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)

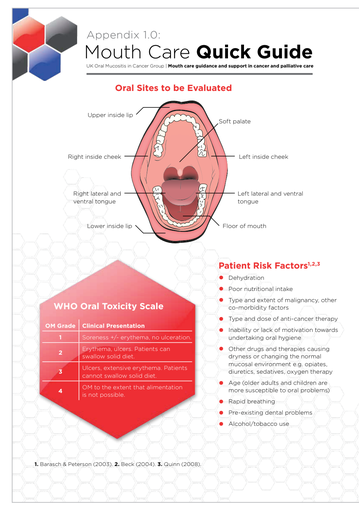
'I think this is an excellent, user-friendly document, your group has done outstanding work'
(A. Hovan, Dentist, Canada)

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

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



Prevent/reduce oral damage

Risk Classification:	MODERATE RISK of Oral Damage and/or OM e.g. WHO grade 2
Risk Factors	**Intervention**
• Patients with a previous history of grade 2 OM. • Patients receiving agents known to cause OM such as Capecitabine, 5-Fluorouracil, Docetaxel, Cyclophosphamide, anthracycline containing regimens, and targeted treatments including Epidermal Growth Factor Receptor (EGFR) inhibitors. • Palliative radiotherapy to the head and neck region. • Pharmacological agents and/ or co-morbidities predisposing the patient to xerostomia. • The very young and the elderly.	**In addition to the preventative interventions for low risk patients, consider:** • **Increasing the frequency of saline mouthwashes** (National Cancer Institute (US) 2013). • **Ice chips** are recommended for 5 -fluorouracil bolus treatment and for high dose Melphalan (Keefe et al., 2007; Worthington et al., 2011; Lalla et al., 2014). Swish ice chips in the mouth for 30 minutes, beginning 5 minutes before treatment is administered. • **Benzydamine 0.15% oral solution** (Difflam®) use 10 ml rinsed around the mouth and spat out 4 times a day. In the head and neck setting, Difflam is recommended for patients receiving radiation only (up to 50Gy) (Peterson et al 2011, Lalla et al, 2014). • **Caphosol® (4–10 times a day),** recommended to start on the first day of chemotherapy or the first day of radiotherapy to head and neck region (Papas et al., 2003, Quinn 2013). • **Consider mucosal protectants, including Gelclair®, Oralife gel® MuGard®** (available in USA).

Moderate Risk:
- Increase frequency of saline mouthwashes
- Ice cubes to reduce oral damage and dry mouth
- Anti-infective prophylaxis
- Caphosol®
- Mucosal protectants MuGard® Gelclair® OraLife®

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
- Palifermin HSCT +/-TBI

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 multi-professional 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.

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).

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®), Caphosol®, Saliva replacement, Mucosal protectants, e.g. Episil®, Gelclair® or MuGard® OraLife®

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® & Mucosal protectants, e.g. Episil®, Gelclair® or MuGard® OraLife®
- Tranexamic acid to treat localised bleeding
- Take swabs to identify the nature of bacterial, fungal and/or viral infections

Key achievements of UKOMiC include:

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

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

UK Oral Mucositis in Cancer Group
UKOMiC
Oral Mucositis is no laughing matter...