

Compassionate Care: Treating Dental Patients with Head and Neck Cancer

CareQuest Institute Continuing Education Webinar

November 16, 2023

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- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

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- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, November 24**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!

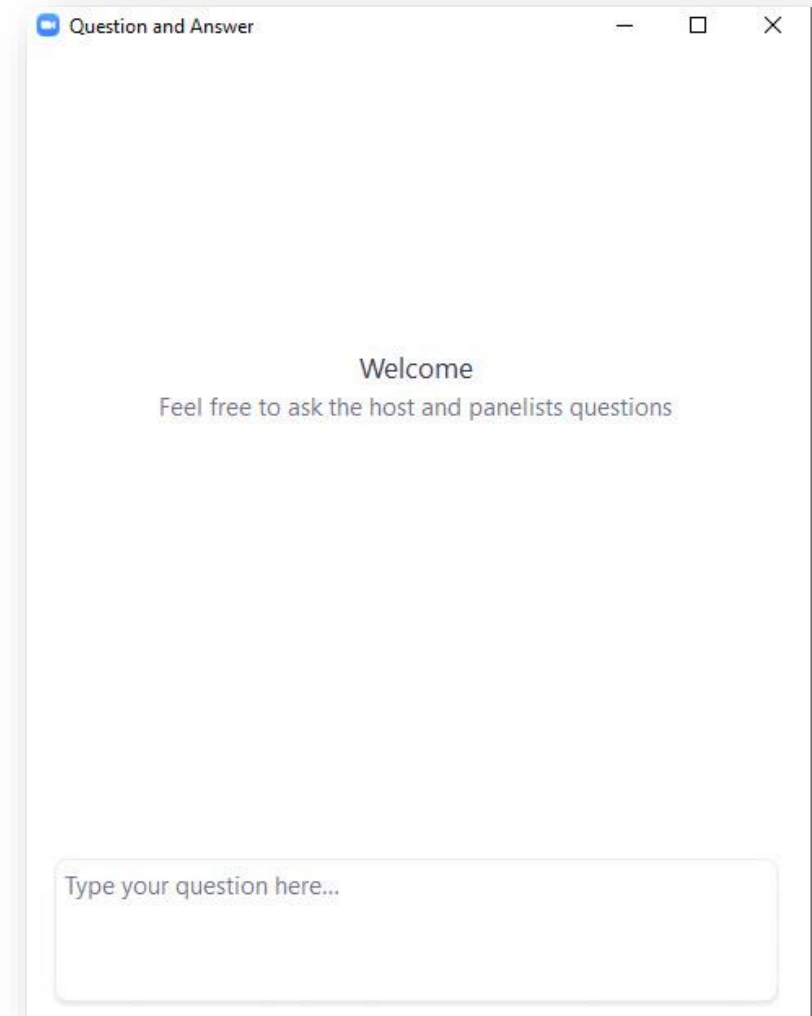


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*Full disclosures available upon request

Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Thank You!

Special Care DENTISTRY ASSOCIATION

Learning Objectives

At the end of this webinar, you'll be able to:

- Identify the primary components of pre-treatment evaluation and essential patient information required to provide optimal oral health care to those with head and neck cancer.
- Describe recommendations for managing oral care and treatment side effects during cancer therapy.
- Develop communication skills needed to deliver personalized care, incorporating strategies to address the fears and concerns of patients undergoing surgery, radiation, and/or chemotherapy.

Compassionate Care: Treating Dental Patients with Head and Neck Cancer



WEBINAR | Thursday, November 16, 2023 | 7–8 p.m. ET | ADA CERP Credits: 1

MODERATOR



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Compassionate Care: Treating Dental Patients with Head and Neck Cancer

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Compassionate Care

- A caring attitude toward patients and their families by kindness and desire to help.
- A perspective on the whole person and the content of illness including family and culture.

Mental Health and Cancer Diagnosis -Truven Health Insurance Claims Database Study

- In a cohort study of **52,641** patients with diagnosis of head and neck cancer, mental health disorders increased from **20.6%** prior to cancer diagnosis vs **29.9%** after.
- Mental health disorders, such as depression, are important factors in overall survival rate.
- Patients with tracheal cancer had an increased risk of depression than patients with oral cavity cancer, most likely due to disfigurement, difficulty swallowing (dysphagia), slurred speech (dysarthria), tracheostomy and gastric tube dependence.
- Suicide rate among patients with head and neck cancer is one of the highest observed with patients with cancer.

Head and Neck Cancer Statistics

- 2019: **410,000** living with oral cavity and oropharyngeal cancer in the US
- 2023: Estimated **66,920** men and women will be diagnosed with a head and neck cancer
- **7th most** common type of cancer worldwide
- Squamous cell carcinoma: **>90%** of oral malignancies
- HPV is thought to cause **70%** of all oropharyngeal cancers in the US
- HPV **16,18 (also 6,11)** cause nearly all cases of HPV-related oral lesions

Signs and Symptoms of Oral Cancer

- A sore, irritation, lump or thick patch in the mouth, lip, or throat
- A white or red patch in the mouth
- Swollen lymph nodes
- A feeling that something is caught in the throat
- Difficulty chewing or swallowing (dysphagia)
- Difficulty moving the jaw or tongue
- Pain, trismus
- Numbness in the tongue or other areas of the mouth
- Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
- Pain in one ear without hearing loss (odynophagia)

