



2018

28-30 JUNE
VIENNA, AUSTRIA

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CANCER CARE POSSIBLE



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ANNUAL MEETING ON SUPPORTIVE CARE IN CANCER



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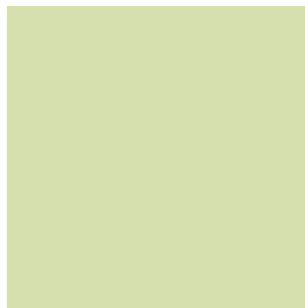


#MASCC18

MASCC /ISOO Annual Meeting on Supportive Care in Cancer 28 – 30 June, Vienna

Oral Mucositis in Stem Cell Transplant Patients: Epidemiology and Economics

K. Berger, T. Staudenmaier, H. Ostermann



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Faculty Disclosure

<input checked="" type="checkbox"/>	No, nothing to disclose
<input type="checkbox"/>	Yes, please specify:

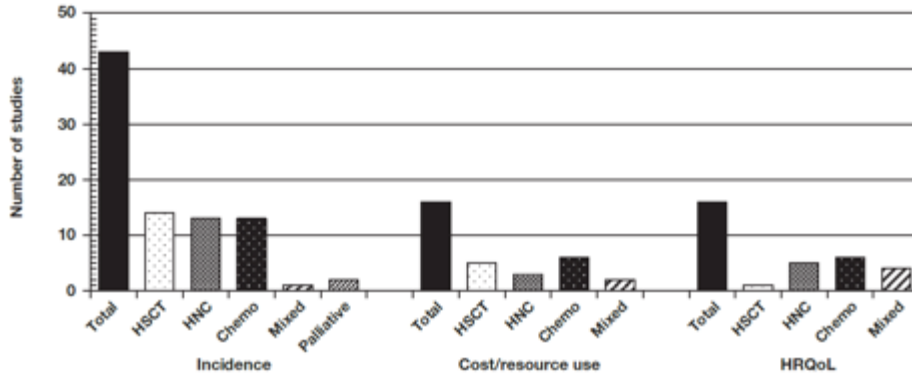


BACKGROUND

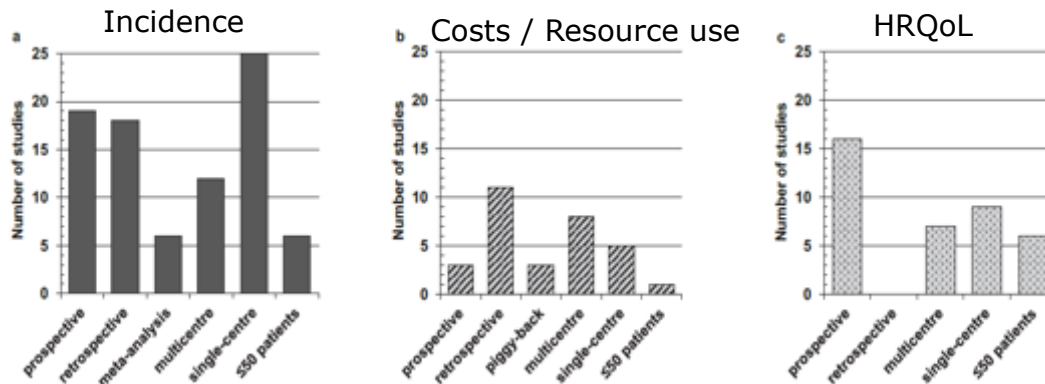
Burden of Oral Mucositis: A Systematic Review and Implications for Future Research

Karin Berger^a Dorothee Schopohl^a Antonia Bollig^a Dorothea Strobach^a Christina Rieger^a
Dale Rublee^b Helmut Ostermann^a

