

EORTC QoL module for Oral Health

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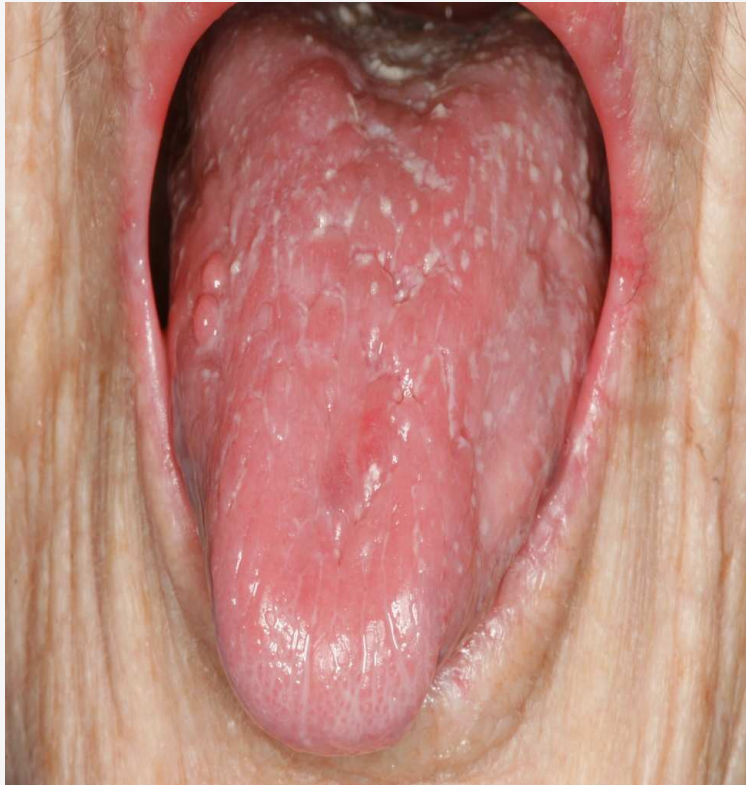
Background, scientific 1

- Adequate symptom treatment is an inherent part of follow-up care;
 - QoL assessment
 - patients' self-reported health are central issues
- Poor symptom assessment is the most important barrier for adequate symptom management
- 40-70% of cancer patients will experience oral side effects due to treatment and medication
- Physicians and nurses show less attention to the mouth than to other parts of the body

Background, scientific 2

- All normal cells with high turn over, ie. the epithelial tissue of the oral mucosa, are influenced by chemo-therapy and / or radiotherapy
 - damages the protective function of the mucosa
 - more vulnerable, more susceptible to infections (also systemic)
 - mucositis, mucosal infections, oral pain, dry mouth (xerostomia), taste changes, caries and soreness
 - treatment with bisphosphonates associated with osteonecrosis of the jaws
 - increasing incidence rates
- Negative impact on general health and well-being, nutritional status, social interaction and QoL

Mucositis and candidosis



Painful, frequent but rarely the focus of medical follow-up

Marianne J. Hjermsstad, March 2009

Oslo University Hospital, Ullevål

Background, scientific 3

- Poor oral status has negative consequences on most aspects of QoL
 - proper assessment should be conducted regularly;
 - before, under and after treatment
 - no brief, well-suited instrument for assessment of cancer related oral health and mouth problems
 - particularly not one that is feasible for clinical use!
 - none of the frequently used QoL questionnaires encompass specific questions on oral health
 - some H&N modules or tools do
 - specific tools for oral health/morbidity, often too long, eg. the 49 item Oral Health Impact Profile

Current status of the Oral health module

- Close to terminating phase 1
- Phase 1A, completed
 - with extensive literature reviews
 - generation of a list of issues
 - interviews with 18 professionals
 - several specialties (oncologists, oral surgeons, dental hygienists, oncology nurses, dentists)
 - Norway, Greece, UK
 - Provisional list of items, 84, for patient interviews
 - Pain / oral and dental related problems
 - Dental and oral care
 - Functional aspects
 - Social aspects
 - Information

Current status, 2

- Phase 1B patient interviews
 - close to completion in all countries;
 - 118 interviews so far from Norway, France, Germany, Netherlands, Greece
 - 15 in progress from the UK
 - » It took a lot longer than anticipated for the R&D approval to come through....

Timeline 1

- All data has been entered consecutively
- Ready for statistical analyses in March 2009
- Phase 2 will start immediately after the interviews are completed
- Plan to start Phase 3 in the early fall 2009

Timeline 2

- Translations
 - The preliminary version for Phase 3 will be sent to the translation coordinator in due time
- Publication
 - Submission of a manuscript is scheduled after the results from Phase 3 are ready, spring 2010

Financial situation

- Oslo University Hospital, Ullevål
 - develops patient forms for scanning
 - performs the scanning free of charge
- The project was allocated an EORTC grant for module development
 - duration 18 months, running from Oct 2008

