# United Kingdom Oral Mucositis in Cancer Care Guidance: Second Edition

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# **Expert Reviews on the Second Edition:**



*'I think it's an excellent resource -I think the appendices would be particularly useful in the clinical setting'* 

(R. Logan, President ISOO)

*'I absolutely love the stratification of people at risk. We tried to get it, but somehow couldn't find a clear position. So I will use yours as an inspiration for our second edition' (D. Riesenbeck, Oncologist, Germany)* 

# The guidance continues to focus on the key principles of:

#### **Accurate Assessment**

- Use a recognised grading system
- Assess high-risk patients on a daily basis

#### **Regular Care**

- Encourage good oral hygiene (toothbrush and toothpaste)
- Well-balanced diet, avoidance of alcohol & tobacco
  Use a saline mouthwash to gargle and rinse
  Treat dry lips using appropriate products



Type and dose of anti-cancer therage
Inability or lack of motivation toware undertaking oral hygiene

dryness or changing the normal mucosal environment e.g. opiates, diuretics, sedatives, oxygen therar

 Age (older adults and children ar more susceptible to oral problem

Rapid breathing

Alcohol/tobacco use

Pre-existing dental probler

# and palliative care



*'I think this is an excellent, userfriendly document, your group has done outstanding work' (A. Hovan, Dentist, Canada)* 

*'I think the material is very informative & useful in clinical settings' (M. Tanay, Nurse Tutor, UK)* 

**Background:** Changes to the oral cavity can be caused by numerous factors including the disease, the direct and indirect impact of cancer treatments and supportive care, existing co-morbidities and underlying oral health problems.

The United Kingdom Oral Mucositis in Cancer Care (**UKOMiC**), a multiprofessional expert group was founded in 2011 to address the challenges of oral complications secondary to disease and treatment in the cancer and supportive care setting.

**Methods:** The first edition of the oral care clinical guidance produced in 2012 has been widely used within the United Kingdom and many other countries to help support and improve practice. The group has continued to disseminate the guidance, through the delivery of several national study days, numerous educational workshops and lectures, while continuing to collaborate with international organisations.

### **Prevent/reduce oral damage**

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MODERATE RISK of Oral Damage and/or OM
                        e.g. WHO grade
Risk Factors
 Patients with a
                         n addition to the preventative interventions for low
  previous history
  grade 2 OM.
  Patients receivi
  agents known to
  cause OM such
  as Capecitabir
                           treatment and for high dose Melphalan (Keefe et al.,
  5-Fluorouracil
                           2007; Worthington et al., 2011; Lalla et al., 2014).
  Docetaxel
  Cyclophospha
                            Swish ice chips in the mouth for 30 minutes, beginni
  anthracvclin
                          5 minutes before treatment is administered.
  containing
  regimens,
                        Benzydamine 0.15% oral solution (Difflam®) use 10 r
 and targeted
                          rinsed around the mouth and spat out 4 times a day
  treatments
  including
                           In the head and neck setting, Difflam is recommend
  Epidermal Growth
                          for patients receving radiation only (up to 50Gy)
  Factor Receptor
                           (Peterson et al 2011, Lalla et al, 2014)
  (EGFR) inhibitors.
                        Caphosol<sup>®</sup> (4-10 times a day), recommended to star
Palliative
                          on the first day of chemotherapy or the first day of
 radiotherapy to
                          radiotherapy to head and neck region (Papas et al.,
  the head and neck
                         2003. Quinn 2013)
                        Consider mucosal protectants, including Gelclair
 Pharmacologica
                          Oralife gel<sup>®</sup> MuGard<sup>®</sup> (available in USA)
  agents and/ or
  co-morbidities
  predisposing
  the patient to
  xerostomia.
 The very young
  and the elderly
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#### Moderate Risk:

Increase frequency of saline mouthwashes

1. Barasch & Peterson (2003) 2. Beck (2004) 3. Quinn (2008)

- Ice cubes to reduce oral damage and dry mouth
- Anti-infective prophylaxis
- Caphosol<sup>®</sup>
- Mucosal protectants MuGard<sup>®</sup> Gelclair<sup>®</sup> OraLife<sup>®</sup>

#### High risk:

- In addition to the interventions for moderate-risk patients, consider the following;
- Daily vitamin B supplements (if patient has known alcohol issues)
- Prophylactic insertion of enteral feeding tube before commencement of treatment

5.0 Treatment of Oral Mucositis

and Oral Complications

Closely monitor nutritional status and
 Use of stronger analgesia, includi

prevent grade 1 and 2 OM becomin

Severe Mucositis/Oral mplications (Grade 3-4

In addition to the recommendations f

mild/moderate the following should b

ynorm®, Sevredol® and Oram

alleviate pain (some liquid base

Ilgesia may have an alcohol ba

may cause irritation to the mucos

ients continue to suffer with

ringe driver (seek advice from t

irther opioid analgesia and revi

acute pain team or the palliative ca

Watson et al. 2011).

ervice). Laxative medications shoul

hydration and feeding is prescribed.

al intake may be reduced (followin

sider Caphosol® (4-10 times a d

nsider applying a coating protecta

g. Gelclair®, Oralife gel®, MuGard®

pisil®. The product should be rinse

round the mouth to form a protectiv

oplied 1 hour before eating. These

oducts are not to be swallowe

onsultation with the dietician).

