# Gelclair
## Literary Review

## January to March 2019

| Title | Publication | Date | Overview |
|---|---|---|---|
| The efficacy of neutron radiation therapy in treating salivary gland malignancies | Oral Oncology, Vol. 88, pages 51-57. | January | A study of patients with salivary gland malignancies treated with neutron radiotherapy (NRT) found that the 6- and 10-year locoregional control rates were 84% and 79% and the 6- and 10-year survival rates were 72% and 62%. These rates compare favourably to rates reported for conventional photon radiation. The frequency of oral complications due to NRT in this study also appeared comparable to that of conventional radiation therapy, with 89% of the subjects experiencing xerostomia and 79% mucositis during treatment. Both mucositis and xerostomia have been identified as common and expected complications associated with conventional radiotherapy. |
| Caring for patients with oral cancer in Taiwan: the challenges faced by family caregivers | European Journal of Cancer Care, Vol. 28, No. 1, pages 1-10 (e12891). | January | Findings of a study demonstrate that caregivers shoulder the primary responsibility when caring for family members with oral cancer who undergo oral surgery, chemotherapy or radiotherapy. It was found that family caregivers have to make decisions about care and manage nutritional needs for their sick family member who often experience poor appetite and poor ability to swallow and drink due to oral mucositis. They also have to manage various side effects of treatment such as pain, including that caused by mucositis. |
| From reactive to proactive tube feeding during chemoradiotherapy for head and neck cancer: a clinical prediction model-based approach | Oral Oncology, Vol. 88, pages 172-179. | January | Article examines a prediction model developed to select patients for proactive feeding tube placement during primary chemoradiotherapy (CRT) for head and neck cancer. It is suggested that this will be a useful tool to prevent feeding tubes being placed unnecessarily in patients. In the study the vast majority (n=55/59; 93%) of patients who received a feeding tube before or in the first week of CRT became prolonged (> 90 days) feeding tube dependent. Other factors increasing the risk of dependency include weight loss and mucositis evolving during treatment. |

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Alliance Pharmaceuticals Ltd, Avonbridge House, Bath Road, Chippenham, Wiltshire SN15 2BB
Tel: 01249 466 966 Fax: 01249 466 977 www.alliancepharma.co.uk

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## Literary Review, cont.

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| Intensity modulated proton therapy (IMPT) - the future of IMRT for head and neck cancer | Oral Oncology, Vol. 88, pages 66-74. | January | Findings from a review indicate that intensity modulated proton therapy (IMPT), offers a dosimetric advantage over intensity modulated radiation therapy (IMRT) in the management of head and neck cancer. The authors suggest that IMPT is a highly sophisticated, novel form of proton therapy that is promising for reducing treatment-related toxicities such as acute dysgeusia and mucositis. Several dosimetric studies have demonstrated the superiority of IMPT over IMRT to improve dose sparing of nearby organs such as the larynx, salivary glands and oesophagus. The greatest limitation to IMPT is its high sensitivity to radiologic density changes due to set-up errors or anatomical changes during or in between fractions. |
| Long-term survival and late toxicities of elderly nasopharyngeal carcinoma (NPC) patients treated by high-total- and fractionated-dose simultaneous modulated accelerated radiotherapy with or without chemotherapy | Oral Oncology, Vol. 90, pages 126-133. | March | Article shares the results of a study to analyse the survival and late toxicities of 254 elderly nasopharyngeal carcinoma (NPC) patients treated by intensity-modulated radiotherapy (IMRT) with the high-total- and fractionated-dose simultaneous modulated accelerated radiation therapy (SMART) boost technique. The results demonstrated that this treatment is feasible and safe for treating these patients, with satisfactory long-term survival and acceptable toxicities. No patients in the study discontinued their treatment as a result of severe acute toxicities. However, fifty patients interrupted radiotherapy due to grade 3 mucositis and grade 4 haematologic toxicities. The most common acute toxicities among these patients were grade 1-2 mucositis, xerostomia, dermatitis and gastro-intestinal toxicities. The 5-year locoregional recurrence-free survival, distant metastasis-free survival, disease-specific survival and overall survival of the whole cohort were 93.0%, 85.7%, 83.2% and 74.1%, respectively. |

