Oral supportive care for cancer patients receiving chemotherapy

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Background: Perioperative oral management received medical insurance coverage in 2012 in Japan. Management includes not only prevention of wound infection and perioperative pneumonia but also management of oral complications during chemotherapy and radiotherapy in cancer patients.

Methods: Clinical records for 293 patients treated with chemotherapy from April 2013 to December 2014 were analyzed.

Result: Patients were 168 males and 125 females aged 23-92 years (median 66). Primary site of cancer was esophagus in 62, lung in 50, head and neck in 36, colon in 28, pancreas in 22, breast in 11, hematological cancer in 38, and others in 46. Treatment was chemotherapy in 158, and concurrent chemoradiotherapy in 135. Before beginning chemotherapy, most patients received a dental check and acquired tooth brushing techniques. Oral supportive care was continued to maintain good oral hygiene, detect oral complications early and manage them with mouthwash and topical ointment. Oral complications of ≥G3 (NCI-CTC AE) were medication-related osteonecrosis of the jaw, teeth infections, and oral mucositis occurred during treatment. All agents could be continued as scheduled without dose reduction for oral complications, apart from interruption of denosumab due to osteonecrosis in one patient. With regard to 12 infected teeth extracted during the treatment, treatment with bevacizumab was rested to prevent bleeding during extraction in one patient, but this did not result in a delay in treatment. The oral mucositis induced by molecular targeted therapy seemed to be due to physical damage to the oral mucosa, indicating the need for shaping of sharp teeth and adjustment of dentures.

Conclusions: Oral supportive care for cancer patients receiving chemotherapy begins before the start of treatment and continues until the successful completion of treatment without the withdrawal of drugs.