# Gelclair
## Literary Review

## April to June 2019

| Title | Publication | Date | Overview |
|---|---|---|---|
| Risk of prolonged opioid use among cancer patients undergoing curative intent radiation therapy for head and neck malignancies | Oral Oncology, Vol. 92, pages 1-5. | May | A study has found that among opioid naïve patients undergoing curative intent radiation treatment (RT) for head and neck cancer (HNC), 12.9% (n=40/311) continued to use opioids 6-months following RT completion. Patients with a history of alcohol abuse and those who undergo induction chemotherapy were most at risk. It is suggested that patients undergoing RT for HNC often suffer significant RT and chemotherapy-induced mucositis, requiring opioid management to provide adequate analgesia. As non-opioid pharmacologic agents have demonstrated efficacy in the management or prevention of radiation induced mucositis, the authors suggest these may provide an avenue to limit opioid reliance in high risk patients. |
| Oncological benefits of postoperative radiotherapy in node-negative early stage cancer of the oral cavity with isolated perineural invasion | British Journal of Oral and Maxillofacial Surgery, Vol. 57, No. 5, pages 454-459. | June | Article discusses how perineural invasion is a known risk factor for recurrence in cancer of the head and neck. It suggests, however, that adjuvant radiotherapy (RT) in otherwise low-risk patients is controversial and examines some of the complications of postoperative RT including mucositis, osteoradionecrosis and xerostomia. Results of a study suggest that postoperative RT in these patients with early cancers of the oral cavity had a significant impact on outcome in terms of disease-free survival, even in patients who have had elective neck dissections. |
| Tumor safety and side effects of photobiomodulation therapy used for prevention and management of cancer treatment toxicities: a systematic review | Oral Oncology, Vol. 93, pages 21-28. | June | A systematic review suggests that the use of photobiomodulation therapy (PBMT) to prevent and/or treat complications associated with cancer treatment is safe. This is despite concerns that there is a potential for the light to stimulate the growth of residual malignant cells that evaded oncologic treatment, increasing the risk for tumour recurrences and development of a second primary tumor. Studies that were reviewed included the use of PBMT for prevention and treatment of oral mucositis, lymphedema, radiodermatitis, and peripheral neuropathy and most studies showed that no side effects were observed. |

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## Literary Review, cont.

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| Results of a combination treatment with intensity modulated radiotherapy and active raster-scanning carbon ion boost for adenoid cystic carcinoma of the minor salivary glands of the nasopharynx | Oral Oncology, Vol. 91, pages 39-46. | April | Results of a study suggest that bimodal radiotherapy (RT) with intensity modulated RT and raster-scanning carbon ion RT is a feasible treatment method for nasopharyngeal adenoid cystic carcinoma (ACC). At last follow-up, 67% of the patients had survived (n=39/58), of whom 74% were free of progression (n=29/39). The 2-year local control, distant progression-free survival and overall survival were 83%, 81%, 87% respectively. The RT was tolerated well without any grade 4 and 5 side effects. One of the most frequently observed acute side effects was mucositis (grade 2), which was observed in 39% of patients (n=23/59). The most frequently observed grade 3 acute side effects were mucositis, dysphagia and odynophagia (each n=4/59, 7%). |
| Prognostic factors associated with achieving total oral diet after glossectomy with microvascular free tissue transfer reconstruction | Oral Oncology, Vol. 92, pages 59-66. | May | A study has found that swallowing dysfunction represents a significant morbidity following glossectomy in the treatment of squamous cell carcinoma of the oral tongue. Only around half of patients that undergo glossectomy with microvascular free tissue transfer reconstruction achieve a total oral diet. The results show an independent association between adjuvant chemoradiotherapy and decreased oral intake ability following glossectomy. It is suggested that this caused by acute cytotoxic effects such as mucositis, gastrointestinal discomfort, dysgeusia and anorexia which may develop into chronic maladaptive oral avoidance or aversion. |
| Chemotherapy education | Clinical Journal of Oncology Nursing, Vol. 23, No. 3, pages 309-314. | June | Findings from a study found that variation in chemotherapy education practices can be minimised by standardising processes through checklists and standardised materials and methods. The authors suggest this can lead to improved nursing efficiency and improved nurse and patient satisfaction. One aspect of this chemotherapy education is to inform patients of potential side effects, side effect management techniques and who and when to contact for specified symptoms. |

