Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CORPORATE OFFICE

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12 August 2020

9(2)(a) [redacted]

RE Official information request CDHB 10343

I refer to your email dated 29 June 2020 requesting information under the Official Information Act from Canterbury DHB regarding a survey you are conducting into "How a person with cancer has their oral health needs assessed and addressed at each stage of their cancer journey in NZ".

Please find attached as **Appendix 1** Hospital Dental Pathways, **Appendix 2 (Q6)** Head and Neck Cancer Oral Assessment Canterbury DHB and **Appendix 2a(Q6)** Referral for dental assessment prior to radiotherapy / Surgery.

Please note Questions 3,4 & 8

While we can identify patient registrations for cancer we cannot easily establish whether those persons registered with cancer had dental treatment when they had cancer. Our hospital dental service has about 17,000 attendances per year (which includes assessment & treatment) and 800 inpatient admissions (which includes treatment).

Without looking at individual clinical notes we cannot tell if the dental event was while the patient has cancer, was in remission, or if the dental treatment was pre-cancer treatment.

Therefore we are declining this pursuant to section 18(f) of the Official Information Act i.e. *" to provide this information would require substantial collation and research"*. To establish costs and wait times we need to know the patients involved and therefore we cannot answer these specific questions as we cannot identify the patients.

However, Canterbury DHB currently meets all Faster Cancer Treatment wait times and targets.

I trust this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Carolyn Gullery
Executive Director,
Planning, Funding & Decision Support

Attachment CANTERBURY DHB

Please forward your reply to [redacted]**.**

Please answer the questions as they relate to <u>your DHB</u>. If you do not know the answer please write DON'T KNOW.

Please note the questions are divided into: general questions and then according to cancer treatment phases: pre-cancer treatment, during cancer treatment and post cancer-treatment.

Thank you for your assistance with providing this information.

Please indicate the positions of those within your DHB who have been involved in completing this questionnaire (e.g. dental, oncology, other

1. Special Needs Dental Specialist / Hospital Dental Service

2. Oncologist

3. Planning, Funding & Decision Support

4. Dental Surgeon / Clinical Director, Dental

	GENERAL	
1.	**Does the DHB have a hospital dental service?**	**YES**
2.	**Does the DHB run Multi-disciplinary Meeting (MDM) clinics to discuss and coordinate care for patients with:**	
	Solid tumours in parts of the body other than the head and neck	**YES**
	Cancer of the head and neck region	**YES**
	Cancers of the blood	**YES**
	If the DHB does not run MDM clinics, which DHB with MDM clinics do your patients with cancer attend:	**N/A**
	Solid tumours in parts of the body other than the head and neck	**N/A**
	Cancer of the head and neck region	**N/A**
	Cancers of the blood	**N/A**
	Patients receive cancer treatment at this DHB ~~but it is not coordinated via an MDM~~	**Not all patients go through MDMs**
	Is the hospital dental service in the DHB involved in the MDM clinics for patients with [please also indicate personnel involved]:	
	Solid tumours in parts of the body other than the head and neck	**NO, Not involved**
	Cancer of the head and neck region	**YES, Special needs dentist**
	Cancers of the blood	**NO, Not involved**

3.

For the years 2014-2018:	2014	2015	2016	2017	2018
how many patients with cancer were registered with your DHB? Canterbury resident patients registered with the NZ Cancer Registry	**2761***	**2703***	**2781***	**2902***	**2938***
	***Note:** A patient can have more than one registration.				
how many patients with cancer were seen in the hospital dental service for:	**Data not collected**	**127****	**186****	**188****	**164****
Oral/dental <u>assessment</u>	**Oral/dental <u>treatment</u>**	**Is this information available by patient characteristics (e.g. SES, ethnicity and co-morbidities)?**			

Oral/dental <u>assessment</u> / **Oral/dental <u>treatment</u>**: **Is this information available by patient characteristics (e.g. SES, ethnicity and co-morbidities)?**

Data not collected (2014) / **127**** (2015) / **186**** (2016) / **188**** (2017) / **164**** (2018)

Oral/dental assessment / **Oral/dental treatment**:

Is this information available by patient characteristics (e.g. SES, ethnicity and co-morbidities)?

YES, for cancer registrations.

4.

