMENT IN PATIENTS WITH MEDICATION-RELATED OSTEONECROSIS OF JAW: A MEMORIAL SLOAN KETTERING CANCER CENTER EXPERIENCE Andrew Marco Pishek, Annu Singh, Dennis Shen, Joseph Randazzo, Saehye Yom, Joseph Huryn, and Cherry Estilo, Memorial Sloan Kettering Cancer Center, New York, NY, USA

Objectives: Medication-related osteonecrosis of jaw (MRONJ) is a debilitating disease that may affect the quality of life in patients on antiresorptive treatment. The aim of this study is to report our institution’s experience in conservative management of a cohort of oncologic patients who developed MRONJ after antiresorptive treatment.

Study Design: Patients included in this 19-year retrospective single-center study fulfilled the following criteria: (1) received treatment at Memorial Sloan Kettering Cancer Center with pamidronate, zoledronic acid, and/or denosumab for bone metastasis or multiple myeloma and (2) diagnosed with MRONJ and followed for at least 12 months in the Dental Service of MSKCC between 1999 and 2018. Various demographic and treatment-related variables including the number of medication doses, time to onset of MRONJ, and clinical outcome associated with different interventions were analyzed.

Results: One hundred ten patients (46 men, 64 women) were included in the study. Breast cancer was the primary diagnosis in 53 patients (48%). Zoledronic acid (n = 71, 64.5%) was the most commonly prescribed first antiresorptive medication and 58 patients were switched to another antiresorptive medication after the onset of MRONJ (53%). The median time interval between the first medication onset and MRONJ diagnosis was 28 months (range, 1-163). The median number of first medication doses before development of MRONJ was 22, 23, and 19 for denosumab (range, 1-38), pamidronate (range, 1-70), and zoledronic acid (range, 1-60), respectively. Fifty-two patients developed spontaneous MRONJ (47%). The mandible was the most common site (61%). Conservative management including use of antimicrobial rinses and/or antibiotics and pain medications was prescribed for all patients. Pentoxifylline and