Oral Cancer

- High mortality rate
 - Oral cavity and pharynx cancer, 5-year survival rate: **68%** (SEER data)
- **2:1** male: female ratio
- Older age: average age is **~60-65 years**
 - In the US, **5.4%** of young persons (**<45 years**) are affected
- Risk factors: tobacco use, alcohol, immune suppression, lower socioeconomic status, ethnicity

Squamous Cell Carcinoma



“Not-So” Obvious Lesions

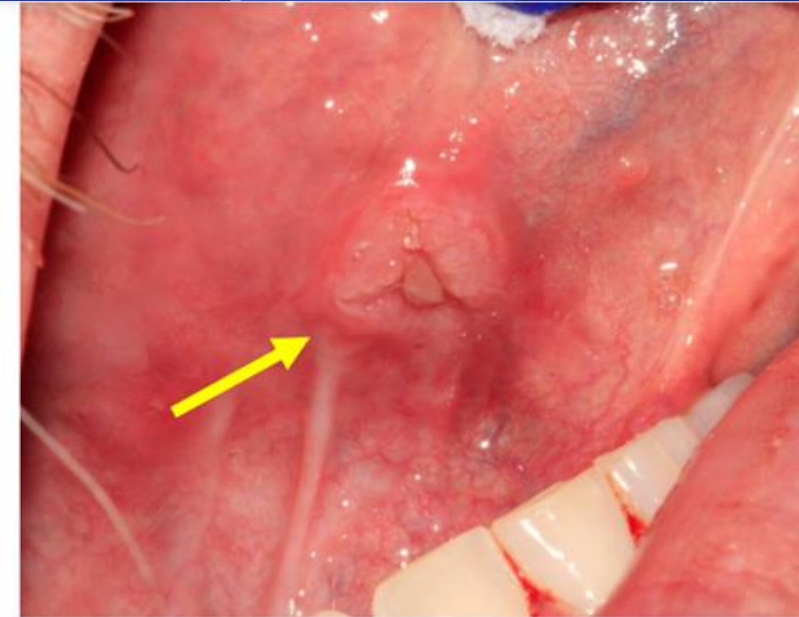


Photo source: Dr. Seena Patel, A.T. Still University

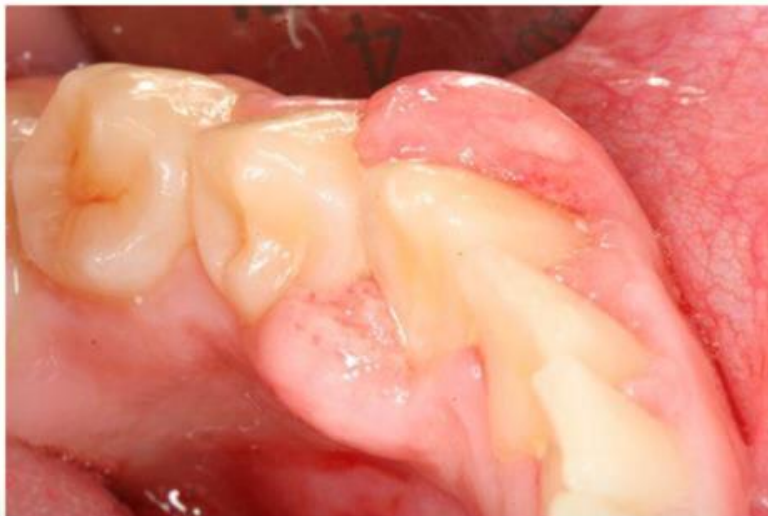


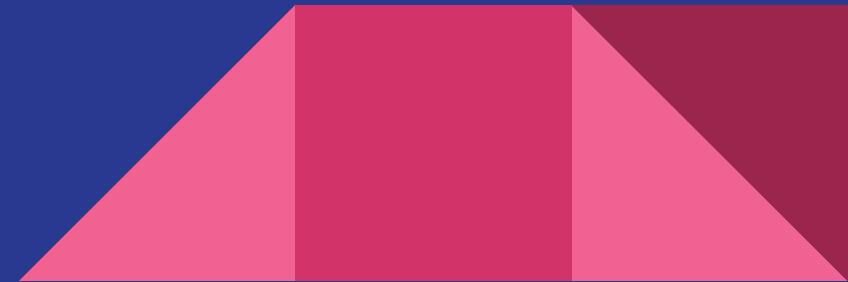
Photo Source: Drs. Liya Davidova, Donald Cohen, Indraneel Bhattacharyya, & Nadeem Islam University of Florida Oral and Maxillofacial Pathology



Before Treatment

Helpful Suggestions for the Front Desk Personnel

1. Be flexible – patients with cancer have a lot of appointments.
2. Kindly remind patient to bring in complete medication list and current labs if patient is undergoing chemotherapy.
3. Recommend patient bring in a support person on the first visit.
4. Establish a relationship with nurse coordinator of the cancer center.

