

Supporting patients living with cancer

Patients Kerry and Roy talk about their experiences with Joss Harding.



Joss Harding is a clinical ambassador for the Mouth Cancer Foundation. She won Dental Hygienist of the Year in 2018 and, in 2020, she joined the team caring for head and neck cancer patients at Gloucestershire Royal Hospitals.

Joss is a well-known speaker at national events where she addresses dental, medical, and patient groups about the need for a more collaborative and holistic approach to the ongoing mouth care of patients living with cancer.



1 in 2 people
will be diagnosed with
cancer in their lifetime

The good news is that the majority of these people will now survive. This means that we will see more patients coming through dental surgeries living with cancer and, as clinicians, we must ensure we support these patients as well as possible.

As clinicians, we are aware of the impact cancer itself can have on a patient's oral health, but, due to time constraints, we rarely have the chance to speak to patients and fully understand the additional impact of their cancer treatment. In my role as ambassador for the Mouth Cancer Foundation, I am passionate about supporting the oral health of cancer patients along their whole journey.

Kerry and Roy are two patients I know professionally. They have kindly given their permission for their case histories to be published in the hope that we will all learn something from their experiences. I salute their openness and candour.

Kerry

Following months of various stomach complaints and visits to the doctor, Kerry was diagnosed with appendiceal cancer. A diagnosis, where the only treatment was an incredibly invasive and life-threatening operation followed by chemotherapy.

As a result of her treatment, the foods Kerry is now able to eat have changed considerably. In part this is a direct consequence of her cancer, but it's also a result of the stoma which was fitted following her operation. Initially, eating almost always resulted in vomiting but as her recovery continued and the nausea eased, Kerry discovered her stoma now meant that most foods, including fruit and vegetables were permanently off the table.

Prior to treatment, Kerry's oral health was in good shape with regular visits to the dentist and hygienist. However, Kerry's oral health began to suffer as a result of her medication that caused dry mouth, fatigue that made brushing much less comfortable, and her diet, which became incredibly limited.

While Kerry said she cannot fault the hospital that treated her, she didn't receive any advice to help her take care of her mouth, "they didn't even recommend you rinse your mouth out after sickness." However, Kerry was fortunate to have a good relationship with her hygienist, who although she could not meet face-to-face as a result of being immunocompromised, was able to carry out consultations over the phone and deliver advice and provide high fluoride toothpaste that would help to protect her mouth as much as possible.

Roy

Roy was working as a dental hygienist when he received his neck cancer diagnosis. This followed seven months of misdiagnosis including a blocked hair follicle and a cyst.

After his diagnosis, Roy began treatment that included an aggressive round of chemotherapy and radiotherapy. Throughout treatment he was seen by various clinicians including a restorative consultant, oncologists, dieticians, pain management team and speech therapists. At no point was Roy reminded of the impact his treatment would have on his oral health. While this may have been a result of clinicians not wanting to insult him by stating the obvious knowing he works in the field, Roy commented that at the time of diagnosis and early treatment it was hard to absorb everything he needed to do, and often needed his wife, who accompanied him to every appointment to listen to the advice to make sure nothing was forgotten.

On top of the deterioration of his physical health, Roy also faced a battle with his mental health, "the mess the treatment makes of you both physically and emotionally is immense... you feel as though the world is against you." Roy commented that showing patients you're on their side provides them with a huge boost. Little gestures here and there, such as recommending a patient tries certain products, allow patients to feel people are rooting for them.

As dental professionals we are aware of the risk to oral health for head and neck cancer patients. Kerry and Roy's stories show that any cancer diagnosis increases a patient's risk of developing caries. Necessary changes to their diet, as well as lifelong medications causing reduction in salivary flow, nausea, fatigue and financial worries on top of overall struggles with mental health, make teeth vulnerable.

Despite her best efforts to protect her mouth, Kerry lost one of her front teeth. Kerry described the loss as 'devastating' and it impacted her mental health:

"For many people, your face, the way you look, is really important. You have the fat steroid face, no hair and your teeth are broken, you feel really miserable. Smiling is part of who I am, what I do, part of my personality. It's wonderful to give a smile and laugh with people. If you have to keep your mouth shut because you don't want people to see your mouth it brings you down further."

Supporting your patients

As dental professionals, we are all aware of the importance of a full and healthy dentition and the impact tooth loss can have on eating and overall health. However, as patients diagnosed with cancer this is often a potential side-effect they are unaware of. Many of them are so focused on beating the cancer, their oral health loses significance. However, as Roy said when talking to him, "prevention is better than treatment, so as much as we can do to help patients avoid tooth loss the better."

It's our role as dental professionals supporting patients diagnosed with cancer to champion their oral health, particularly when they don't have the headspace to do it themselves. Remind them and their families of the best ways to keep their mouth clean when experiencing side-effects from their treatment, such as rinsing and using a soft bristle toothbrush and high fluoride toothpaste. Although you will be unable to see immunocompromised patients face-to-face, over the last year we have become used to talking to more patients over the phone, so it's still possible schedule regular appointments throughout your patients' treatment.

PROFESSIONAL
— ORAL HEALTH —