Grading Toxicity

**Oral Mucositis**
Definition: A disorder characterized by ulceration or inflammation of the oral mucosa

<table>
<thead>
<tr>
<th>Grade 1 (Mild)</th>
<th>Asymptomatic or mild symptoms; intervention not indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2 (Moderate)</td>
<td>Moderate pain or ulcer; not interfering with oral intake; modified diet indicated</td>
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<tr>
<td>Grade 3 (Severe)</td>
<td>Severe pain; interfering with oral intake</td>
</tr>
<tr>
<td>Grade 4 (Potentially Life-Threatening)</td>
<td>Life-threatening consequences; urgent intervention indicated</td>
</tr>
<tr>
<td>Grade 5 (Death)</td>
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</tr>
</tbody>
</table>

**Dry Mouth (Xerostomia)**
Definition: A disorder characterized by reduced salivary flow in the oral region

| Grade 1 (Mild) | Symptoms (e.g., dry or thick saliva) without significant dietary alteration; unstimulated saliva flow >0.2 mL/min |
| Grade 2 (Moderate) | Moderate symptoms; oral intake alterations (e.g., course water, other lubricants, dial limited to juices or/sort, soft, moist foods); unstimulated saliva 0.1 to 0.2 mL/min |
| Grade 3 (Severe) | Inability to adequately aliment orally, tube feeding or parenteral nutrition indicated; unstimulated saliva <0.1 mL/min |
| Grade 4 (Potentially Life-Threatening) | Life-threatening consequences; urgent intervention indicated |
| Grade 5 (Death) |  |

Management (Including anticipatory guidance)

**Overall Strategy**
- Assess for other etiology of mucositis or dry mouth: candidiasis; ask patient about new medications (particularly antihistamines), herbs, supplements, alternative/complementary therapies, ensure baseline swabs taken for viral and MC&S

**Interventions in at-risk patients**
- **Aim:** Reduce pain and improve quality of life
- **Focus:** Patient-centered care

**Grade 1 (Mild)**
- Avoid acidic or spicy foods
- Avoid sugar and carbonated beverages
- Avoid commercial soups or those with too much salt
- Encourage the use of non-alcoholic moisturizing agents
- Encourage sips of cool water or crushed ice
- Avoid alcohol

**Grade 2 (Moderate)**
- Avoid acidic or spicy foods
- Avoid sugar and carbonated beverages
- Avoid commercial soups or those with too much salt
- Encourage the use of non-alcoholic moisturizing agents
- Encourage sips of cool water or crushed ice
- Avoid alcohol

**Grade 3 (Severe)**
- Avoid acidic or spicy foods
- Avoid sugar and carbonated beverages
- Avoid commercial soups or those with too much salt
- Encourage the use of non-alcoholic moisturizing agents
- Encourage sips of cool water or crushed ice
- Avoid alcohol

**Grade 4 (Potentially Life-Threatening)**
- Avoid acidic or spicy foods
- Avoid sugar and carbonated beverages
- Avoid commercial soups or those with too much salt
- Encourage the use of non-alcoholic moisturizing agents
- Encourage sips of cool water or crushed ice
- Avoid alcohol

**Nonpharmacologic**
- Use of dental floss daily
- Use of alcohol-free mouthwashes or those with Zn sulphate
- Use of Secretagogues (XyliMelts®)
- Use of Moistening Agents: Geliken, Cevimeline HCI
- Use of Saliva Stimulants (XyliMelts®)
- Use of Natural Saliva Substitutes
- Use of Zinc supplementation or 0.2% zinc sulphate mouthwash

**Pharmacologic**
- Corticosteroid rinses
- Analgesics
- Antioxidants
- Opioids
- Other

**Monitoring**
- Patient education and monitoring
- Nutrition referral if appropriate
- Monitor weight
- Monitor hydration status

**Assessment**
- Does the patient appear unwell?
- Does the patient appear uncomfortable?
- Does the patient report?
- Mouth pain (tongue, gums, buccal mucosa)
- Mouth sores
- Difficulty eating
- Weight loss?
- Does the patient appear dehydrated?
- Does the patient have oral thrush?
- Pain with swallowing/throat pain
- Has symptoms worsened?
- Does the patient have oral thrush?
- Close follow-up in person or by phone, based on individual need & symptomatology

**Recognize:**
- Any history of dry mouth?
- Any history of radiation to the mouth?
- Does patient smoke?
- Concomitant medications associated with causing dry mouth?
- Reports of dry mouth often accompany mucositis
- Other reports of dry membranes (e.g., eyes, nasal passages, vagina)

*Administering Corticosteroids:*

Steroid taper instructions/protocol as a guide but not absolute
- *Taper should consider patient’s current symptom profile*
- *Close follow-up in person or by phone, based on individual need & symptomatology*
- *Consider additional antiinflammatory coverage*
- *Avoid oral/parenteral corticosteroids or other hepatotoxins*
- *If extended steroid use, risk for osteoporosis, initiate calcium and vitamin D supplements*