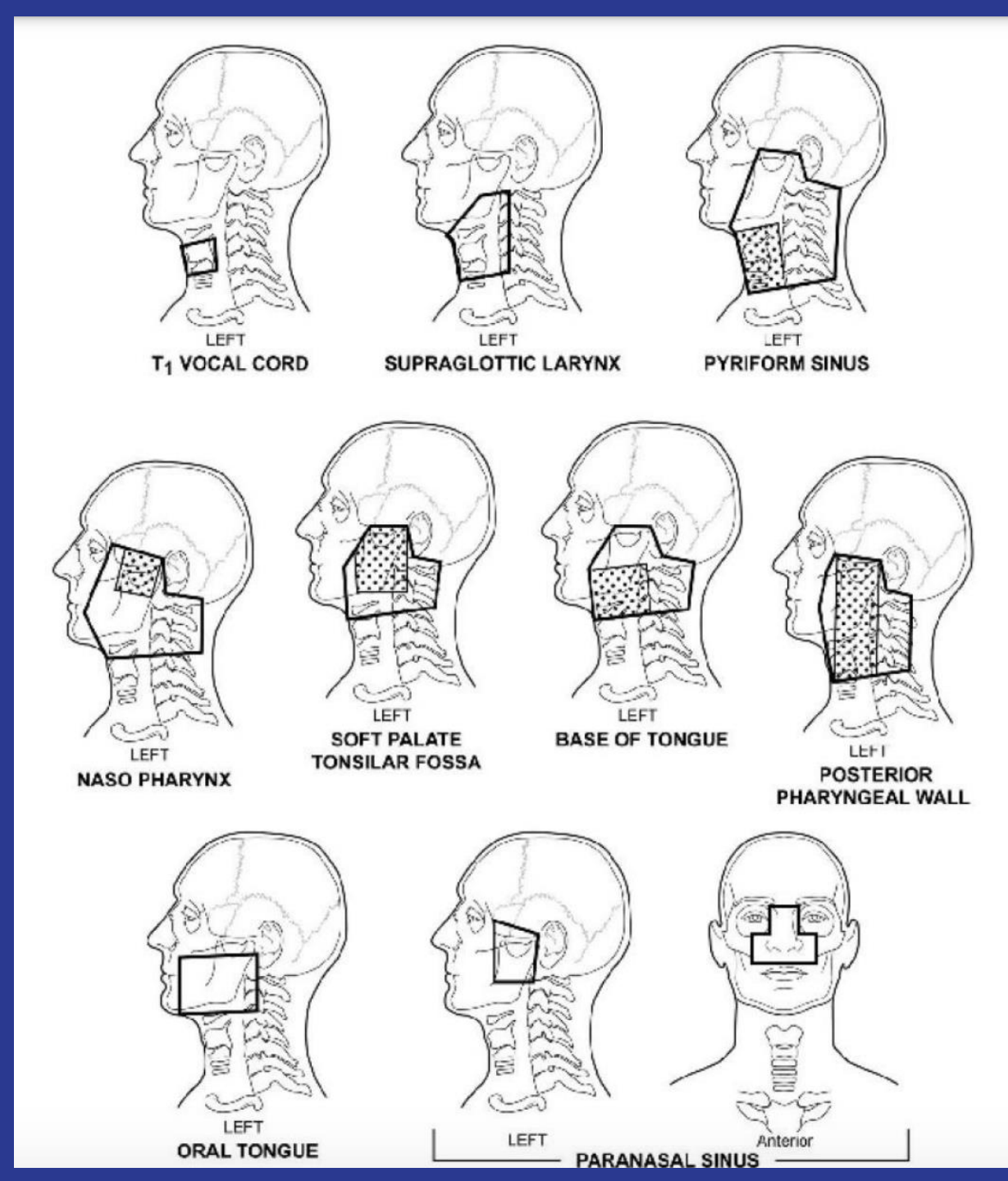


Important Information Needed for Head and Neck Cancer Evaluation

- Complete medical history including current medications
- Radiation vs. radiation/chemotherapy
- If patient is undergoing chemo = need current labs
- Current labs have to be reviewed prior to invasive treatment
 - Platelets >50,000 and Absolute Neutrophil Count (ANC) >1.0
- Dosage and Fields of Radiation/Tumor location

Fields of Radiation

- **What structures are included in the field?**
 - Potential for:
 - ✓ Salivary gland damage
 - ✓ Throat soreness
 - ✓ Voice alteration
 - ✓ Swallowing difficulties
 - ✓ Hearing loss
 - ✓ Trismus/altered range of opening



First Appointment

- Complete medical and dental history
- Current FMX and Panorex
- Complete hard tissue exam (restorative/surgical needs)
- Complete periodontal exam (soft tissue treatment needs)
 - Probing
 - Recession
 - Mobility
 - Furcation involvement

Ask patient if they know about the importance of the dental examination
Inquire about patient's existing oral hygiene self-care routine

Talking With Someone Who Has Cancer

Helpful ways to show support:

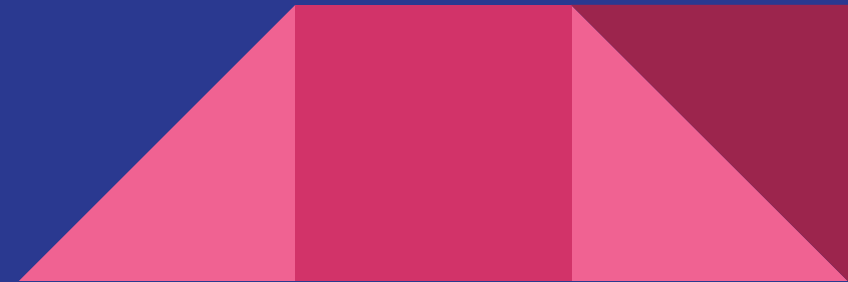
- I'm sorry this has happened to you.
- If you ever feel like talking, I'm here to listen.
- I care about you.
- I'm thinking about you.
- What are you thinking of doing and how can I help?