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| Sexual activity after treatment for head and neck cancer: the experience of survivors | Cancer Nursing Practice, Vol. 18, No. 3, pages 22-28. | May | Findings of a pilot study support the need to address sexuality as part of holistic survivorship care of patients with head and neck cancer (HNC) and the need to develop HNC-specific interventions to address survivors' concerns about sexual activity. It suggests that patients treated for HNC often experience treatment and disease-related disfigurement and physical dysfunction that negatively affect their sexual activity. This may be in terms of reduced desire for and frequency of participating in sexual activity and experiencing physical and emotional barriers to sexual activity. Physical dysfunction may include weakness and fatigue as well as head and neck-specific functional loss, such as difficulties with speech, eating, smell and sight. |
| Listening to the voice of patients with head and neck cancer: a systematic review and meta-synthesis | European Journal of Cancer Care, Vol. 28, No. 3, pages 1-13 (e12939). | May | A review of literature exploring experiences of head and neck cancer patients (HNC) undergoing radio and/or chemotherapy demonstrated that little information is available about the way in which patients see their future and about those patients who report feelings such as fear, insecurity and pessimism. Also, few qualitative studies exist that have analysed the strategies patients adopt to cope with the disease throughout treatment. It discusses how treatments may be responsible for multiple acute side effects and toxicity that affects HNC patients' quality of life and may compromise their ability to speak or eat. |
| How rapid advances in imaging are defining the future of precision radiation oncology | British Journal of Cancer, Vol. 120, No. 8, pages 779-790. | 16 April | Article reviews how the integration of existing and novel forms of computed tomography, magnetic resonance imaging and positron emission tomography have transformed tumour delineation in the radiotherapy planning process. It outlines how these advances have the potential to improve clinical outcomes and reduce radiation-related toxicities. It also suggests that advances in both imaging and radiotherapy delivery can be combined to shape the future of precision radiation oncology. |

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| Tobacco related oral cancer | The BMJ, Vol. 365, No. 8203, pages 412-414. | 15 June | This clinical update examines how smoking and use of chewed forms of tobacco are the most common causes of oral cancer. It highlights 'red flag' symptoms including a persistent (>3 weeks) non-healing ulcer in the mouth, a rapidly increasing growth, and reduced mouth opening. It also explores treatment options such as surgical excision, radiotherapy or chemotherapy and discusses prognosis. With prompt treatment, it suggests that 90-95% of patients with early lesions (tumours <4 cm across and no spread to nearby tissues, lymph nodes, or organs) survive their cancer for ≥1 year and around 80% survive for ≥3 years. The prognosis is worse for advanced disease (larger or more invasive tumours or with spread to lymph nodes or other organs). About 65-70% of patients with advanced oral cancer survive for ≥1 year, and only half survive beyond 3 years. |
| Gastrointestinal tract 1: the mouth and oesophagus | Nursing Times, Vol. 115, No. 6, pages 26-28. | 28 May | This clinical practice article, the first in a six-part series on the gastrointestinal tract, looks at the mouth and oesophagus. It covers common oesophageal conditions including gastro-oesophageal reflux disease, Barrett's oesophagus and oesophageal cancer. It explains how many people do not experience symptoms until the cancer is advanced and tumour masses begin to interfere with food transit. Common symptoms include dysphagia, regurgitation, pain, heartburn and weight loss. It suggests that although treatments for oesophageal cancer have improved, the outlook for those with advanced disease is poor, with only around 4% surviving for ≥5 years. |
| The effects of sleep hygiene education and reflexology on sleep quality and fatigue in patients receiving chemotherapy | European Journal of Cancer Care, Vol. 28, No. 3, pages 2-11 (e13020). | May | A study found that in patients receiving chemotherapy, sleep quality increased and fatigue was reduced, after sleep hygiene education and reflexology. The sleep hygiene education was given to each patient in three 20 minute sessions and included tips on how to get to sleep quickly and how to create a suitable sleep environment. A total of 16 reflexology sessions were given to each patient, with two sessions per week. The authors conclude that as insomnia is very common in cancer patients, nurses should use non-pharmacological methods when appropriate. |

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References: 1. Innocenti M *et al. J Pain Symptom Manage* 2002; 24(5): 456-457. 2. Gibson *et al.* Presented at SIOP 2010. 3. Data on file: Patient online feedback. Correct as of August 2015.

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**Reporting of side effects.** Medical Device safety and performance events should be reported to Pharmacovigilance at Alliance Pharmaceuticals (tel: 01249 466 966, email: pharmacovigilance@alliancepharma.co.uk). Adverse reactions can also be reported to the MHRA.

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