Clinician Follow Up Reference for Supportive Care

Physical Concerns –

“YES” to Difficulty chewing or swallowing

Start With

MA or higher level screener: communicate these answers to Physician/APC in referral or notes for Next Step

APC or higher screener:

If YES

Options/Recourse

- Assess imaging for esophageal or other thoracic tumor involvement; role for radiation/stenting in these cases
- Assess and treat esophagitis (PPI or H2 blocker, motility agents)
- Evaluate for thrush
- If dental problems are discovered, refer to dentist

If No

Options/Recourse

- Provide written instruction and education to patients regarding oral care
- Verify understanding with return explanation and demonstration

Next Step

Physician/APC - should be made aware, especially if this is indicator of overall decline/poor prognosis

- 0 = none
- 1 = erythema of the mucosa;
- 2 = patchy ulcerations or pseudomembranes;
- 3 = confluent ulcerations or pseudomembranes, bleeding with minor trauma
- 4 = tissue necrosis, significant spontaneous bleeding, and life-threatening consequences (National Cancer Institute Common Toxicity Criteria, NCI-CTC)

Registered Dietitian (RD) — refer to if a reversible condition and if available, if not available on site, refer to RD at outside cancer center if possible

Share Patient Links and Handouts as appropriate

See Reference links below for additional information

Notes

Stages I-III: Refer to speech pathologist if a swallowing issue. Refer to dentist if having difficulty chewing due to dental issues.

Stage IV: For late stage swallowing issues, medications can be changed from pill to liquid. Consider life expectancy and accompanying comfort measures. Educate regarding normal dying process. Refer to GI for stenting if anatomic. For oral candidiasis, use systemic antifungal agents (level of evidence 1, Recommendation Grade A). For oral and perioral viral infections, both acyclovir and valacyclovir are recommended for the prevention of HSV infection (Grade of recommendation A, level of evidence I). Review role of tube feeding with swallowing difficulty. May be appropriate if issue is related to mechanical blockage rather than overall decline (i.e. esophageal mass, head and neck cancer). If not, may be a trigger for a palliative care referral as a sign of overall decline/poor prognosis.

Geriatric: This population may have dental/denture issues that may make chewing and swallowing difficult. Make sure to address any teeth issues that could be resolved with proper mouth care or dental referral.

Patient Links and Handouts:

- American Cancer Society, Swallowing Problems
- Cancer.Net, Difficulty Swallowing or Dysphagia
- Cancer.Net, Difficulty Chewing
- NIH, Chemotherapy and Your Mouth
- NIH, Oncology Team, Oral Complications of Cancer Treatment

CSOC Patient Handout can be accessed at: http://cancer-help.me/chewingandswallowing

Reference:

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