Unhelpful phrases:

- I know just how you feel.
- I know just what you should do.
- I know someone who had the exact same diagnosis.
- I'm sure you will be fine.
- Don't worry.
- How long do you have?

Suggestions for Dental Assistants

- Provide the patients with information sheets (Examples: how to use fluoride trays, stretching exercises, oral care for patients receiving chemo or radiation treatment).
- Be mindful that taking radiographs or impressions for fluoride trays may be uncomfortable because of limited opening or existing tumors which may prevent proper placement.



- **Establish a schedule for dental treatment.**
 - Begin at least 14 days prior to cancer therapy.
 - Postpone **elective** oral surgical procedures until cancer treatment is completed.
- **Identify and treat sites of low-grade and acute oral infections.**
 - Caries, Periodontal, Endodontic, Mucosal lesions
 - **Extract teeth in the proposed radiation field that may be a problem in the future.**
- **Identify and eliminate sources of oral trauma and irritation.**
 - Ill-fitting dentures, ortho- bands, other appliances
- **Before radiation, identify and treat potential oral problems within the field of radiation.**
- **Instruct patients about oral hygiene and start preventative fluoride protocol.**
- **Place patient on 3 month recall after cancer treatment.**

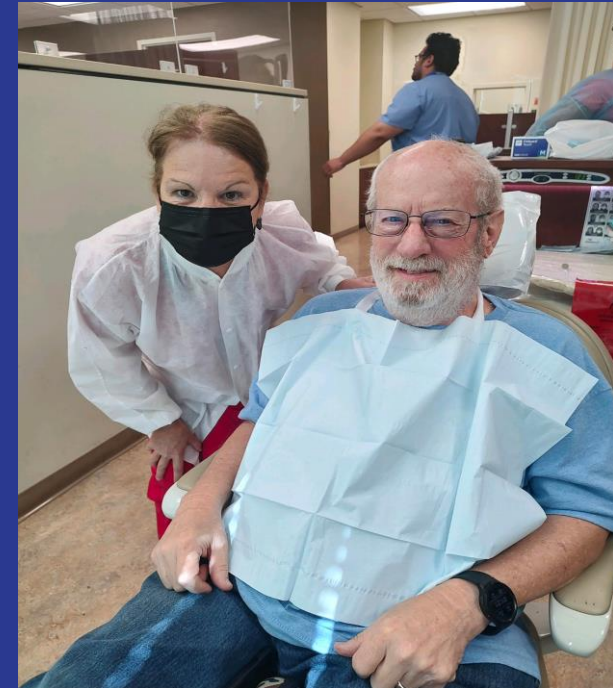


Photo used with permission

Homecare

- Instructions on proper brushing of teeth, gums, and tongue are reviewed and demonstrated.
- Use an extra soft toothbrush.
- Wetting the brush bristles in warm water before using helps with comfort.
- Instructions on proper interproximal cleaning is demonstrated using a variety of proximal cleaners to find the suited for the patient.
- Oral irrigators can also be helpful and a soothing way to keep interproximal spaces clean: avoid use if patient has open sores.
- Toothettes are highly recommended for cleansing the palate and oral tissues (especially in patients post surgery)



Fluoride Therapy

- Trays: 0.4% stannous fluoride gel; 1.0 -1.1% NaF gel: used for 10 mins nightly
- Brush with 1.0 -1.1% NaF fluoride toothpaste for 2 minutes twice daily

Rx: 0.4% Stannous Fluoride Gel

Disp: 1 tube

Sig: Apply a drop of the gel in each tooth area within the tray. Seat the tray in the mouth and hold in for 10 min at bedtime. Do not eat or drink for 30 min afterwards.

Rx: 1.1% NaF gel

Disp: 1 tube

Sig: Apply a drop of the gel in each tooth area within the tray. Seat the tray in the mouth and hold in for 10 min at bedtime. Do not eat or drink for 30 min afterwards.

Care for Fluoride Trays

- Rinse and dry the trays thoroughly after each use. Clean by brushing with a toothbrush and toothpaste.
- Occasionally, the trays can be disinfected in a solution of sodium hypochlorite (bleach) and water. Use one teaspoon of bleach in about one-half cup of water. Soak them for 15 minutes. Rinse thoroughly before use.
- If the trays become covered with hard water deposits, soak them in white vinegar and brush them the next morning.
- Do not boil the trays or leave them in a hot car as they may warp or melt. Keep them away from children and animals.