For the years 2014-2018, what was the annual expenditure for dental services for people with cancer?	2014	2015	2016	2017	2018
$	**s18(f)**				
% of DHB expenditure					
% hospital dental service expenditure					

s18(f)

Note that the referrals may relate to a patient diagnosed in a different year e.g. a patient diagnosed with cancer in 2016 but referred to dental in 2017

5.

For most patients with the following types of cancer, does the oncology service know who the patient's primary oral health care provider is (i.e. dentist)?	Pre-cancer treatment	During cancer treatment	Post-cancer treatment
Solid tumours in parts of the body other than the head and neck	No formal collection of this information		
Cancer of the head and neck region			
Cancers of the blood			

6.

PRE-CANCER TREATMENT [from the point of cancer diagnosis and prior to patients commencing treatment for their cancer]		
Is a formal oral health assessment part of the pre-cancer treatment process for:	**Please refer to Appendix 2 and 2a** 1. referral document shows information provided by the oncologist to the dentist requesting an oral assessment for patient with head and neck cancer and 2. assessment document shows the intra oral/extra oral, soft and hard tissue clinical assessments along with additional tests e.g. x-rays that are completed by the hospital dentist doing a pre-cancer oral assessment	
Solid tumours in parts of the body other than the head and neck	**YES** – Cancer patients receiving bisphosphonate	
Cancer of the head and neck region	Comprehensive assessment pre-treatment and usually with follow up recall for 2-5 years	
Cancers of the blood	**YES** – New acute leukemia, stem cell transplantation	
For patients who have a formal oral health assessment, which of the following are checked:	**Soft tissues (e.g. gum and oral mucosa)**	**Hard tissues (e.g. teeth and jaw bone with xrays)**
Solid tumours in parts of the body other than the head and neck	**YES**	**YES**
Cancer of the head and neck region	**YES**	**YES**
Cancers of the blood	**YES**	**YES**

7.		
	Does the hospital dental service provide oral/dental treatment for patients with the following types of cancer before they start their cancer treatment?	
	Solid tumours in parts of the body other than the head and neck	Depends on drugs to be used in treatment, if they have a 'dental' side effect **YES** seen. E.g. bisphosphonates.
	Cancer of the head and neck region	**YES**
	Cancers of the blood	**YES,** for acute leukemias, myeloma and pre-stem cell transplant. Chronic malignancies are not usually seen
	What is the eligibility criteria for that treatment, for patients with:	
	Solid tumours in parts of the body other than the head and neck:	See attachment **Appendix 1**
	Cancer of the head and neck region:	
	Cancers of the blood:	
	If the DHB does provide oral/dental treatment in the pre-cancer treatment phase, are the following treatment items provided? **For each item, if there is a charge to the patient, please also provide that cost.**	No charge for patient for pre-cancer treatment if done by Hospital Dental

	Examination /radiograph		Preventive		Fillings - permanent		Fillings - temporary		Extractions		Root canal treatment		Prosthesis		Implants		Crown and bridge	
	Y/N	Cost?	Y/N	Cost?	Y/N	Cost?	Y/N	Cost?	Y/N	Cost?	Y/N	Cost?	Y/N	Cost?	Y/N	Cost?	Y/N	Cost?
Solid tumour																		
Blood cancer																		
Head and neck cancer																		

If the DHB does not provide oral/dental treatment, where are patients referred to for treatment?	

	Another DHB? If yes: Which DHB? What is the average travel time to that DHB?	N/A	
	DHB-funded private provider?	N/A	
	Private provider, no DHB funding?	N/A	
8.	What is the average wait time (days/weeks) in the hospital dental service for people with cancer in the pre-cancer treatment phase for:	18(f)	
	First specialist assessment (FSA)		
	Oral/dental treatment		
	DURING-CANCER TREATMENT [while patients are receiving treatment for their cancer]		
9.	Who coordinates access to oral health care during cancer treatment?		
	General medical practitioner	NO	
	General dental practitioner	NO	
	Medical specialist (e.g. oncologist)	NO	
	DHB dentist or dental specialist	YES	
	Other, please list		

