INSTRUCTIONS FOR DENTAL EVALUATION OF PATIENTS UNDERGOING HEAD AND NECK CANCER THERAPY

Your patient is presenting to you for a dental evaluation because he/she has been diagnosed with a head and neck cancer. The treatment may involve surgery, chemotherapy or radiation therapy. It is essential that your patient receive a comprehensive dental evaluation in preparation for cancer therapy. Good oral health may minimize complications during and after treatments.

Please give your patient priority for an appointment to expedite dental care. Limitations on the time available for dental care may exist due to the need to initiate cancer treatment soon.

The proposed dental treatment may be affected by your patient’s specific cancer diagnosis and proposed medical treatment. In some instances, dental treatment may need to be conservative and in other instances dental treatment may need to be more aggressive.

1) Perform a complete dental evaluation, full mouth periodontal charting and obtain a full mouth series of radiographs. Complete the attached 3-page evaluation, including your treatment plan.
   • The radiographs must not be more than 6 months old. If third molars are present, please also obtain a panoramic film.
   • A panoramic film alone in a dentate patient is not sufficient for this evaluation.
   • If the patient is edentulous, a panoramic film should be obtained.

2) PLEASE RETURN THE EVALUATION AND DENTAL FILMS IMMEDIATELY:
   • EMAIL this report and films to: BWHOralMedicine@partners.org (preferable). Please put the patient’s full name and date of birth in the subject header (eg: Smith, John 1.1.1955). Please also indicate “H&N” in the subject line for “head and neck”.
   • FAX this report to 617-232-8970 and EMAIL films to BWHOralMedicine@partners.org
   • SEND BY OVERNIGHT MAIL: Division of Oral Medicine and Dentistry, Attn: Head and Neck Coordinator, 75 Francis Street, Boston, MA 02115

NOTE:
   • All digital images must be printed in high resolution on glossy paper.
   • If you are not using digital radiographs, please keep a copy of the radiographs for your files and send us the originals since we will not be returning the films to you.

If necessary, one of the Oral Medicine attendings will contact you regarding your patient’s treatment plan. It is critical that your material be forwarded to us as soon as possible. Do not wait until dental treatment is completed before forwarding the information. Any delay in dental treatment may cause a postponement of the cancer treatment, which may put the patient at risk for relapse of his/her disease.
The proposed dental treatment may be affected by your patient’s specific medical diagnosis and proposed medical treatment. Some general guidelines for dental preparation prior to head and neck cancer therapy include the following:

**Prevention therapy**
- Fabricate custom fluoride gel-applicator trays for your patient to use daily. If patient is unable to use trays, have them apply the gel with a toothbrush without rinsing afterwards.
- Prescribe a 1.1% neutral pH sodium fluoride gel or a 0.4% unflavored stannous fluoride gel or Prevident 5000 Plus 1.1% sodium fluoride prescription toothpaste to brush BID.
- Reinforce oral hygiene regimen:
  - Brush 3 times daily
  - Floss daily
  - Apply fluoride trays 30 minutes daily

**Restorative treatment**
- Restore all carious, severely worn, and fractured teeth.

**Periodontal treatment**
- Your patient will need a dental prophylaxis if s/he has not had one within the last three months.
- Areas with periodontal pocketing of > 4-5 mm should receive deep scaling and curettage.

**Endodontic therapy**
- Teeth that are symptomatic after endodontic therapy or with sinus tracts need careful reevaluation and may require retreatment, surgery, or extraction. However, teeth that are asymptomatic after endodontic therapy with < 5 mm periapical pathology and without sinus tracts do not require treatment. Please contact us if you have any questions about this.
- All teeth that have received direct/indirect pulp caps or have large restorations should be vitality tested.

**Oral surgery**
- All grossly decayed and non-restorable teeth should be extracted.
- Perform adequate alveoplasty and primary closure.
- Chlorhexidine rinse and prophylactic antibiotics may be considered for one week following extractions.
- Allow at least 7 days for healing prior to the initiation of radiation.
- Conduct prosthetic surgery before treatment, since elective surgical procedures are contraindicated on irradiated bone.
Third molars
- Partially erupted 3rd molars should be considered for extraction, especially if they have been symptomatic in the past and will be in the field of radiation.

Areas of trauma
- Identify and eliminate all sources of oral trauma and irritation such as ill-fitting dentures, orthodontic bands, and other appliances.

Thank you for helping to prepare your patient for head and neck cancer therapy. Please refer to the enclosed literature on the IMPACT OF HEAD AND NECK CANCER THERAPY ON THE ORAL CAVITY and SOME GENERAL GUIDELINES FOR ORAL AND DENTAL HEALTH NEEDS DURING AND AFTER CHEMORADIATION THERAPY for more information. Your expeditious care of your patient will hopefully improve the course and outcome of his/her cancer treatment. If you have any questions, please do not hesitate to contact your patient’s oncologist or an Oral Medicine specialist at our hospital at BWHOralMedicine@partners.org

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