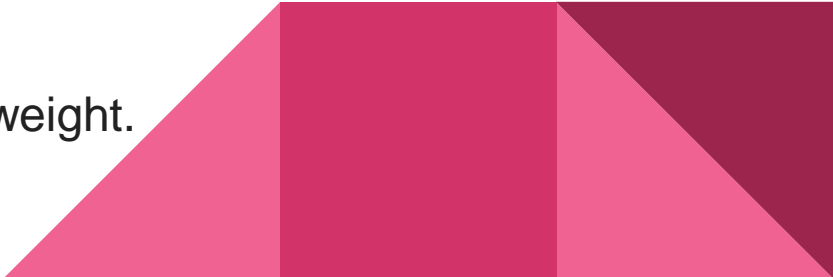


Fluoride Reminder

If patient is unable to tolerate fluoride trays, brushing with the prescription-strength fluoride is acceptable.

Patients must use indefinitely!

Diet and Nutrition

- Recommend soft foods that are easy to swallow: scrambled eggs, yogurt, lukewarm soups, high protein drinks, smoothies, mashed potatoes, mac and cheese.
 - Avoid potentially irritating foods: tomatoes, citrus fruits and fruit juices(acidic); crunchy foods.
 - Moisten food with sauces, gravy, broth, etc.
 - Sip water during meals: aids swallowing, helps with nausea, keeps hydrated.
 - **AVOID** alcoholic beverages.
 - **AVOID** candy, gum, mints, lozenges, unless they are sugar free.
 - Eat small meals during the day to help with nausea and help maintain weight.
- 



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During Treatment

Common Side Effects

- Dry mouth - Xerostomia
- Oral mucositis
- Limited jaw opening -Trismus
- Osteoradionecrosis
- Fungal infections (candidiasis)
- Taste changes - Hypogeusia/dysgeusia
- Dental caries
- Swallowing dysfunction
- Fatigue and weight loss
- Chronic pain - Radiation burn



Xerostomia



Suggestions to relieve Xerostomia

- Sip on water
 - Suck on ice chips (do not chew ice!)
 - Use saliva substitutes
 - Use oral lubricating gels, or make your own
 - Drink more while eating
 - Use gum, candies = sugar free/sweetened with xylitol
 - Use a vaporizer, especially at night
-

Palliative Recommendations for Radiation

- For reducing thick secretions:
 - Stay hydrated - drink plenty of water
 - Swish and gargle with flat, diet ginger ale
 - Sleep with a humidifier next to the bed
 - Sleep at a 30-degree angle-inclined position allows gravity to assist with circulation and drainage of the mucous-
example wedge shaped pillow



Mucositis

- Oral mucositis = most common, debilitating complication of cancer treatments, particularly chemotherapy and radiation
- Leads to several problems:
 - Pain
 - Inability to eat/nutritional problems
 - Increased risk of infection due to open mucosal sores
- Significant effect on quality of life
- May be dose-limiting



- Inflammatory driven process that causes cell death of the epithelium.
- During chemotherapy, occurs within 4-7 days; peaks within 2 weeks.
- During radiation therapy, starts within 2 weeks; lasts 2-4 weeks after RT is completed.
- Clinical finding: painful, oral ulcerations.
- Worse in those undergoing concurrent radiation + chemotherapy.
- Mucosal trauma, presence of dental disease, and poor oral health increase the risk of oral mucositis.

Prevention: Good oral hygiene, soft, bland diet and avoid irritants: smoking, alcohol, spicy foods.



Preventive Recommendations

- Rinse the mouth several times/day (between meals) to reduce the risk of infection (mucositis) and sore throat.
 - Salt and baking soda rinse: Use $\frac{1}{4}$ teaspoon baking soda and $\frac{1}{4}$ teaspoon salt in 1 quart warm water. **Omit salt during mucositis and if on a salt-restricted diet.** Rinse for 30 seconds and spit out; repeat until solution is finished.
 - If experiencing a lot of pain and discomfort during and after radiation treatment, prescription mouthwashes are indicated.
-

Magic Mouthwash Formulations

Rx:

- 100 ml dexamethasone 0.5mg per 5 ml elixir
- 60 ml nystatin 100,000U suspension
- 100 ml diphenhydramine 12.5mg per 5 ml elixir
- contents of 3 capsules tetracycline 500 mg

Sig: Swish, gargle, and spit one to two teaspoonfuls every six hours as needed. May be swallowed if esophageal involvement.

Rx:

- 80 ml viscous lidocaine 2%
- 80 ml Mylanta
- 80 ml diphenhydramine 12.5 mg per 5 ml elixir
- 80 ml nystatin 100,000 IU suspension
- 80 ml prednisolone 10 mg per 5 ml solution
- 80 ml distilled water

Sig: Swish, gargle, and spit one to two teaspoonfuls every six hours as needed.

Rx:

- 1 Part viscous lidocaine 2%
- 1 Part Maalox (do not substitute Kaopectate)
- 1 Part diphenhydramine 12.5 mg per 5 ml elixir

Quantity: 120 ml

Sig: Swish, gargle, and spit one to two teaspoonfuls every six hours as needed. Shake well before using.

Trismus

TO PREVENT RADIATION-INDUCED TRISMUS:

- Use bundled tongue depressors to gauge maximum opening prior to treatment.
- It is important to begin stretching prior, during, and after radiation therapy.
- Rule of 7-7-7: stretch and hold 7 seconds, repeat 7 times, repeat 7x/day OR
- Hold for a total of 15 minutes in 30-second intervals and repeat three times daily
- Measure maximum opening at each visit





Radiation Burns



May need to discontinue treatment if patient has too much discomfort.

