

## Summary of Evidence-based Clinical Practice Guidelines for Care of Patients with Oral and Gastrointestinal Mucositis (2005 Update)

<b>ORAL MUCOSITIS</b>	
<b>FOUNDATIONS OF CARE</b>	
<i><b>PREVIOUS GUIDELINE</b></i>	<i><b>UPDATED OR NEW GUIDELINE</b></i>
<p>The panel suggests that oral care protocols that include patient education be used to attempt to reduce the severity of mucositis from chemotherapy or radiation therapy.</p>	<p>The panel suggests multidisciplinary development and evaluation of oral care protocols, and patient and staff education in the use of such protocols to reduce the severity of oral mucositis from chemotherapy and/or radiation therapy. As part of the protocols, the panel suggests the use of a soft toothbrush that is replaced on a regular basis. Elements of good clinical practice should include the use of validated tools to regularly assess oral pain and oral cavity health. The inclusion of dental professionals is vital throughout the treatment and follow-up phases.</p>
<p>The panel recommends patient-controlled analgesia with morphine as the treatment of choice for oral mucositis pain in patients undergoing hematopoietic stem cell transplantation (HSCT).</p>	<p>The panel recommends patient-controlled analgesia with morphine as the treatment of choice for oral mucositis pain in patients undergoing hematopoietic stem cell transplantation (HSCT). Regular oral pain assessment using validated instruments for self-reporting is essential.</p>
<b>RADIATION THERAPY - PREVENTION</b>	
<i><b>PREVIOUS GUIDELINE</b></i>	<i><b>UPDATED OR NEW GUIDELINE</b></i>
None	<p>The panel recommends that sucralfate not be used for the prevention of radiation-induced oral mucositis.</p>
None	<p>The panel recommends that antimicrobial lozenges not be used for the prevention of radiation-induced oral mucositis.</p>

<p>The panel recommends the use of midline radiation blocks and three dimensional radiation treatment to reduce mucosal injury.</p>	<p>No change</p>
<p>The panel recommends benzydamine for prevention of radiation-induced mucositis in patients with head and neck cancer receiving moderate-dose radiation therapy.</p>	<p>No change</p>
<p>The panel recommends that chlorhexidine not be used to prevent oral mucositis in patients with solid tumors of the head and neck who are undergoing radiotherapy.</p>	<p>No change</p>
<p><b>STANDARD-DOSE CHEMOTHERAPY—PREVENTION</b></p>	
<p><b><i>PREVIOUS GUIDELINE</i></b></p>	<p><b><i>UPDATED OR NEW GUIDELINE</i></b></p>
<p>The panel recommends that patients receiving bolus 5-fluorouracil (5-FU) chemotherapy undergo 30 minutes of oral cryotherapy to prevent oral mucositis. The panel suggests that 20 to 30 minutes of oral cryotherapy be used to attempt to decrease mucositis in patients treated with bolus doses of edatrexate.</p>	<p>No change</p>
<p>The panel recommends that acyclovir and its analogues not be used routinely to prevent mucositis.</p>	<p>No change</p>
<p><b>STANDARD-DOSE CHEMOTHERAPY—TREATMENT</b></p>	
<p><b><i>PREVIOUS GUIDELINE</i></b></p>	<p><b><i>UPDATED OR NEW GUIDELINE</i></b></p>
<p>The panel recommends that chlorhexidine not be used to treat established oral mucositis.</p>	<p>No change</p>

