SUMMARY OF EVIDENCE-BASED ORAL CARE STUDY GROUP, MULTINATIONAL ASSOCIATION FOR SUPPORTIVE CARE IN CANCER/INTERNATIONAL SOCIETY OF ORAL ONCOLOGY CLINICAL PRACTICE GUIDELINES FOR CARE OF PATIENTS WITH OTHER ORAL COMPLICATIONS

Xerostomia
• The panel recommends the use of parotid sparing IMRT for prevention of salivary gland hypofunction and xerostomia in head and neck cancer patients (level of evidence II, recommendation grade A). • No guideline possible for use of amifostine to prevent xerostomia during RT for head and neck cancer due to lack of consensus on the interpretation of existing evidence (level of evidence II, recommendation grade C). • The panel recommends the use of oral pilocarpine following radiation therapy in head and neck cancer patients for improvement of xerostomia. The improvement of salivary gland hypofunction may be limited (level of evidence II, recommendation grade B). • The panel cannot recommend the use of oral pilocarpine during radiotherapy in head and neck cancer patients for improvement of xerostomia as the results of the various randomized clinical trials were equivocal (level of evidence II, recommendation grade C). • No guideline possible for use of gustatory and masticatory stimulation due to little evidence on which to base a guideline since this has been sparsely addressed specifically for patients suffering from xerostomia induced by cancer therapies (level of evidence III, recommendation grade D). • The panel recommends the use of oral mucosal lubricants/saliva substitutes for short-term improvement of xerostomia following radiation therapy in head and neck cancer patients (level of evidence II, recommendation grade B). • The panel suggests that the obtained level of sparing by submandibular salivary gland transfer might be of clinical significance (level of evidence IV, recommendation grade B). • The panel suggests the use of acupuncture to stimulate salivary gland secretion and to alleviate xerostomia (level of evidence II, recommendation grade C). • No guideline possible for hyperbaric oxygen treatment of xerostomia due to no evidence on which to base a guideline (level of evidence IV, recommendation grade D).
Dysgeusia
• The panel suggests to NOT use zinc gluconate to prevent dysgeusia in

head and neck cancer patients, although this has been found to be beneficial in a non-cancer idiopathic Dysgeusia cohort (level of evidence II, recommendation grade C).

- The panel recommends NOT to use amifostine solely for the prevention of dysgeusia in head and neck cancer patients (level of evidence II, recommendation grade B).

- The panel suggests to use counseling for the prevention of dysgeusia (level of evidence II, recommendation grade B).

Oral Fungal Infection

- There is inconsistency in the efficacy of topical antifungal agents as antifungal prophylaxis for patients receiving cancer therapy. Therefore, no guideline is possible (level of evidence II, recommendation grade C).

- The panel recommends the use of systemic fluconazole for the prevention of oral candidiasis in patients receiving cancer therapy (level of evidence I, recommendation grade A).

Oral Viral Infection

- The panel recommends both acyclovir and valacyclovir for the prevention of HSV infection (level of evidence I, recommendation grade A)
  - Prevention may be achieved with acyclovir dose of 800 mg/day or with valacyclovir dose of 500-1000 mg/day

- The presence of HSV reactivation was similar for acyclovir and valacyclovir; However, there may be superiority of valacyclovir compared to acyclovir in respect to toxicity and to cost (depends on the route of administration of acyclovir—PO or IV)

Dental Disease

- The panel recommends the use of fluoride to prevent dental caries in patients who are post-radiotherapy. Studies indicated fluoride works regardless of the type of delivery method (level of evidence II, recommendation grade B).

- The panel recommends the use of chlorhexidine to improve oral hygiene, although potential side effects of tooth staining, increased calculus, and taste changes need to be taken into account (level of evidence II, recommendation grade B).

- The panel suggests the use of resin-modified glass ionomer, composite resin or amalgam restoration, and not a conventional glass ionomer restoration in patients who have been treated with radiotherapy (level of evidence III, recommendation grade B).

- No guideline possible due to the lack of well designed studies regarding the benefits of various types of toothpaste, pre-cancer therapy dental intervention, honey, and cheese on dental health (level of evidence III, recommendation grade C).

Trismus

- The panel suggests that Therabite® System may be effective in the reduction of RT-induced trismus (level of evidence III, recommendation grade B).

- No guideline is possible regarding the use of pentoxifylline to prevent RT-induced trismus (level of evidence IV, recommendation grade C).

- No guideline is possible regarding the use of physiotherapy in the prevention of RT-induced trismus, although may be beneficial in overall trismus management (level of evidence IV, recommendation grade B).

- No guideline possible regarding botulinum toxin injections for the treatment of RT-induced trismus, although there may be some improvement of pain scores and masticator spasms (level of evidence III, recommendation grade B).

- No guideline possible regarding use of Dynasplint® Trismus System in the reduction of RT-induced trismus, although may have some benefit for reduction of contracture of the muscles of mastication (level of evidence III, recommendation grade B).

Osteoradionecrosis

- No guideline is possible regarding the use of prophylactic HBO therapy for the prevention of ORN in patients requiring post-RT dental extractions (level of evidence III, recommendation grade C).

- The panel does NOT recommend the use of single therapy HBO therapy for the treatment of ORN (level of evidence II, recommendation grade B).

- No guidelines possible for other prevention and treatment strategies for ORN (level of evidence III, recommendation grade C).

Bisphosphonate Osteonecrosis

- Due to flaws in published studies and the paucity of data regarding management strategies, no guideline is possible regarding prevention or treatment strategies (level of evidence III, recommendation grade C).