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Literary Review

July to September 2019

Title	Publication	Date	Overview
Oral mucositis in head and neck cancer: Evidence-based management and review of clinical trial data	Oral Oncology, Vol. 95, pages 29-34.	August	Article discusses how oral mucositis (OM) is a dose-limiting toxicity of chemotherapy and radiation treatment and negatively impacts quality of life and cancer treatment efficacy for head and neck (HNC) patients. It suggests that, whilst limiting the volume of mucosa that is treated within the high dose radiation field is the most effective way to minimise OM, this is not always feasible without compromising treatment of the cancer. It explores some treatment options including laser therapy and several biologically-based therapeutic agents currently under clinical development. It also highlights preventative measures including maintaining a meticulous oral care regimen.
Health-related quality of life of patients treated with chemoradiotherapy plus or minus prophylactic antibiotics to reduce the number of pneumonias for locally advanced head and neck cancer, the PANTAP study	Oral Oncology, Vol. 95, pages 105-112.	September	Results from a trial found that prophylactic antibiotics during chemoradiotherapy for patients with locally advanced head and neck carcinoma improved health related quality of life (HRQoL) at the end of the radiotherapy. However, no differences were found 3.5 months after the end of chemoradiotherapy. The article discusses toxicities caused by radiotherapy including mucositis, dermatitis and dysphagia and suggests that chemotherapy can worsen these toxicities, in particular mucositis and dysphagia. From this it is suggested that it could be hypothesised that prophylactic antibiotics have a protective effect on HRQoL as they may reduce acute toxicities such as mucositis and pain, which were previously shown to have a negative impact on HRQoL. The authors conclude that prophylactic antibiotics (compared to standard treatment) reduced the number of hospital admissions, and costs, and also seemed to help maintain HRQoL at the end of the chemoradiotherapy. Therefore, they suggest prophylactic antibiotics can be considered for patients with locally advanced head and neck carcinoma undergoing chemoradiotherapy.

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Breakthrough pain in patients with head and neck cancer. A secondary analysis of IOPS MS study	Oral Oncology, Vol. 95, pages 87-90.	August	A study, aiming to characterise breakthrough pain (BTcP), found that patients with head and neck cancer (HNC) had a larger number of episodes per day (2.8/day) than the general population of cancer patients. Also, the BTcP was more predictable, with the main trigger being the ingestion of food (76.5%). BTcP onset was fast in 72.2% of patients. In comparison with the general population of cancer patients, a higher number of HNC patients (38.5%) exhibited different levels of oral mucositis. The pain mechanism of HNC was mixed, with nociceptive, and neuropathic in 62.5%, 29.8% and 7.8% patients, respectively.
Standard of care vs reduced-dose chemoradiation after induction chemotherapy in HPV + oropharyngeal carcinoma patients: The Quarterback trial	Oral Oncology, Vol. 95, pages 170-177.	August	A trial has found that reduced-dose chemoradiation (rdCRT) after induction chemotherapy (IC), resulted in similar progression free and overall survival compared to standard dose chemoradiotherapy (sdCRT) in the treatment of Human Papillomavirus oropharyngeal carcinoma. Patients received 3 cycles of IC with docetaxel, cisplatin and fluorouracil and were then randomised 1:2 to sdCRT or rdCRT with weekly carboplatin. SAEs recorded during the trial included mucositis, neutropenia, cholangitis, neutropenic fever and urinary retention. There were dose reductions required in three patients for neutropenia and mucositis.
Radiation therapy survivorship	Clinical Journal of Oncology Nursing, Vol. 23, No. 4, pages E66-E72.	August	Article shares the results of a study designed to identify priorities for improvement in radiation therapy-specific cancer survivorship education. The study found that the five most important patient concerns were fear of recurrence, radiation therapy side effects, surveillance, stress management and preventive measures and nutrition. The most time was spent discussing side effects and recurrence risk. The authors conclude that as lifelong care for cancer survivors continues beyond the five year benchmark after radiation therapy, the need exists for a comprehensive and holistic educational programme for patients, inclusive of radiation therapy-related side effects.

