

## **Patients Receiving Bisphosphonates Therapy**

### **ORAL ONCOLOGY CLINIC**

Regular dental care is very important for all cancer patients. As soon as possible after your cancer diagnosis, your dentist should be involved as part of your treatment team. You should also let your oncologist know your dental history and any dental procedures that you require. If you have been prescribed a bisphosphonate as part of your therapy, you should be aware that these medications have been linked to a small risk of osteonecrosis of the jaw.

It is because of this risk that a dental evaluation is recommended before you begin the medication. This is necessary even if you do not have any natural teeth. Complete prevention of bisphosphonate osteonecrosis of the jaw may not always be possible, but the already very low risk can be reduced by addressing potential oral problems early. The specialists in Oral Oncology will work closely with your own dentist to coordinate any treatment you need so that an optimal oral condition is achieved before you begin bisphosphonate therapy.

#### **What are bisphosphonate or Denusomab medications?**

Bisphosphonates are a class of medications which include pamidronate (AREDIA®), zoledronic acid (ZOMETA®), alendronate (FOSAMAX®), risedronate (ACTONEL®), etidronate (DIDRONEL®), clodronate (BONEFOS®, OSTAC®) and ibandronate (BONAVIA®).

Bisphosphonates are used intravenously and sometimes orally to treat cancer which has spread to the bone, to prevent hypercalcemia of malignancy, for multiple myeloma, and for Paget's disease. They are also used orally to treat osteoporosis and osteopenia. Bisphosphonates decrease bone turnover and they may also decrease blood supply to the bone. In doing so, they can reduce bone problems associated with cancer, but they may also make it difficult for the bone to heal. The changes made to the bone with these medications are considered permanent. Be sure to tell your dentist that you have taken a bisphosphonate medication, even after you stop using it.

#### **What is bisphosphonate osteonecrosis of the jaw?**

This is a very rare condition in which areas of the jaw bone become exposed and do not heal. It can occur due to dental disease, following oral surgery, or without any known cause. Prevention is the best approach to reducing the risk of this complication, by ensuring that oral infections are avoided and that future dental surgeries or extractions are not required once the bisphosphonate treatment begins. All cancer patients should keep up with regular dental visits, and this is especially true for those who have taken bisphosphonate medications.

The pre-bisphosphonate dental appointments aim to create dental health which can be maintained for the rest of your life. The following care guidelines have been developed by the Oral Oncology Team at the Janeway Dental Clinic.

### **Dental Care for Patients Prescribed Bisphosphonates**

For patients who are already taking bisphosphonates, frequent oral, dental and radiographic examinations should be done. Preventive care and regular dental cleanings are very important. Routine dental treatment, including fillings, crowns and root canal therapy can be safely undertaken, and is strongly encouraged to prevent future dental problems. Crowns should be placed on teeth with large fillings or with a high risk of fracture.

Extractions, periodontal surgery, orthodontics and implants should be avoided in those who have had intravenous bisphosphonate treatment. For those who have taken oral forms of the medication, these procedures increase the risk for bisphosphonate osteonecrosis. ALL cases should first be consulted with the department of oncology at Janeway hospital.

Dentures require frequent adjustments to prevent irritation or trauma. Denture wearers should see a dentist regularly to evaluate the oral tissues. If extractions are required, and the bisphosphonate was prescribed for cancer, consultation should first be made with the Department of Oral Oncology at the Janeway Hospital.

Early bisphosphonate osteonecrosis may cause teeth to loosen. There may be swelling or infection in the mouth, numbness or a feeling of “heavy jaw”, pain, or a sudden change in oral health. If you notice any of these signs, discuss them with your oncologist and see a dentist as soon as you can. Often, there are no symptoms, which is why you should see your dentist every three months for an examination and regular maintenance.

In the rare cases where it does occur, successful treatment of osteonecrosis of the jaw is very challenging. Chewing and eating may become difficult, but infection or pain can be controlled with antibiotics, oral rinses or removable appliances which protect the exposed bone. Sometimes the exposed bone can be recontoured to remove sharp edges, but surgery is avoided because it can make the condition worse. Prevention is the key. All patients who develop osteonecrosis of the jaw should be consulted or referred to the Oral Oncology clinic for proper managements.

### **Keeping Your Oral Tissues Healthy**

Oral care is important when you have cancer and even more important when you have taken a bisphosphonate medication. Meticulous oral hygiene and undertaking necessary preventive dental treatment is recommended. Smoking, excessive alcohol, a high sugar diet and between meal snacking should be avoided. Keep your mouth moist with plain water throughout the day. Do not use juice, pop or sweet flavouring, even if dilute. A dry mouth is more prone to decay. Use medications or saliva substitutes as prescribed.

Brush your teeth after every meal and at bedtime. Floss at least once per day, preferably at bedtime. Use a mirror daily to check your teeth and gums and be sure to seek treatment for any change in your oral health, including bleeding gums, pain, discomfort, or infection in the teeth or mouth.

### **PLEASE TAKE THIS HANDOUT AND THE ATTACHED DENTAL CARE PROTOCOL TO YOUR DENTIST.**

Keep your dentist up to date on your medical history and your medications. Your dentist is welcome to contact Oral Oncology at the Janeway Hospital by calling (709) 777- 4353.