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| The case for sentinel node biopsy | Cancer Nursing Practice, Online article, pages 1-6. | 6 March | Article shares the view of a head and neck cancer nurse on the benefits of using sentinel node biopsy (SNB) – a less invasive treatment for diagnosing and treating head and neck cancers. With SNB a fluorescent camera locates the nodes in the neck that could contain migrating cancer cells, so that these can be targeted and removed. It is suggested that this saves more than 70% of patients with early disease from having a neck dissection and spares vital glands. It is also suggested SNB patients have reduced hospital stays, require less analgesia and less surveillance post-operatively. |
| Factors affecting quality of life in patients experiencing facial disfigurement due to surgery for head and neck cancer | British Journal of Nursing, Vol. 28, No. 3, pages 180-184. | 14 February | Article discusses how many patients with head and neck cancers will have surgery that leaves them with facial disfigurement and how this has a significant effect on their quality of life. The authors suggest that nurses are ideally placed to identify, inform and support patients and that the amount and appropriateness of information provided should be individualised. It suggests that good communication reduces anxiety, which benefits patients' self-confidence, and how support from patients who have also undergone facial surgery is an invaluable part of adaptation and adjustment. |
| Patient perceptions of living with head and neck lymphoedema and the impacts to swallowing, voice and speech function | European Journal of Cancer Care, Vol. 28, No. 1, pages 1-9 (e12894). | January | Article shares the results of a study examining the impact of head and neck lymphoedema (HNL) which is common following head and neck cancer. Many participants felt that the presence of HNL may have contributed to increased difficulty swallowing, had negative effects on bolus flow, and also had an impact on the speed and precision of their articulatory movements for speech. The authors suggest that as these changes often fluctuate with HNL symptoms, patients need to monitor their function on a daily basis and implement compensatory strategies as required. These may include diet modification, additional fluid washes, and clear speech strategies. |

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| Head and neck cancer: identifying depression as a comorbidity among patients | Clinical Journal of Oncology Nursing, Vol. 23, No. 1, pages 99-102. | February | This article urges oncology nurses to consider depression as an important comorbidity in the care plan for patients with head and neck cancer (HNC). It discusses how patients with HNC are at a higher risk of developing clinical depression and that the HNC population has the highest incidence of suicide in all oncology populations. It suggests that identification of HNC patients at risk of depression during treatment can be difficult and screening predictors include smoking at time of diagnosis, alcohol consumption of more than 14 drinks per week and advanced disease stage status. Other variables include young age, living alone, unemployment and family conflicts. |
| What information is communicated by radiation therapists to patients during education sessions on the first day of treatment? | European Journal of Cancer Care, Vol. 28, No. 1, pages 1-9 (e12911). | January | A study examining the content covered by radiation therapists in radiation therapy education sessions found that all the sessions covered information about the treatment plan (n = 58, 100%). The majority also described what happens in the treatment room and the potential side effects of treatment. By contrast, minimal information, if any, was given about what radiation therapy does to the body and the use of shielding during treatment. The authors suggest that patient education covering all of the recommended radiation therapy information topics is a fundamental component in radiation therapy to alleviate anxiety and fear about starting cancer treatment. |
| Radiotherapy plus cetuximab or cisplatin in human papillomavirus-positive oropharyngeal cancer (NRG Oncology RTOG 1016): a randomised, multicentre, non-inferiority trial | The Lancet, Vol. 393, No. 10,166, pages 40-50. | 5 January | Article examines how patients with human papillomavirus (HPV)-positive oropharyngeal squamous cell carcinoma have high survival when treated with radiotherapy plus cisplatin. A trial, with cisplatin replaced with cetuximab showed inferior overall survival and progression-free survival. Estimated 5-year overall survival was 77.9% (95% CI 73·4-82·5) in the cetuximab group versus 84.6% (80·6-88·6) in the cisplatin group and 5-year progression-free survival was significantly lower in the cetuximab group (67·3%, 95% CI 62·4-72·2 vs 78·4%, 73·8-83·0). Similarly locoregional failure was significantly higher in the cetuximab group compared with the cisplatin group (17·3%, 95% CI 13·7-21·4 vs 9·9%, 6·9-13·6). |

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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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