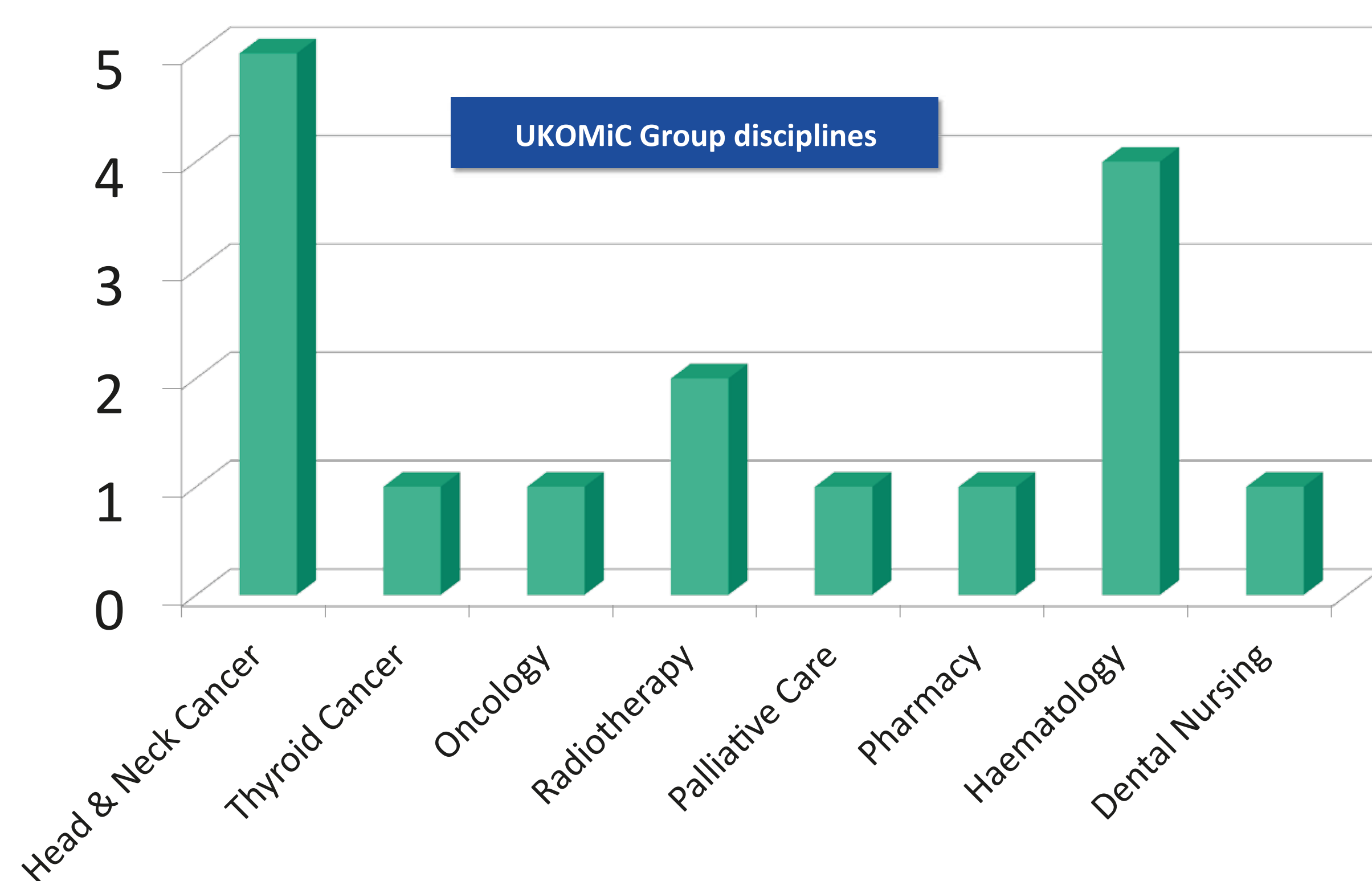


# ADDRESSING ORAL CARE IN CANCER TREATMENT AND PALLIATIVE CARE: PRESENTING THE WORK OF UKOMiC (THE UNITED KINGDOM ORAL MUCOSITIS IN CANCER CARE EXPERT GROUP)

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*"My mouth became ulcerated and I could not swallow my own saliva. Every day of chemo brought some new horrifying change to my body"*

**Background: UKOMiC** is a multi-professional group of oral care experts working in some of the leading cancer and palliative care centres across the United Kingdom, formed to raise awareness and address the often under reported impact of oral problems in cancer care. It is widely recognised that oral problems including oral mucositis (OM) can be a significant health burden for the individual, while making substantial demands on health care resources.



