Your Mouth and Chronic Graft-versus-Host Disease

Celebrating a Second Chance at Life Survivorship Symposium

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1

GVHD ORAL CARE

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2
Oral Chronic GVHD
Oral Chronic GVHD: Salivary Gland Involvement

Human Papilloma Virus Infection
Mucosal GVHD

Oral Lesion Management
Steroids:
• topical:
  – budesonide rinse
  – fluocinonide gel
  – clobetasol gel
• Intralesional Steroids
 Others:
• Tacrolimus
• Pimcirolimus
• retinoic acid
• minocycline
• Photobiomodulation therapy (PBM)
Mucosal GVHD

Symptom Management
- Local:
  - magic mouthwash
  - Doxepin
  - morphine
- Wetting/lubricating agents
- Coating agents
- PBM
- Systemic
  - analgesics/adjuvants (neuropathy)

Photobiomodulation Therapy (PBM)

Red/Infrared light therapy
- Anti-inflammatory
- Analgesic
- Accelerate wound healing
- Antifibrotic
Salivary Gland Problems

• Saliva function
  – Quantity/ Quality
  – History
  – Volume: objective resting/stimulated
• Residual function
  – fluid intake, taste, chewing stimulation
  – Systemic sialogogues
  – PBM
  – Dental/periodontal
• Topical/palliation
  – Wetting, hydration, lubrication
  – Dental/periodontal
Mouth and Throat Infections

- Candida
  - clinical diagnosis, culture
  - Treat risk factors
  - Antifungals
- Herpes viruses
  - Diagnosis, antivirals
- Human Papilloma Virus
  - Diagnosis; clinical/cytology follow-up
Gum Disease and GVHD

Effect of gingival/periodontal infections
- Low grade chronic immune challenge
- Gingival involvement by GVHD

Stimulation of Immune System

Local Recruitment of Lymphocytes

Worsens GVHD Attack on Oral Tissues

Aggressive periodontal therapy
- Plaque removal
- Antibiotics: systemic / topical / subgingival
- Photobiomodulation (PBM)
- Extraction of significantly involved teeth
Dental and Periodontal Needs

- Caries/demineralization risk
  - Dental structure
  - Microbial risk:
    - oral hygiene
    - medication considerations
    - flouride
    - chlorhexidine
  - diet instruction
  - saliva

- Periodontal/gingival involvement
  - atrophy, inflammation
  - recession/attachment loss

Recurrent Primary Disease

- Clinical evaluation
- Clinical examination adjuncts:
  - Toluidine blue,
  - fluorescence light
  - Thermal imaging
  - Others

- Tissue evaluation
  - Cytology
  - Biopsy
Fibrosis, Sclerodermatous changes

- Perioral tissue
- Mucosa, tongue
- TMJ/TMD

Neurosensory changes

- Oral & mucosal pain
- Taste
Taste and Quality of Life after Transplant

Cause of Taste Changes
• Receptor toxicity, neuropathy
• Mucositis, GVHD
• Saliva
• Infection, microbial shifts
• oral hygiene

Smell & taste linked

Associated Toxicities
• Nausea / Vomiting
• Food aversion

Recovery
• Variable: Gradual over 2-12+ months

Osteonecrosis

• Manage risk
• Diagnosis
• Medical intervention:
  – Antimicrobial: topical/systemic
  – Trental®/ vitamin E/Clodronate
  – Teriparatide
  – HBO? PBM?
• Surgery
## Second Cancers after HCT

### Malignancies:
- Lymphoproliferative disorders
- Hematologic disorders
- Kaposi's sarcoma
- Solid tumors: oral cancer

### Risk Factors:
- Previous treatments
- Total Body Irradiation
- GVHD & GVHD therapy (Immunosuppression)
- Tobacco, alcohol abuse
- Viral infection?
Seeking Oral and Dental Care after Transplant

- General Dental & Oral Medicine Needs
- Support Dental Team or recommendations of Transplant Center
- Community
  - Dentist with hospital appointment/hospital training
  - Dentist with Oral Medicine training
  - GVHD support group

Summary

Oral care plays an important role in providing supportive care for HCT patients

- Patient Management:
  - Oral diseases / Oral & systemic toxicities
  - Chronic complications of treatment
- Before, During, and After chemotherapy / HCT
- Therapy can affect oral health
- Oral health can affect quality of life, and systemic health


BMT InfoNet Celebrating a Second Chance at Life Survivorship Symposium

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Questions?

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