

- I. Prehabilitation is the comprehensive, anticipatory care for oral issues surrounding cancer *before* debilitating side effects of the disease or treatment develop and ideally occurs in that period between diagnosis and beginning of treatment. Providing:
 - A. Opportunity to improve outcomes
 - B. Establish baseline functional levels
 - C. Provide targeted interventions
 - D. Influence other healthcare concerns
 - E. Avoid unplanned acute care
 - F. Decrease overall healthcare costs
 - G. Allows us the potential to increase survival

- II. Prehabilitation Concepts consist of:
 - A. Thorough medical history and review
 - B. Identification - of conditions that could cause issues during immunosuppression
 - C. Documentation – of potential sources of gingival trauma
 1. Broken teeth
 2. Broken fillings
 3. Sharp edges
 4. Areas of food impaction
 - D. Developing Plans
 1. Treatment plan for extraction of non-restorable teeth
 2. A plan for decreasing the bacterial load
 3. A Review of OH habits
 4. Stressing meticulous care and frequent recare appointments
 5. Removal of orthodontic appliances (in some cases)
 6. Recommendation of xylitol
 - E. Thorough Clinical Exam
 1. FMX
 2. Baseline periodontal charting
 3. Establishing level of risk
 4. Taking impressions for custom trays
 5. Educating the patient on what to expect
 6. Scheduling a consultation with the oncologist



III. Common Obstacles

A. Medical

1. Attitude
2. Assumption of finances and priorities
3. Letting science override humanism
4. Skip to surgery
5. Lack of DHCP in oncology centers
6. Disjoint between medical and dental
 - a. Isn't enough education on the oral cavity
 - b. What is 'normal'?
 - c. No required oral health CME

B. Patient

1. Awareness
2. Priority
3. Intimidation
4. Lack of dental home
5. Getting timely appointments
6. Financial
7. Overwhelmed with information
8. Desperation

IV. Interprofessional Collaboration

A. What it achieves

1. Fewer errors
2. Care is more patient centered vs doctor centered
3. Reduces ethical issues

B. Results in

1. Improved outcomes
2. Better care experience
3. Reduction in health costs

C. Obstacles

1. No contact information to facilitate referrals
2. Lack of adequate referral system
3. Lack of defined protocols for communication
4. Slowness of dentistry to embrace telemedicine



- V. Treatments and Issues – radiation, chemotherapy, surgical, immunotherapy or a combination of all
 - A. Acute issues
 - 1. Nausea and vomiting
 - 2. Use of cannabis
 - a. Analgesic
 - b. Antiemetic
 - c. Reduces anxiety
 - d. Relieves depression
 - e. PTSD
 - f. Neuropathic pain
 - g. Improved QOL
 - B. In the Dental Chair
 - 1. POC salivary and bacterial testing
 - a. Saliva less invasive than blood
 - b. Validating biomarkers
 - c. Many already in place
 - 2. Medical would welcome dental screenings
 - a. Hypertension
 - b. Diabetes
 - c. HIV
 - d. Cardiovascular disease
 - 3. Patients would perceive improved
 - a. Professionalism
 - b. Knowledge
 - c. Competence
 - d. Compassion
 - C. Common side effects
 - 1. Mucositis
 - a. Most painful
 - b. Can interrupt cancer therapy
 - c. CHX ineffective
 - d. Magic Mouthwash cause more problems than it treats
 - e. Cryotherapy shown to be very effective
 - 2. MRONJ
 - a. More often in males
 - b. More often in the mandible
 - c. Can be spontaneous
 - d. Can exhibit externally



3. NADIR
 - a. Leukopenia – risk of infection and bleeding
 - b. Thrombocytopenia – affects clot time. Need CBC and INR before dental treatment
 - c. Anemia – lethargy, forgetfulness, tire easily, always cold, need detailed instructions
 - d. Treatment can occur, but might need to be delayed depending on where they are in their NADIR
4. Carotid artery occlusion – anesthetic with epinephrine, conflicting opinions
5. Greater risk of TIA
6. Syncope
7. Chronic fatigue of neck muscles
8. Degeneration of cervical vertebrae
9. Limited vertical dimension/Trismus
10. Nutritional
 - a. Altered smell and taste
 - b. Difficulty swallowing
 - c. Meds cause cravings
 - d. Nausea and vomiting
 - e. Recommend xylitol
11. Xerostomia
 - a. What is your goal?
 - b. Flow absent or just reduced?
 - c. Tested for pH?
 - d. Citric acid?
 - e. Other sugars that promote decay?
 - f. Frequency of use?
 - g. Worst symptoms day or night?
 - h. Contraindicated ingredients?
 - i. Palatability?
 - j. Availability?
 - k. Cost?

VI. Products

- A. Salivary Substitutes – SalivaMax, NeutraSal, Tri-ology, Salagen, Hydral
- B. Salivary Stimulants – GC DryMouth Gel, Lyfee, AllDay spray, Moisyn, Closys
- C. Soft toothbrushes – TePe, Curaprox surgical



- D. Interdental Cleaning – waterflosser, interdental brushes – TePe, Curaprox
- E. Remineralization/Desensitizing pastes – MI Paste, ReminPro, Sensodyne Repair & Protect, Colgate Sensitive Pro-Relief, Enamelon
- F. Buffering agents – Curaprox Enzycal, Basic Bites
- G. In Office fluoride – ProFluorid, Waterpik, Enamel Pro, D-Lish
- H. SDF
- I. Lower Bacterial Load – Stellarife Oral Care, PerioSciences, Rincinol
- J. Disinfecting – Steraligner, IntelliDent

- VII. We can make a difference by
- A. Educating other providers
 - B. Endorse referrals
 - C. Educate care Champions
 - D. Positively impact QOL
 - E. Understand why you recommend what you do
 - F. Become a resource
 - G. ONE SIZE DOES NOT FIT ALL!

Basic Protocol For An Oncology Patient In Your Office

1. **Find Out Their Oncologist**
 - a. Call them!
 - b. Introduce yourself and that you have a mutual patient who has just shared their diagnosis with you.
 - c. We will be supporting “Mr. Smith” and his oral health needs
 - d. When you have any concerns about “Mr. Smith” or any of your patient’s oral health needs, please reach out. If I don’t have the answer, I can connect you with someone who does.
2. **Educate the patient on what the health of their mouth has to do with their diagnosis.**
 - a. The health of your mouth can affect the effectiveness and possible outcome of your prescribed treatment

- b. They most likely will experience any or all of: dry mouth, sores, taste alterations, burning mouth/tongue and tooth decay
 - c. We can help prevent or at least minimize most of these from occurring and affecting your quality of life

3. **Offer your office as a resource for them.** Hand them a business card and ask them to please call with any concerns or questions during this journey. If you feel comfortable, give them your private number. Remember, if you don’t have the answer, you can connect with someone who does.

DON'T LET THEM LOSE THEIR SMILE TO THE CANCER JOURNEY

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