Changes to the oral cavity arising from malignant disease, treatment and other co-morbidity factors can have a profound affect on the person with cancer, causing pain, discomfort, lack of nutrition, longer hospital stays, and in some situations sepsis and death. It is the responsibility of the multi-professional team working together to address mouth care throughout the treatment trajectory, including early diagnosis, commencement of cytotoxic treatment, recovery, and in some cases the terminal phases of the disease when a person may no longer be able to care for themselves. While it is recognised that caring for the mouth is an important aspect of cancer care, all too often this aspect of care may be overlooked until problems arise. This leads to needless distress and discomfort and in some cases serious clinical consequences.

The expert group estimate that both the health burden on the individual and the demands on health care resources can be greatly reduced by the correct proactive care and treatment of oral problems.

**Oral Mucositis** is defined as inflammation of the mucosal membrane. It is characterised by ulceration, which may result in pain, dysphagia and impairment of the ability to talk, eat and swallow. Mucosal injury provides an opportunity for infection to flourish, placing the patient at risk of sepsis.

**Incidence:** The incidence of OM in the cancer setting is very high and can be expected to occur in at least 40% of patients undergoing chemotherapy<sup>1</sup> to treat a solid tumour, as many as 70% of patients undergoing haematopoietic stem cell transplantation<sup>1</sup> (HSCT) and as many as 97% of all patients receiving irradiation<sup>2</sup> (with or without chemotherapy) for head and neck cancers will suffer from some degree of OM. Some patients have rated OM as the most distressing aspect of cancer treatment and it may lead to unplanned dose reductions or interruptions in treatment regimens. In reality the true picture of OM and oral care problems continues to be underreported and the distress that it causes remains greatly underestimated.

1. Köstler WJ *et al.* Oral mucositis complicating chemotherapy and/or radiotherapy: options for prevention and treatment. *CA Cancer J Clin.* 2001;51:290–315.

2. Trotti A *et al.* Mucositis incidence, severity and associated outcomes in patients with head and neck cancer receiving radiotherapy with or without chemotherapy: a systematic literature review. *Radiother Oncol.* 2003;6:253–262.

**Clinical Guidelines:** Recognising that many clinical teams are unsure about the best way to prevent and treat oral problems and drawing upon their expertise, user experiences and the most up to date evidence, the group developed practical guidance on the assessment, care, prevention and treatment of oral problems secondary to disease and therapy. These guidelines can be used in terminal care and adapted to other clinical settings, including specialist areas such as gerontology.



The development of OM guidance is to provide an effective tool that can be implemented into any cancer and palliative care setting to support the various multi-professional cancer/palliative care teams to anticipate 'at risk patient populations' and attempt to minimise the impact on oral health and oral mucosal tissue that cancer, cancer treatment and pharmaceutical interventions will have on oral health and the oral mucosal tissue.



