

MASCC/ISOO
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THE ROLE OF MUCOSYTE IN PATIENTS UNDER CHEMOTHERAPY AND/OR RADIOTHERAPY WITH MUCOSITIS

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Introduction

Mucositis/stomatitis/oesophagitis are common in patients(pts) receiving chemotherapy±radiotherapy. Chemotherapy acts on tissues with high mitotic rate, including the cells of the oral cavity leading to ulceration, occurring 7–14 days post therapy. Locoregional radiotherapy may produce xerostomia within the treatment area. Oxidative stress is considered essential in the pathogenesis of mucositis/stomatitis. Verbascoside(mucosyte) is an anti-inflammatory agent inducing superoxide radicals, COX-2 and iNOS activity reduction, associated with chemokine IL-8 expression. COX-2 is upregulated in mucositis, so their inhibitors may affect its evolution and probably promote reepithelialization of the oral cavity mucosa.

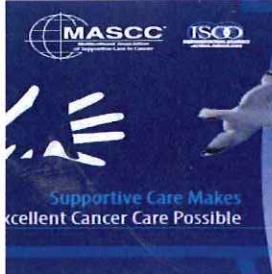
Objectives

The aim of the study was to state and record prospectively the clinical benefits and side effects of mucosyte in pts with mucositis post chemotherapy±radiotherapy

Methods

43pts were consecutively admitted between 09/2014–1/2015 in our Department.

Men/women	27(63 %)/16(27 %)
Primary disease (oral vs. non-oral)	25(58 %)/7(16 %)
Median ECOG	1(0–3)
Median age	64(37–84) years
Chemo±RT	No of pts: 23(53 %) vs 20(47 %)
Verbascoside dosage	2×10 ml/day
Duration	1–2 months



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Results

Median time onset of adverse events was post 2 months. We included pts with xerostomia 28/43(65 %) median grade (MG) 2, dysphagia 11/43(26 %) MG 2, pain 10/43(23 %) MG 2, difficulty in drinking/eating 9/43(20 %), sleep disturbance 8/43(18 %), taste loss 7/43(16 %), speaking difficulty 4/43(9 %), depression 4/43 (9 %), infection 2/43(4 %) MG 3, fever 1/43(2 %). Weight loss had 27(63 %)pts. In clinical examination: apthae: 7(16 %), ulcers 20(46 %), burning mouth 26(60 %), MG 2. Oesophagitis 7(16 %)MG 2(1-4) Analgesics required 9/43(20 %), and hospitalization 9/43(20 %). Treatment interruption from 5 to 7 days: 5/43(11 %). Median time of improvement: 4 days. No recurrence observed.

Conclusions

1. Xerostomia/ Mucositis/Esophagitis are common.
2. Mucosyte seems to be a challenging therapeutic/preventive agent in pts under chemotherapy ± radiotherapy.