



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. There may be a limited amount of time available in order to complete any necessary dental care.

Please read the following instructions carefully. If you have any questions please contact one of the oral medicine specialists:

Email: BWHOralMedicine@partners.org

Telephone: 617-732-6974

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 it 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 and 1-page 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 to rule out retained root tips or any bone lesions.

- 2) **PLEASE RETURN THE EVALUATION AND DENTAL FILMS IMMEDIATELY:**
 - A) If you use digital films:
 - Email this report and films to: bwhoralmedicine@partners.org. Please put the patient's full name and date of birth in the subject header (e.g.: Smith,

DANA-FARBER/BRIGHAM AND WOMEN'S



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John 1.1.1955). Please also indicate "H&N" in the subject line for "head and neck"; OR

- Fax this report to 617-264-6312 and Email films to bwhoralmedicine@partners.org
- B) If you use non-digital films:
 - Email this report to: bwhoralmedicine@partners.org. Please put the patient's full name and date of birth in the subject header (e.g.: Smith, John 1.1.1955). Please also indicate "H&N" in the subject line for "head and neck".
 - OR FAX this report to 617-264-6312.
 - Send non-digital films BY OVERNIGHT MAIL to: Division of Oral Medicine and Dentistry, Attn: Head and Neck Coordinator, 75 Francis Street, Boston, MA 02115.
 - 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.

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:

Preventive 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 on teeth 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.

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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

- Third molars that are partially erupted should be extracted if they have been symptomatic in the past or have an operculum on the occlusal surface of the tooth. Soft tissue impacted third molars should also be reevaluated carefully. Please contact us about such teeth

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. 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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