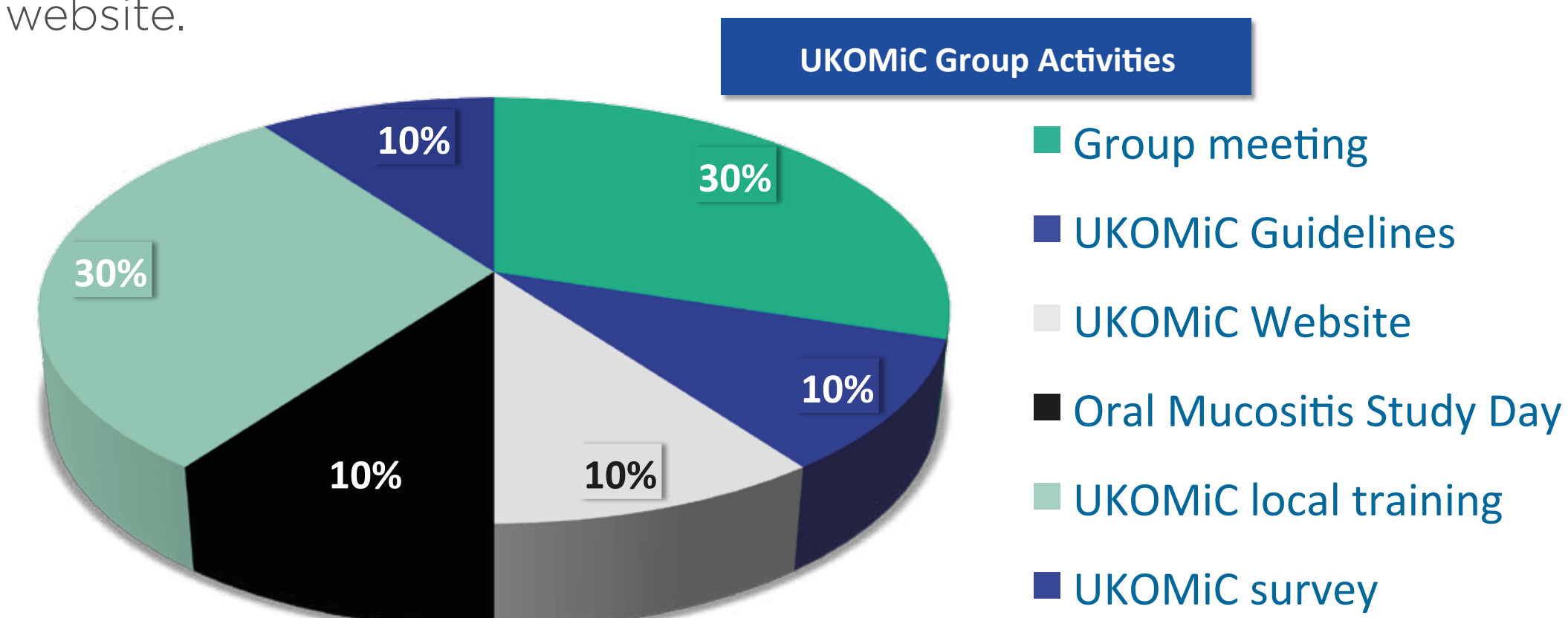
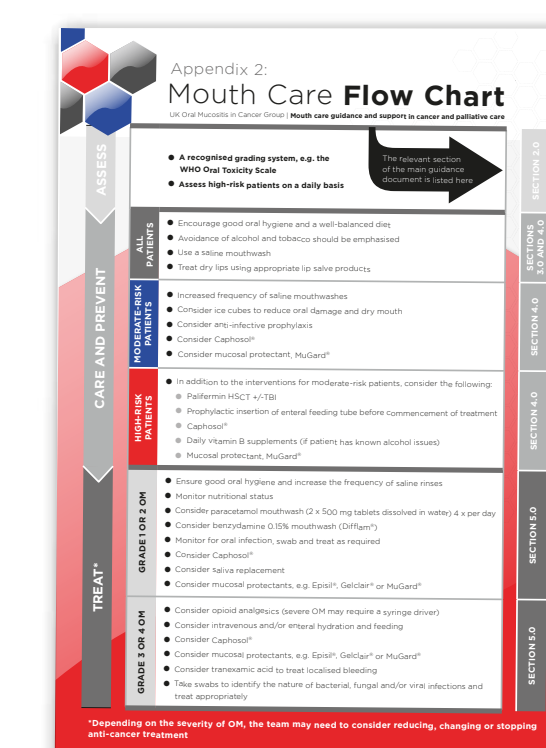
**Assessment of the oral cavity:** All treatment strategies aimed at improving mouth care are dependent on good assessment. Mouths should be assessed by trained healthcare professionals using a recognised grading system. Assessments should be completed at regular intervals, and documented in the medical records.

**Care:** This includes regular oral hygiene, generally with toothbrush and toothpaste, a rinse with salt water/water, dietary advice, and support for those unable to care for themselves.

**Prevention:** Not all damage is inevitable. Identify the individual patient, disease and treatment related risk factors (low, moderate, high) and proactively plan preventative measures including good oral hygiene, mucosal rinses (Caphosol), mucosal protectants (Mugard), dietary advice, consider enteral feeding (high risk), anti-infective prophylaxis.

**Treatment:** Continue to support oral hygiene, administer local/systemic analgesia, support nutrition and hydration (consider enteral feeding), consider mucosal rinses including, Mugard, Episil, Gelclair, Caphosol, treat underlying infection.

**Ongoing Activities:** Along with developing the guidance the UKOMiC group continues to highlight and address oral care in the cancer and palliative care setting by supporting clinical teams through disseminating the guidance, developing and delivering practical workshops at local, national and international meetings, educational days, on line module teaching and promoting best practice through their website.



Visit [www.ukomic.co.uk](http://www.ukomic.co.uk) where you can learn more about this group and download the guidelines

**Acknowledgement** W Sweeting & EUSAPharma



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Oral Mucositis is no laughing matter...