■ Limited Number of studies



■ Limited comparability

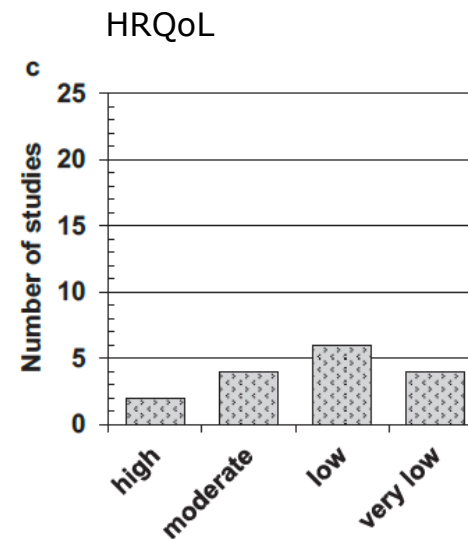
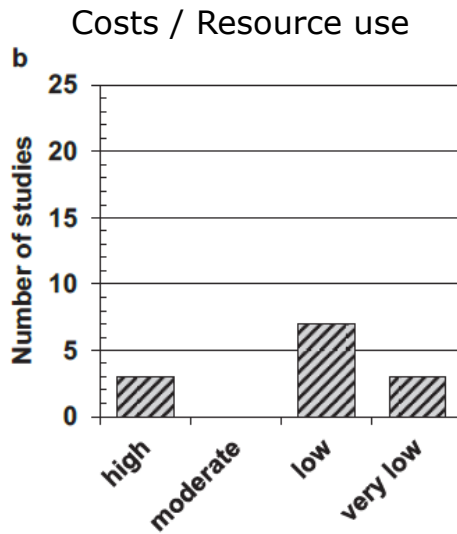
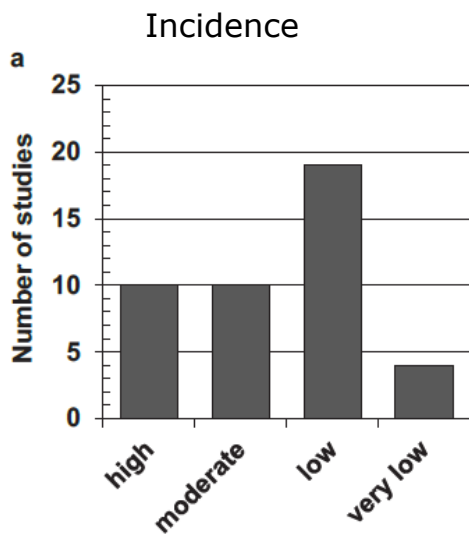


BACKGROUND

- Limited evidence according HTA requirements

Burden of Oral Mucositis: A Systematic Review and Implications for Future Research

Karin Berger^{*} Dorothea Schopohl^{*} Antonia Bollig^{*} Dorothea Strobach^{*} Christina Rieger^{*}
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OBJECTIVES

To demonstrate in a feasibility project the incidence of OM, preventive and therapeutic measures, compliance regarding mouth washes and to indicate the effect of OM on the consumption of resources and cost in routine care at the University Hospital of Munich.



STUDY DESIGN, INCLUSION / EXCLUSION CRITERIA

- prospective, non-interventional single center observational study in a German tertiary teaching hospital
- Adult patients (18 years old or older), hospitalized with a hematological or oncological disease and undergoing autologous or allogenic stem cell transplantation with high-dose chemotherapy.
- Ambulant patients and patients with any additional current malignant diseases were excluded from the study.



METHODS

- Prospective, non-interventional German single-center observational study.
- Inpatient allogenic and autologous stem cell transplant patients \geq 18 years with high dose chemotherapy.
- OM assessment: WHO Oral Toxicity Scale; pain assessment: Numeric Rating Scale (NRS); performance status: ECOG Score.
- Compliance: patient questioning, self-developed questionnaire
- Resource consumption: chart abstraction