General Instructions for Children with Cancer

- Children receiving chemotherapy and or radiation therapy are at risk for the same oral complications as adults.
- Extract loose primary teeth and teeth expected to exfoliate during cancer treatment.
- Remove ortho-bands and brackets if highly stomatotoxic chemo is planned or if the appliances will be in the field of radiation.
- Continually monitor craniofacial and dental structures for abnormal growth and development.



The background is a solid pink color. In the top right corner, there is a decorative graphic consisting of several overlapping geometric shapes: a dark pink square, a medium pink square, and a light pink square, all partially cut off by the edge of the frame.

After Treatment

Dental Care After Cancer Therapy

Establish an appropriate recall interval: 3 months

Reinforce importance of daily oral hygiene and fluoride use

Monitor for caries

Monitor for trismus

Conduct thorough head and neck exam at recall visits

Assess for pain, infection, ability to function

Avoid elective surgical procedures

Do not begin denture fabrication for 3-4 months post-RT

Radiation Caries



Baseline



4 months



Osteoradionecrosis

- Definition: An area of exposed, devitalized, irradiated bone that fails to heal over a period of at least 3 months in the absence of neoplastic disease
- Lifelong risk for patients post head and neck RT
- Early lesions can occur shortly after RT is completed
- Late lesions can occur months to years after RT is completed
- Risk factors:
 - >60 Gy of radiation
 - Mandible is in field of radiation
 - Local trauma-ill fitting dentures
 - Proximity of tumor to bone
 - Tumor site is within the bone
 - Poor oral health/oral hygiene

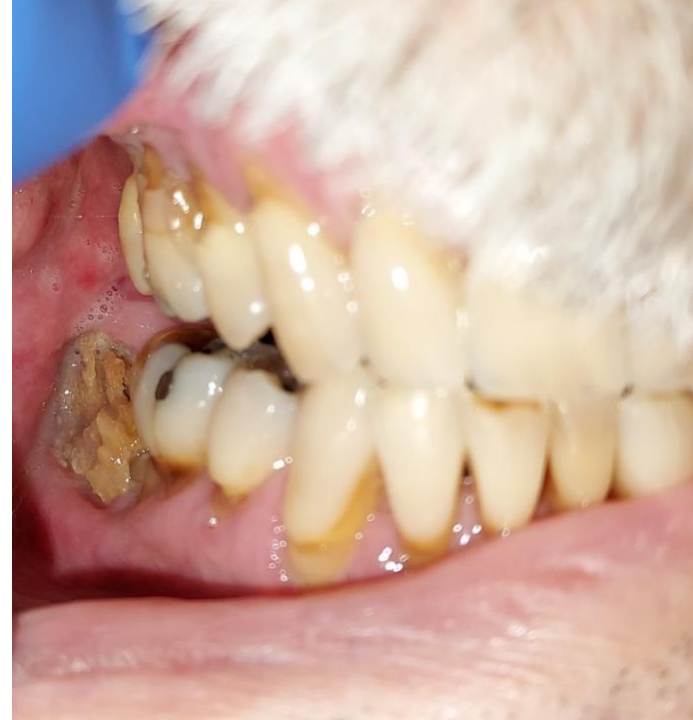


Photo credit: Dr. Eric Sung, DDS, UCLA

Patients with Head and Neck Surgery and/or Tracheostomy

1. Aspiration Issues - Sit upright and high-speed suction
2. Hand scale - Defer use of ultrasonic/sonic scalers
3. Handpiece lowest H₂O setting
4. Have dental assistant available and suction often
5. Give patient frequent breaks



Defects Vary in Size and Location



Photo credit: Dr. Eric Sung, DDS, UCLA

Obturator



Photo credit: Dr. Eric Sung, DDS, UCLA



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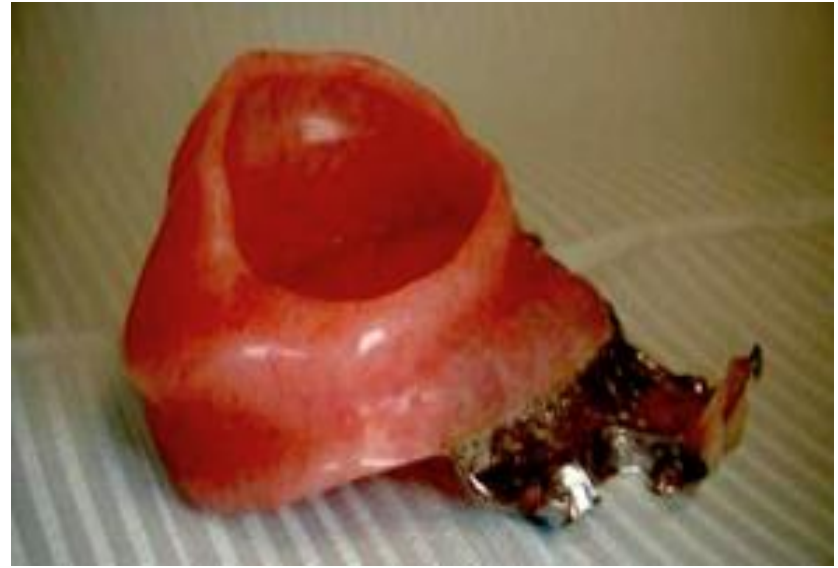