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Chemobrain	Clinical Journal of Oncology Nursing, Vol. 23, No. 4, pages 411-416.	August	Article discusses chemotherapy-related cognitive impairment, which refers to a cluster of symptoms commonly referred to as 'chemobrain'. It shares the results of a pilot feasibility study which compared the cognitive function of patients newly initiating chemotherapy to the cognitive function of those who had received at least two doses of chemotherapy. The results indicate that deficiencies in cognitive function and ability can occur following chemotherapy treatment. The authors suggest standardising the timing of cognitive tests to best evaluate the impact of chemobrain in patients. Educating patients on the symptoms of chemobrain to improve assessment and symptom management, as well as to reduce feelings of anxiety, is also needed.
Oesophageal cancer: risks, prevention, and diagnosis	The BMJ, Vol. 366, No. 8209, pages 160-163.	27 July	This review offers a guide through the referral and early diagnosis processes of oesophageal cancer (OC), as well as highlighting risk and current preventive strategies. It discusses how the incidence of OC continues to increase in developed countries and how men are more than twice as likely as women to be affected. The two main histological subtypes are adenocarcinoma (linked to obesity and gastro-oesophageal reflux) and squamous cell carcinoma (linked to alcohol and tobacco use).
Health-related quality of life in patients with T1N0 oral squamous cell carcinoma: selective neck dissection compared with wait and watch surveillance	British Journal of Oral and Maxillofacial Surgery, Vol. 57, No. 7, pages p649-654.	September	Findings of a study highlight the impact that selective neck dissection (SND) has on health-related quality of life in domains such as appearance, pain, speech, swallowing, and chewing. The study, of patients with T1N0 oral squamous cell carcinoma, found that compared with patients in the wait and watch group, those who had SND had more problems regarding appearance (14% compared with 1%, p = 0.008) and pain (19% compared with 6%, p = 0.04). Similar trends were seen for mood (16% compared with 8%) and speech (5% compared with 1%), and for poorer overall quality of life (30% compared with 16%).

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Progress in cancer survival, mortality, and incidence in seven high-income countries 1995–2014 (ICBP SURVMARK-2): a population-based study	Lancet Oncology, Online article, pages 1-13.	11 September	Results from a large international study of high income countries found that over 1995-2014, 1-year and 5- year net survival increased in each country across almost all cancer types. Over the study period, larger survival improvements were observed for patients younger than 75 years at diagnosis than those aged 75 years and older, and notably for cancers with a poor prognosis (i.e, oesophagus, stomach, pancreas, and lung). Both 1-year and 5-year survival from oesophageal cancer (OC) increased substantially in all countries among patients diagnosed in the period 2010–14 compared with those diagnosed in 1995–99. Although OC mortality has been stable or decreasing across countries over time (except in Norway), incidence has increased (except for in Ireland and Australia).
How patients adjust psychologically to the experience of head and neck cancer: a grounded theory	European Journal of Cancer Care, Vol. 28, No. 4, pages 1-15 (e13068).	July	Results from a study showed that patients engage in a series of processes throughout adjustment to head and neck cancer (HNC), including acceptance and putting things into perspective. The study created a psychological model of adjustment, grounded in patients' experiences, which acknowledges the diverse experiences each patient may have. Modifying the relationship held with the changes brought about by cancer played a key role in adjustment, from fighting against the changes and effects, to learning to live alongside them. The findings also highlighted the importance of considering the global impact of HNC and how all aspects of life must be adjusted; adjustment is not confined to the elements altered or affected by cancer.
What's Love Got to do with it? Marital status and survival of head and neck cancer	European Journal of Cancer Care, Vol. 28, No. 4, pages 1-9 (e13022).	July	A study to determine whether marital status independently predicts survival in a head and neck cancer (HNC) survivor population found that being married confers survival advantage. The results showed that unmarried HNC patients had a 66% increase in hazard of death compared to married patients (aHR = 1.66, 95% CI = 1.23-2.23). This was after controlling for sociodemographic variables, social habits, primary anatomical subsite, stage at presentation and treatment modality.

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- Gelclair is a **highly effective barrier-forming gel**[1,2] specially formulated to aid in the management of lesions of the oral mucosa.
  - 92% reduction in mean pain scores within 5-7 hours of first administration ($p<0.005$).[1]
- Gelclair is available in easy to use sachets.
- **Starter packs** are available to order free of charge from our website.

In an online survey, 91% of patients are satisfied with Gelclair and would recommend to other oral mucositis patients.[3]

For more information on Gelclair or to request a free starter pack, as well as access to helpful resources including patient case study videos, please visit **www.gelclair.co.uk**, call our Customer Services team on **01249 466 966**, or email us at **medinfo@alliancepharma.co.uk**

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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It's got oral mucositis covered

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