IADR Abstract 2024

Title:

To assess the oral health status and dental care treatment need of oncology patients receiving bone modifying agents (BMAs).

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Aim

To assess the oral health status and dental care treatment needs of oncology patients receiving bone modifying agents (BMAs). Additionally, to explore their barriers to dental care.

Materials and methods

This was a mixed methods study conducted in 2 phases. In Phase 1, patients were recruited from oncology clinics in the Cork University Hospital, South Infirmary Victoria University Hospital and Mercy University Hospital. The oral health status was assessed and their dental treatment needs completed to stabilise the oral health prior to BMA treatment. Multivariate analysis was conducted. Phase 2 included focus groups and qualitative interviews with dentists and patients to explore their opinions of the oncodental interface.

Results

In Phase 1, 150 patients were assessed prior to a BMA, with a mean age of 61.5 years (SD 11.75 years). Breast cancer was the most common diagnosis (n=95). 94% (n=142) were planned for intravenous (IV) zoledronic acid and 6% (n=8) were planned for denosumab. 65 patients (43.3%) did not have a dentist at presentation and 76 patients (50%) had a dental presenting complaint. The mean DMFT was 17.68 (SD 7.85), and 97% patients (n=145) had periodontal disease. 86 restorations were placed and 188 teeth were extracted. 147 patients (98%) achieved dental fitness. Multivariate analysis revealed a significant result for a periodontal extraction and increasing age, which increased by 21.2% every 10 years (p=0.0239). Patients who did not have a dentist were twice as likely to require dental restorations (OR=2.122) and required 67.5% more restorations. A current smoker was 3.4 times as likely to require an extraction due to periodontal disease (p<0.001).

In Phase 2, 10 patients and 20 dentists were included in qualitative interviews and focus groups. Multiple themes emerged surrounding the dental treatment planning and management of this cohort of patients and the additional burden of dental care.

Conclusion

Our study highlights the vulnerability of this cohort of patients due to their dental care treatment needs. Dental disease is an integral factor for MRONJ, which must be addressed as a component of their overall oncology treatment plan.