Results: Patients

August 2016 -February 2017
55 pts were transplanted

No patient informed consent



45 Patienten



20 Autologe

25 Allogene

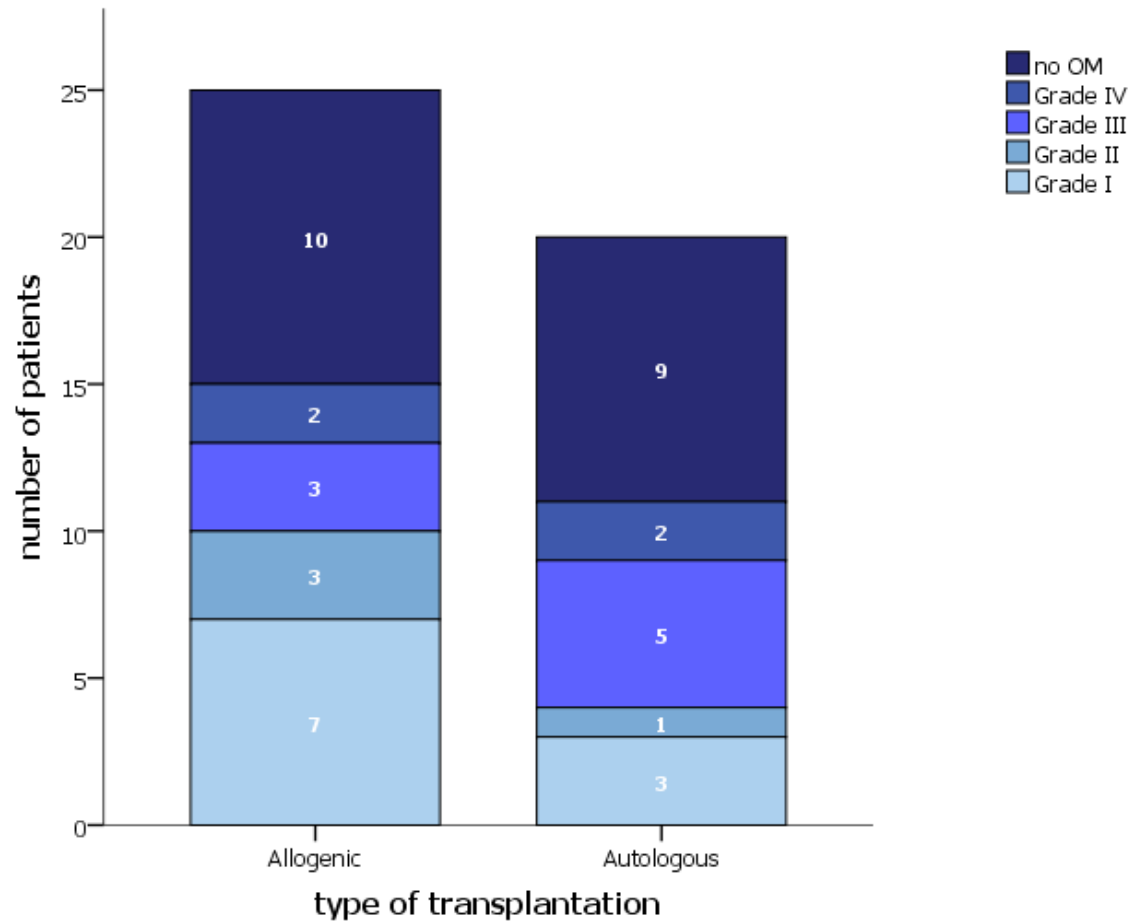


PATIENT CHARACTERISTICS

	No Oral Mucositis(n=19)	Oral Mucositis (n=26)
Sex – no. (%)		
Female	3 (16)	12 (46)
Male	16 (84)	14 (54)
Age (year) – mean (range, SD)	54.2 (23-74, 17.1)	51.4 (18-72, 12.3)
Baseline ECOG – mean (range, SD)	1.26 (0-3, 0.7)	1.42 (1-3, 0.8)
BMI – mean (range, SD)	25.2 (19.8 – 37.2, 4.2)	25.7 (15.0 – 37.7, 5.2)
Cancer diagnosis – no. (%)		
AML	9 (47)	9 (35)
ALL	0 (0)	2 (8)
Lymphoma	3 (16)	5 (19)
Germ cell tumor	2 (11)	0 (0)
Multiple myeloma	4 (21)	6 (23)
MDS	1 (5)	1 (4)
MPNs	0 (0)	3 (12)
Cancer therapy – no. (%)		
Allogenic		
Myeloablative	0 (0)	4 (27)
Reduced Intensity	10 (100)	11 (73)
Non-myeloablative	0 (0)	0 (0)
Autologous		
Chemotherapy	9 (100)	8 (73)
Chemotherapy + TBI	0 (0)	3 (27)
Oral cryotherapy – no. (%)	0 (0)	2 (8) *1
Mouth washes – no. (%)		
Saline mouth-wash Glandomed®	16 (84)	22 (85)
Others (Caphosol, Dexpantenol, mouthwashes based on etheric oils)	3 (16)	4 (15)



