Clinical Practice Guideline

March 2026

Summary

Outpatient care during and after cancer treatment

KENNIS INSTITUUT MONDZORG KIMO

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INTRODUCTION

Target group

This guideline is intended for dentists, dental specialists, differentiated dentists, dental hygienists and dental prosthodontists, outside the oncology center. The target population of this guideline is all people (adults and children) with cancer (in the past) who receive oral care outside the oncology center.

In situations where the dentist is uncertain about the safety of a proposed treatment, consultation can take place with the patient's treating specialist in the hospital or with the oral and oral surgeon to ensure optimal and safe care. The starting point is that the dentist can in many cases independently make responsible decisions within his own expertise and in accordance with applicable guidelines.

GENERAL

General recommendations

Prevention

- Main pillar for limiting harm from oral side effects of cancer treatment: **adequate self-care**: monitoring (consequences) oral complications and supporting self-care.
- Recommend extra **fluoride (measures)** in case of caries activity or increased caries risk.
- In case **of hyposalivation/xerostomia**: see KIMO guideline for xerostomia and hyposialia related to medication and/or polypharmacy.
- Consider education with regard to **nutrition** , taking into account any problems with food intake (possibly with the help of specialist dietician).
- Consider **SLS or menthol-free fluoride toothpaste** if you are hypersensitive to regular toothpaste.

Points of attention in oral care treatment

In almost all cases, dental treatment can take place in accordance with regular policy . However, there are a limited number of exceptional situations, as specified below:

- **It is preferable to postpone treatments that are NOT urgent** if this is not responsible in terms of blood values and oral condition of the patient.
- In case of **urgent oral care treatment**, determine whether **antibiotic prophylaxis** and/or **Thrombocyte prophylaxis** is required in consultation with a specialist and **if necessary**, **a referral is** necessary.

Situation	Advice
Neutrophils (Typical 1.5-9.0 x 109/L)	
≥ 1.5 x 109/l	No antibiotic prophylaxis
<1.5 x 109/l	Antibiotic prophylaxis in consultation with treating internist-oncologist/hematologist
Thrombocytes (platelets)* (normally 150-400 x 109/l)	
>150 x 109/l	No additional measures required
50 – 150 x 109/l	Consultation with internist-oncologist/internist-hematologist and possibly the oral and maxillofacial surgeon
<50 x 109/l	Refer to Oral and Maxillofacial Surgeon

* Under the assumption that all other coagulation parameters are within normal limits

- Pay attention to the risk **of MRONJ/ORN** in procedures with bone manipulation and pressure spots in high-risk patients (see below).
- Watch out for adrenal insufficiency when using **prednisone** (consult with (prescribing) specialist).

ADDITIONAL ADVICE

Additional advice

Additional advice after chemotherapy

No specific additional points of attention.

Additional advice after stem cell transplantation

- Oral hygiene guidance may be desirable for patients who have difficulty with it. Consider postponing other treatments for up to 6 months after the stem cell transplant. If desired, consult with the treating internist-hematologist first.
- After allogeneic stem cell transplantation:
  - In case of complaints/consequences of **graft versus host disease** or treatment thereof: referral to an oral and oral surgeon or differentiated dentist (within a hospital with a transplant center or head and neck oncology center).
  - There is a small increasing risk of developing a squamous carcinoma of the skin/oral mucosa after allogeneic stem cell transplantation, so provide **information** to patients about:
    - Report changes to mucous membranes/lips.
    - Not recommended smoking/excessive alcohol consumption.
    - Avoid sunlight exposure (incl. lips).

These recommendations are in addition to the general recommendations!

Additional advice with or after antiresorptive or anti-angiogenic therapy

- **Make an inventory of medication use**, including bone breakdown inhibitors and angiogenesis inhibitors in the past.
- Determine **indication of antibiotic prophylaxis** due to increased risk MRONJ according to KIMO guideline for antibiotic use.

These recommendations are in addition to the general recommendations!

Additional advice with or after immunotherapy or targeted therapy

- In case of complaints of immuno-/targeted therapy: referral to an oral and oral surgeon or differentiated dentist (within head and neck oncology centers/transplant centers).

These recommendations are in addition to the general recommendations!

ADDITIONAL ADVICE

Additional advice

Additional advice after radiotherapy in the head and neck area

- Treatment can safely take place in an area that has been irradiated <25 Gy.
- In the case of procedures with **bone manipulation** in an area that has been irradiated **≥25 Gy: ALWAYS consult** with an oral and oral surgeon/CBT (preferably from the head and neck oncology center) and refer if necessary because of the risk of osteoradionecrosis.
- Stimulate PMO in edentulous prosthesis wearers (control mucous membranes/pressure spots and risk of osteoradionecrosis).

Information patients report changes to mucous membranes/lips, discourage smoking/excessive alcohol consumption and avoid sun-light exposure (incl. lips).

These recommendations are in addition to the general recommendations!

Additional advice on long-term survivors of childhood cancer

- Careful **history** of past oncological treatment, contraindications and medication use. Consultation if necessary. with general practitioner or late effects clinic Màxima Medical Center for pediatric oncology.
- In case **of (suspected) serious growth and development abnormalities of the skull/jaw/teeth**: early referral to a specialized CBT and communication with late effects outpatient clinic.
- To evaluate the predisposition/development of the roots, consider an OPT after a problem-free 1st and 2nd transition phase.
- Be careful with **orthodontic treatment** for short roots and/or radiotherapy in the head and neck area in the history (see additional advice above).
- Screening for hyposalivation (see also KIMO guideline xerostomia and hyposialia related to medication and polypharmacy).
- There is a small increased risk of new primary tumors, so give **information** to patients on:
  - Report changes to mucous membranes/lips.
  - Not recommended smoking/excessive alcohol consumption.
  - Avoid sunlight exposure (incl. lips).

These recommendations are in addition to the general recommendations!

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