

P – 242 Preventing oral mucositis by using its chronology in prior cycle and a special mouthwash

E Una Cidon¹, P Alonso², T Hickish³, A Tyler⁴, S Goulbourne⁴

¹Oncology Department, Royal Bournemouth Hospital, NHS Foundation Trust and Bournemouth University, Bournemouth, UK, ²Clinical University Hospital, Valladolid, Spain, ³Oncology Department, Royal Bournemouth Hospital NHS Foundation Trust and Bournemouth University, Bournemouth, UK, ⁴Royal Bournemouth and Christchurch Hospital, Bournemouth, UK

Introduction: Oral mucositis (OM) is an inflammation of the oral mucosa affecting around 20 to 40% of patients on conventional chemotherapy (CM). Many agents have been tried to treat it with different results. However, prevention is more important. We have recently published good results with a combination mouthwash applied before the expected OM appears in patients with breast cancer undergoing neoadjuvant or adjuvant chemotherapy. Then, we decided to evaluate this mixture in patients receiving FOLFIRINOX in pancreatic carcinoma and those receiving FOLFOX or FOLFIRI in colorectal cancer.

Methods: Prospective study of pancreatic cancer patients undergoing neoadjuvant or palliative therapy with FOLFIRINOX (5 fluorouracil, oxaliplatin, irinotecan) and colorectal cancer patients under FOLFOX (5 fluorouracil, oxaliplatin) or FOLFIRI (5 fluorouracil, irinotecan) who developed OM grade 2 or 2-3 with the previous cycle. We used the same combination with a higher dose of Prednisolone and Nystatin before considering any CM dose reduction (DR). It consisted of 100 mL of water combined with 30 mg of soluble prednisolone, 6 drops of nystatin and 2.300 mg of salt (1 teaspoon). Patients were educated clearly on how to use it. Primary end-point was the incidence of OM grade 2-3 with the following cycle and secondary end-points were rate of CM DR and the incidence of OM grade 0, 1 and 2 with the next cycle.

Results: Thirty-five patients were included. 21 had developed OM grade 2-3 with prior cycle and 14 grade 2. After using this mouthwash, no cases developed grade 2-3 OM and none needed a DR due to OM. Ten patients developed OM grade 2 which recovered quickly to grade 1. Sixteen patients grade 1 OM and the rest no OM (grade 0).

Conclusion: This study shows a significant reduction in the rate of OM grade 2-3 in patients using this mixture as mouthwash. Although further evaluation is needed to confirm its final benefits we use this as standard in our institution.