



### **Interventions effective for preventing oral mucositis in patients with cancer**

#### **Clinical question**

How effective are interventions for preventing oral mucositis in patients with cancer receiving treatment?

#### **Bottom line**

Compared with either a placebo or no treatment, 9 interventions were found to have some benefit with regard to preventing or reducing the severity of mucositis associated with cancer treatment. For patients with head and neck cancer undergoing radiotherapy, oral mucositis may be prevented by aloe vera, honey or with polymixin/tobramycin/amphotericin (PTA) antibiotic pastilles/paste. For patients with blood cancers undergoing chemotherapy or stem cell transplant, cryotherapy (ice chips) may be effective. Another 5 interventions were found to be effective in groups of patients with a range of different types of cancer undergoing a range of different treatments. These interventions were allopurinol, amifostine, intravenous glutamine, keratinocyte growth factor and laser treatment.

#### **Caveat**

The patient groups studied were diverse, the associated treatment modalities were varied and the strength of the evidence of effectiveness was variable. As some interventions were studied exclusively in certain patient groups receiving specific treatment modalities, generalisation of the results to other tumour types and treatment modalities must be done with caution – some benefits may be specific to certain cancer types and treatments.

#### **Context**

Treatment for cancer (including bone marrow transplant) can cause oral mucositis. This painful condition can cause difficulties in eating, drinking and swallowing, and may also be associated with infections which may require the patient to stay longer in hospital.

#### **Cochrane Systematic Review**

Worthington, HV et al. Interventions for preventing oral mucositis for patients with cancer receiving treatment. Cochrane Reviews, 2010, Issue 12. Article No. CD000978. DOI: 10.1002/14651858.CD000978.pub4.  
*This review contains 131 studies involving 10,514 participants.*

PEARLS No. 303, March 2011, written by Brian R McAvoy

*PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners – developed by the Cochrane Primary Care Field, New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland and funded by the New Zealand Guidelines Group. New Zealanders can access the Cochrane Library free via [www.nzgg.org.nz](http://www.nzgg.org.nz)*

*PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases. View PEARLS online at: [www.nzdoctor.co.nz](http://www.nzdoctor.co.nz); [www.nzgg.org.nz](http://www.nzgg.org.nz); [www.cochraneprimarycare.org](http://www.cochraneprimarycare.org)*