



INSTRUCTIONS FOR DENTAL EVALUATION OF PATIENTS UNDERGOING BONE MARROW (HEMATOPOIETIC STEM CELL) TRANSPLANTATION

Your patient is presenting to you for a dental evaluation in preparation for bone marrow (hematopoietic stem cell) transplantation (HSCT), a potentially life-saving procedure used to treat cancer and certain non-cancerous blood disorders. Good oral health may minimize complications during and after transplantation. During admission for transplantation, your patient's neutrophil count will fall, placing him/her at risk for a life-threatening infection/septicemia. Therefore, elimination of all potential sources of oral infection is an important aspect of preparation for transplantation and we ask for your assistance in achieving this.

Please give your patient priority for an appointment to expedite dental care. You probably have only one to two weeks in which to complete your evaluation and treatment.

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

1) If the platelet count is less than 50,000, or if the white cell count is less than 2,000, consult with your patient's oncologist or our oral medicine specialists before commencing treatment. Your patient should be able to tell you what his/her counts are. **However, you should proceed with the radiographs and full evaluation even if counts are low.**

2) Perform a complete dental evaluation, full mouth periodontal charting and **obtain a complete full mouth series of radiographs (without complete FMX, we won't be able to review the case and proceed with dental evaluation required prior to admission which will delay the patient transplant)**. 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.**

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- If the patient is edentulous, a panoramic film should be obtained.

3) 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, John 1.1.1955). Please also indicate "HSCT" in the subject line for "Hematopoietic stem cell transplant"; 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 "HSCT" in the subject line for "Hematopoietic stem cell transplant".
- OR FAX this report to 617-264-6312.
- Send non-digital films BY OVERNIGHT MAIL to: Division of Oral Medicine and Dentistry, Attn: Dental Bone Marrow Transplant 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 transplantation.

The proposed dental treatment may be affected by your patient's specific medical diagnosis and treatment schedule. Some general guidelines for dental preparation prior to transplantation include the following:

Restorative treatment

- Restore all carious teeth.
- Your patient may receive up to 1400 cGy of total body radiation but there is no need to fabricate fluoride trays.

Periodontal treatment

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- Your patient will need a dental prophylaxis if s/he has not had one within the last three months. During your patient's hospital stay, which typically lasts 2-4 weeks, s/he will be using a soft toothbrush and rinsing with chlorhexidine.
- 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.

Bisphosphonates and patients with multiple myeloma

If your patient has a diagnosis of multiple myeloma, please ask her/him if s/he is on bisphosphonate therapy (e.g. Zometa), which places the patient at risk for developing jaw osteonecrosis. Please contact us if extractions are in the treatment plan.

If you have any questions, please do not hesitate to contact us.

Division of Oral Medicine and Dentistry, 75 Francis Street, Boston, MA 02115 Tel: 617-732-6974 Fax: 617-264-6312

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