INTRODUCTION & OBJECTIVE:

ORAL MUCOSITIS (OM) IS FREQUENT AND SEVERE COMPLICATION OF HSCT

Incidence of OM (mean): 10 – 25%
- Adjuvant CT: ~10%
- CT of advanced / metastatic disease: ~40%

Highest risk of oral mucositis:
- 5FU: oral mucositis grade 3-4 >10%
- High-dose CT + HSCT: 75-100%
  - Grade 3-4 (if no TBI) > 50%
  - Grade 3-4 (if TBI) > 60%

Objective:
- Caphosol, a neutral, super-saturated, calcium and phosphate solution for mouth rinse, is effective and safe for prevention of oral mucositis in adults undergoing HSCT
- The effect of Caphosol on OM in children is not yet established
- We decided to evaluate efficacy, safety and tolerability of Caphosol added to standard OM management in children with OM after HSCT

METHODS:

Number of patients: 5 (4 – 16 years; median 13)
AML: n=2; allo-HSCT
Neuroblastoma: n=2; auto-HSCT
Ewing Sarcoma: n=1; auto-HSCT
All pts received high-dose CT before HSCT and had OM grade 1 (n=4) or 4 (n=1) before Caphosol administration
Caphosol rinse: four times daily, 30 ml each time.
The OM was assessed according to Oral Mucositis Assessment Scale (OMAP) published by Sonis et al. in 1999.

RESULTS:

Regression of OM in all patients
- Duration 8-15 days; median 12 days
- 4/5 of pts – pain decrease during first hours
- Progressive decrease of morphine doses
- 3/5 of pts – fever with no positive microbiology tests (duration 3-15 days)
- No adverse events, no bad taste, no other unpleasant sensations on behalf of pts

CONCLUSION:
- Our preliminary findings suggested that calcium phosphate regimen (Caphosol) administered in addition to standard OM regimen ameliorates the OM in children with severe OM
- Caphosol should be evaluated in preventive setting in pediatric patients
- A randomized trial to evaluate Caphosol in prevention of OM in children undergoing HSCT is currently planned

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