Results: 26 pts (57,8%) with OM



Results: Risk factors / prognostic factors

- Higher Incidence
 - no oral lesion during the past 12 months (70.0% vs 48.0%, $p=0.14$)
 - history of OM (76.9% vs 50.0%, $p=0.087$)
 - TBI (76.5% vs 46.4%, $p=0.042$)
 - ≤ 65 yrs (68.8% vs 30.8%, $p=0.019$)
- Lower OM grades
 - smokers (1.77 vs 2.69, $p=0.036$)
 - related donor (1.29 vs 2.63, $p=0.016$)
 - ≥ 1 glas wine / beer per day (1.67 vs 2.40, $p=0.173$)



Results: patients' awareness and compliance

Patients awareness

- Patients feed back: 22.2% said that they haven't received any information on oral complications

Compliance

- 48.9% of the patients were compliant regarding recommended mouth washes
- Non OM group: more patients were compliant: 68.4% vs 34.6%, $p=0.025$
- Patients with grade I/II OM (71.4%) were more compliant regarding mouth washes as patients wit OM grade III/IV OM (41.7%).



COSTS

Autologous patients	no OM n = 9	OM n = 11	p-value^b
Nutrition			
Parenteral nutrition – no. (%)	0 (0)	3 (27)	0.098
Fluid nutrition – no. (%)	0 (0)	8 (73)	0.001
Cost (Euro) – mean (range, SD)	0 (0-0, 0)	23 (0-125, 45)	0.099
Analgesia			
Local Anesthetics (Tetracaine) – no. (%)	0 (0)	8 (73)	0.001
NSAID – no. (%)	2 (22)	1 (9)	0.425
Opioids – no. (%)	1 (11)	5 (46)	0.104
Intravenous Opioids – no. (%)	0 (0)	3 (27)	0.098
Cost (Euro) – mean (range, SD)	1 (0-7, 2)	15 (0-50, 18)	0.006
Anti-infectives			
Prophylaxis ¹			
Cost (Euro) – mean (range, SD)	14 (3-23, 7)	14 (0-48, 15)	0.819
Antiviral – no. (%)	0 (0)	3 (27)	0.098
Cost (Euro) – mean (range, SD)	0 (0-0, 0)	3 (0-48, 15)	0.331
Antibiotics – no. (%)	6 (67)	11 (100)	0.043
Cost (Euro) – mean (range, SD)	73 (0-186, 71)	157 (20-346, 105)	0.044
Antifungal – no. (%)	1 (11)	6 (55)	0.048
Cost (Euro) – mean (range, SD)	27 (0-240, 80)	724 (0-6240, 1897)	0.131
Cost (Euro) – mean (range, SD)	95 (4-430, 134)	897 (44-6473, 1938)	0.053
Total cost (Euro) – mean (range, SD)	110 (4-430, 134)	934 (47-6473, 1925)	0.037

CONCLUSION

- In conclusion OM is a frequent side-effect of stem cell transplant patients.
- We found signals, that OM is closely related to certain patient- and therapy-related risk factors.
- Patients' compliance regarding mouth washes seems to be low
- Autologous patients with OM needed more often parenteral nutrition, anti-infective drugs and
- A routinely performed assessment of OM is required in order to be able to act quickly, identify high-risk patients and adjust preventive measures.
- Prospective multicentre studies on comparable designs and methods are required