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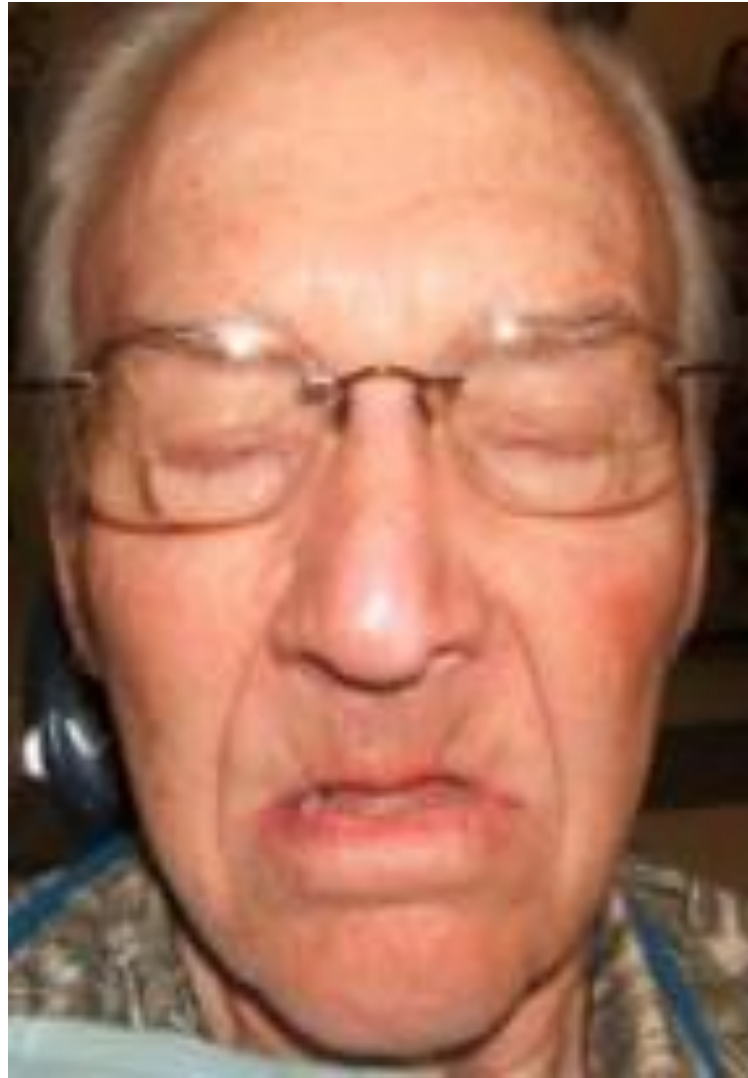


Photo credit: Dr. Eric Sung, DDS, UCLA



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AVOID:

Mouth rinses that contain alcohol

Sugary foods like candy, gum
and sodas

Lemon flavored glycerin swabs

Sharp or crunchy foods

Spicy or acidic foods

Tobacco and alcohol

General Instructions for
oral care before, during
and after cancer therapy.

“Be kind, for everyone you meet is fighting a hard battle”
- Plato

Always be compassionate and listen to the patient's concerns. This may be a very emotional time for patients as they are often afraid and may feel overwhelmed with the amount of important information.

Resources

Oral Cancer Foundation

<https://oralcancerfoundation.org/>

Oral Cancer, National Institute of Dental, Oral and Craniofacial Research, NIH

<https://www.nidcr.nih.gov/health-info/oral-cancer>

Oral Cancer Medline Plus, NIH, National Library of Medicine

<https://medlineplus.gov/oralcancer.html>

Head and Neck Cancer Alliance

<https://www.headandneck.org/resources/>

Oral Cancer Symptoms, Diagnosis and Treatment, MD Anderson Cancer Center

<https://www.mdanderson.org/cancer-types/oral-cancer/oral-cancer-symptoms.html>

Mouth Cancer, Mayo Clinic

<https://www.mayoclinic.org/diseases-conditions/mouth-cancer/symptoms-causes/syc-20350997>

American Dental Association, Clinical Practice Guideline

<https://jada.ada.org/action/showPdf?pii=S0002-8177%2817%2930701-8>





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Exciting Medicare Coverage Updates for Dental Services in Cancer Treatment

Press release

HHS Finalizes Physician Payment Rule Strengthening Access to Behavioral Health Services and Whole-Person Care

Nov 01, 2022 | Medicare Part C, Medicare Part D, Medicare Parts A & B, Physicians

Share    

Rule includes expanded cancer screening coverage in support of President Biden's Cancer Moonshot and promotes innovation and coordinated care in Medicare

Today, the U.S. Department of Health and Human Services (HHS), through its Centers for Medicare & Medicaid Services (CMS), is expanding access to behavioral health care, cancer screening coverage, and dental care. The Calendar Year 2023 Physician Fee Schedule (PFS) final rule announced today also promotes innovation and coordinated care in the Medicare program through Accountable Care Organizations (ACOs). This rule directly supports [President Biden's Cancer Moonshot Goal](#) to cut the death rate from cancer by at least 50% and also supports the Administration's commitment of strengthening behavioral health, which the President outlined in his first State of the Union Address and the comprehensive strategy to tackle the nation's mental health crisis, which HHS leaders have furthered through the [National Tour to Strengthen Mental Health](#).