**HIGH-DOSE CHEMOTHERAPY WITH OR WITHOUT TOTAL BODY IRRADIATION  
PLUS HEMATOPOIETIC CELL TRANSPLANTATION—PREVENTION**

<b><i>PREVIOUS GUIDELINE</i></b>	<b><i>UPDATED OR NEW GUIDELINE</i></b>
None	In patients with hematological malignancies receiving high dose chemotherapy and total body irradiation with autologous stem cell transplant, the panel recommends the use of Keratinocyte Growth Factor-1 (Palifermin) in a dose of 60 µg/kg/day for 3 days prior to conditioning treatment and for 3 days post-transplant for the prevention of oral mucositis.
None	The panel suggests the use of cryotherapy to prevent oral mucositis in patients receiving high-dose melphalan.
The panel does not recommend the use of pentoxifylline to prevent mucositis in patients undergoing HSCT.	No change
None	The panel suggests that GM-CSF mouthwashes not be used for the prevention of oral mucositis in patients undergoing hematopoietic stem cell transplantation.
Low-level laser therapy (LLLT) requires expensive equipment and specialized training. Because of interoperator variability, clinical trials are difficult to conduct, and their results are difficult to compare; nevertheless, the panel is encouraged by the accumulating evidence in support of LLLT. The panel suggests that, for centers able to support the necessary technology and training, LLLT be used to attempt to reduce the incidence of oral mucositis and its associated pain in patients receiving high-dose chemotherapy or chemoradiotherapy before HSCT.	No change

## GASTROINTESTINAL MUCOSITIS

### BASIC BOWEL CARE AND GOOD CLINICAL PRACTICES

<i>PREVIOUS GUIDELINE</i>	<i>UPDATED OR NEW GUIDELINE</i>
None	The panel suggests that basic bowel care should include the maintenance of adequate hydration, and that consideration should be given to the potential for transient lactose intolerance and the presence of bacterial pathogens.

### RADIATION THERAPY—PREVENTION

<i>PREVIOUS GUIDELINE</i>	<i>UPDATED OR NEW GUIDELINE</i>
None	It is suggested that amifostine in a dose of at least 340 mg/m <sup>2</sup> may prevent radiation proctitis in those receiving standard dose RT for rectal cancer.
The panel suggests that 500 mg sulfasalazine orally twice daily be used to help reduce the incidence and severity of radiation-induced enteropathy in patients receiving external beam radiotherapy to the pelvis.	No change
Oral sucralfate does not prevent acute diarrhea in patients with pelvic malignancies undergoing external beam radiotherapy, and compared with placebo it is associated with more gastrointestinal side effects, including rectal bleeding; consequently, the panel recommends that oral sucralfate not be used.	No change
The panel recommends that 5-amino salicylic acid and its related compounds mesalazine and olsalazine not be used to prevent GI mucositis.	No change

**RADIATION THERAPY—TREATMENT**

<i><b>PREVIOUS GUIDELINE</b></i>	<i><b>UPDATED OR NEW GUIDELINE</b></i>
The panel suggests that sucralfate enemas be used to help manage chronic radiation-induced proctitis inpatients who have rectal bleeding.	No change

**STANDARD-DOSE AND HIGH-DOSE CHEMOTHERAPY—PREVENTION**

<i><b>PREVIOUS GUIDELINE</b></i>	<i><b>UPDATED OR NEW GUIDELINE</b></i>
The panel recommends either ranitidine or omeprazole for the prevention of epigastric pain following treatment with cyclophosphamide, methotrexate, and 5FU or treatment with 5FU with or without folinic acid chemotherapy.	No change
None	The panel recommends that systemic glutamine not be used for the prevention of GI mucositis.

**STANDARD-DOSE AND HIGH-DOSE CHEMOTHERAPY—TREATMENT**

<i><b>PREVIOUS GUIDELINE</b></i>	<i><b>UPDATED OR NEW GUIDELINE</b></i>
When loperamide fails to control diarrhea induced by standard-dose or high-dose chemotherapy associated with HSCT, the panel recommends octreotide at a dose of at least 100 µg subcutaneously twice daily.	No change

<b>COMBINED CHEMOTHERAPY AND RADIATION THERAPY—PREVENTION</b>	
<b><i>PREVIOUS GUIDELINE</i></b>	<b><i>UPDATED OR NEW GUIDELINE</i></b>
The panel suggests that amifostine be used to reduce esophagitis induced by concomitant chemotherapy and radiotherapy in patients with non–small cell lung cancer.	No Change