Il treatment plans should be based up

Consider the need to remove denture

efer to dietician if eating and drinking

 Provide simple analgesia, which m include soluble paracetamol 1 g fo

times daily (tablets should be d in water and used as a mouthwa

before swallowing). It should be

remembered that paracetamol may mask fever. Escalate to soluble cocodamol 30/500 if required. The use

on steroidal anti-inflammatory drugs

may be contraindicated due to the

the mouth and spat out. Repeat as

stinging, dilute 10 ml of Difflam® v

10 ml of water prior to administratio and use 10 ml. However, this may be

poorly tolerated in patients receiving

Consider increasing folinic acid rescue

 Check to see if the patient has evide of oral infection and if so ensure an

anti-infective agent is prescribed Section 5.4) (Quinn 2008).

risk of bleeding and renal impa (Keefe et al., 2007).

Consider Benzydamine 0.15% ora

quired. If the patient

patient with severe mucositi

Consider the use of low level la

therapy (Lalla et al, 2014).

Offer support with smo

are affected.

• Palifermin HSCT +/-TBI

**Results:** This presentation focuses on the second edition of the oral care guidance (2015) which is based on the most recent evidence, including MASCC guidance, clinician and patient feedback and expert opinion.

**Incidence:** The incidence of OM in the cancer setting is much higher than previously thought and can be expected to occur in at least 50% of patients undergoing chemotherapy to treat a solid tumour, although some studies and reports (Sonis et al 2004, Elad et al 2014) indicate that the incidence is likely to be much higher.

As many as 98% of patients undergoing haematopoietic stem cell transplantation (HSCT) are thought to be affected by OM and oral damage (Wardley et al 2000). Kostler et al. (2001) estimate that as many as 97% of all patients receiving radiotherapy (with/without chemotherapy) for head and neck cancers will suffer from some degree of OM. With the increasing use of targeted drug therapies, problems in the oral cavity may increase(Quinn et al 2015).

## **Key achievements of UKOMiC include:**

#### **Treatment interventions**

#### Grade 1 or 2 OM:

- Ensure good oral hygiene and increase the frequency of saline rinses
- Monitor nutritional status
- Monitor for oral infection, swab and treat as required
- Consider: Paracetamol mouthwash 4 x per day
- Benzydamine 0.15% mouthwash (Difflam<sup>®</sup>), Caphosol<sup>®</sup>, Saliva replacement, Mucosal protectants, e.g. Episil<sup>®</sup>, Gelclair<sup>®</sup> or MuGard<sup>®</sup> OraLife<sup>®</sup>

#### Grade 3 or 4 OM:

- Opioid analgesics (severe OM may require a syringe driver)
- Intravenous and/or enteral hydration and feeding
- Increase frequency of Caphosol<sup>®</sup> & Mucosal protectants, e.g. Episil<sup>®</sup>, Gelclair<sup>®</sup> or MuGard<sup>®</sup> OraLife<sup>®</sup>
- Tranexamic acid to treat localised bleeding
- Take swabs to identify the nature of bacterial, fungal and/or viral infections

# **Conclusion:** It is anticipated that this second edition of the guidance will

Multi-Professional Study Days

4 national study days with over 200 attendees Training

Multiple clinical based interactive training sessions Website

8,800 visits from 6,400 unique visitors Guidance

First & Second Edition of Guidance 4600 downloads of the guidance 5000 hard copies distributed further assist health care professionals in planning and implementing oral care into everyday practice, thus reducing a significant health burden for the patient and reduce demands on limited health care resources. The challenge remains as new and developing targeted agents including TKI's and immunotherapy continue to be used in clinical practice.

Elad, S.et al (2014) Basic Oral Care for hematology-oncology patients: A Position paper from the joint taskforce of MASCC/ISOO and EBMT. Journal of Supportive Care

Kostler, W. J, et al (2001) Oral mucositis complicating chemotherapy and/or radiotherapy: options for prevention and treatment Cancer Journal for Clinicians (51):290–315.

Quinn, B. et al (2015) Mouth Care Guidance and Support in Cancer and Palliative Care: Second Edition. www. ulkomic.co.uk

Wardley AM. Et al (2000) Prospective evaluation of oral mucositis in patients receiving myeloablative conditioning regimens and haemopoietic progenitor rescue. BrJHaematol. 110:292–299



Acknowledgement EUSA Pharma

Scan here to be taken directly to the Second Edition UKOMiC Guidance



Oral Mucositis is no laughing matter...