Finalizing Payment for Dental Services that are Integral to Covered Medical Services

CMS is codifying current policies in which Medicare Parts A and B pay for dental services when that service is integral to treating a beneficiary's medical condition. Medicare will also pay for dental examinations and treatments in more circumstances, such as to eliminate infection preceding an organ transplant and certain cardiac procedures beginning in CY 2023 and prior to treatment for head and neck cancers beginning in CY 2024. Finally, CMS is establishing an annual process to review public input on other circumstances when payment for dental services may be allowed.

CMS.gov Centers for Medicare & Medicaid Services

Dental Services Integral to Medicare Covered Services

The dental services payment exclusion doesn't apply, and Medicare can pay under Part A and Part B, when dental services are [inextricably linked](#) to the clinical success of other Medicare-covered procedures or services.

Examples of dental services that are inextricably linked to, and substantially related and integral to the clinical success of, certain Medicare-covered services could include, but aren't limited to:

- Dental or oral exams as part of a comprehensive workup prior to the Medicare-covered services listed below. And, medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to or contemporaneously with these Medicare-covered services:
 - Organ transplant, including hematopoietic stem cell and bone marrow transplant
 - Cardiac valve replacement
 - Valvuloplasty procedures
 - Chemotherapy, chimeric antigen receptor (CAR) T-cell therapy, and the administration of high-dose bone-modifying agents (antiresorptive therapy) when used in the treatment of cancer
- Dental or oral exams as part of a comprehensive workup prior to, medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to or contemporaneously with, and medically necessary diagnostic and treatment services to address dental or oral complications after, Medicare-covered treatment of head and neck cancer using radiation, chemotherapy, surgery, or any combination of these.
- Dental ridge reconstruction done as a result of and at the same time as surgery to remove a tumor.
- Services to stabilize or immobilize teeth related to reducing a jaw fracture.
- Dental splints, only when used as part of covered treatment of a covered medical condition such as dislocated jaw joints.

Questions & Answers

Upcoming Webinar

Oral Health Considerations for Patients with Neurodegenerative Conditions



WEBINAR | Thursday, December 7, 2023 | 7–8 p.m. ET | ADA CERP Credits: 1

MODERATOR



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Veteran Oral Health: Expanding Access and Equity	Expanding Access	White Paper
2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

www.carequest.org/resource-library

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Missed Connections

Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

Webinar Evaluation

Complete the evaluation by **Friday, November 24** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Navigating Substance Use Disorder among Oral Health Professionals on **November 30 at 7 p.m. ET.**

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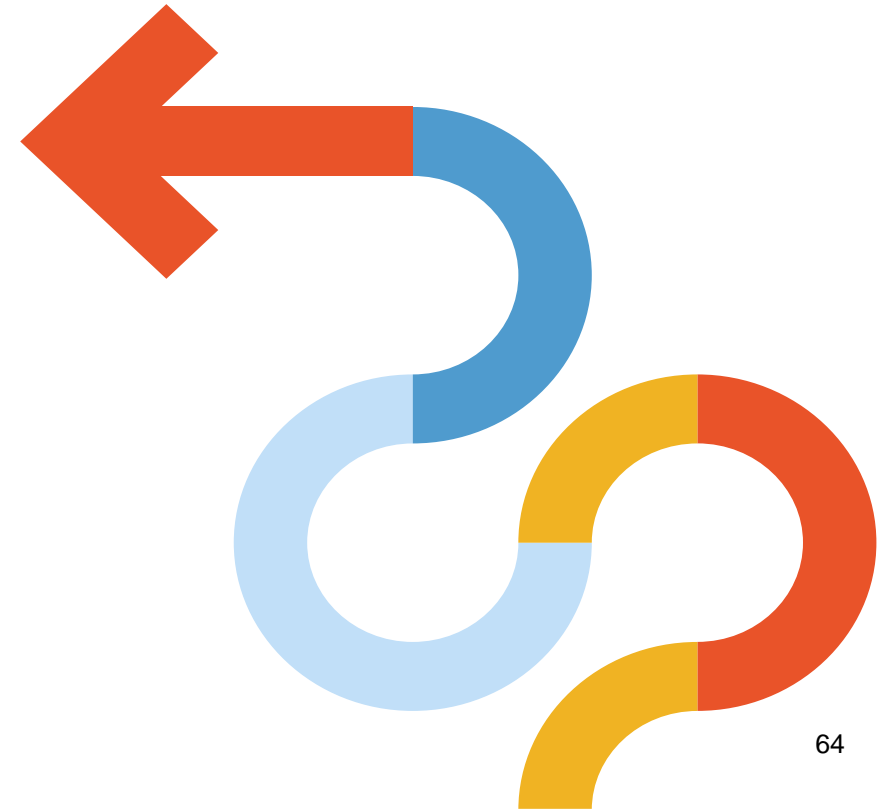
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