10.	If a patient with cancer has the following oral/dental complications where does that patient seek care from:	Soft tissue (e.g. problems with gums or ulcers).	Hard tissues (e.g. toothache, broken tooth)
	Hospital dental service	**YES**	**YES**
	Dental practitioner in the community	**YES possibly**	**YES possibly**
	Their general medical practitioner	**Possibly**	**NO**
	Other DHB	**NO**	**NO**
	Another provider (If YES please provide details)	**NO**	**NO**
	Is that care/treatment DHB-funded?	**YES**	**YES**
	Is there is a specific referral path for oral/dental complications? (If YES, please provide details.) **See attached document Appendix 1 "Referral Pathway**	**YES**	**YES**

	POST-CANCER TREATMENT [following active cancer treatment)		
11.	**Does the hospital dental service provide oral/dental care for patients with the following types of cancer in the post-cancer treatment phase:** **And if YES, is that care on-going (continuing) or episodic (one-off)?**		
	Solid tumours in parts of the body other than the head and neck	**YES** -episodic	**YES** episodic
	Cancer of the head and neck region	**YES,** ongoing for 2-5 years	**YES,** on-going for 2-5 years
	Cancers of the blood	**YES** episodic	**YES,** episodic

If YES, how long are they provided that care, e.g. 3 years, 5 years?	see above	
What is the DHB's eligibility criteria for that care for patients who have had:		
Solid tumours in parts of the body other than the head and neck:	Need to meet other medical and social vulnerability criteria for further dental treatment	
Cancer of the head and neck region:	Care provided out to five years, sometimes extended past this if extenuating circumstances.	
Cancers of the blood:	Need to meet other medical and social vulnerability criteria for further treatment.	
If the DHB does provide oral/dental treatment, are the following treatment items provided? **For each item, if there is a charge to the patient, please also provide that cost.**		

	Examination /radiograph	**Preventive**	**Fillings - permanent**	**Fillings - temporary**	**Extractions**	**Root canal treatment**	**Prosthesis**	**Implants**	**Crown and bridge**
	Y/N Cost?	**Y/N Cost?**	**Y/N Cost?**	**Y/N Cost?**	**Y/N Cost?**	**Y/N Cost?**	**Y/N Cost?**	**Y/N Cost?**	**Y/N Cost?**
Solid tumour	Not usually provided	Not usually provided	Not usually provided	Not usually provided	Not usually provided	Not usually provided	Not usually provided	Not usually provided	Not usually provided
Blood cancer	Not usually provided	Not usually provided	Not usually provided	Not usually provided	Not usually provided	Not usually provided	Not usually provided	Not usually provided	Not usually provided
Head and neck cancer	Exam - $21 Radiograph - $7 OPG radiograph - $30	$26.00	$31-$54 dependent on size of restoration	Not usually provided	$35 first tooth, $18 subsequent teeth	$104 plus restoration $31	Not usually provided	Not usually provided	Not usually provided

Please add any further relevant information to the above table: Ongoing dental care is provided for head and neck cancer patients for up to 5 years because 1. The side effects of the radiotherapy can cause xerostomia, trismus and taste changes which make maintaining oral health difficult. Many patients need intensive preventive care in the post radiotherapy period to prevent extensive dental disease 2. Bone that has received high dose radiotherapy has increased risk of developing osteonecrosis. If a tooth is extracted from irradiated bone there is increased risk of developing osteonecrosis. Avoiding this involves prevention of oral disease and very careful management of unavoidable extractions and close **3.** Surgical changes to the oral cavity or face– e.g. resection of tongue /floor of mouth/palate requiring prosthetic care and support.	
Who does the hospital dental service accept referrals from for patients in the post-treatment phase of care: (answer yes to all that apply)	
General dental practitioner	**YES**
General medical practitioner	**YES**
Oncology	**YES**
Cancer support worker	**YES**
Is it possible to obtain data on the number of referrals received and/or accepted by the hospital dental service per year?	**YES**
How is the transition from hospital dental services to primary care oral health providers managed?	A discharge letter and suggested plan is addressed to the agreed GDP.
Does the importance of regular oral/dental monitoring and care feature in the discharge summaries to:	
General medical practitioners?	**YES**
General dental practitioners?	**YES**
Other providers?	**YES**

12.	**If your DHB hospital dental service does not provide oral/dental treatment for patients with cancer after their cancer treatment, are they referred to:**	
	Another DHB? If yes, which one?	**N/A**
	DHB-funded private provider?	**N/A**
	Private provider, no DHB funding?	**YES**
	Is it possible to obtain data on the number of referrals made and/or accepted per year?	**NO**
13.	**Who coordinates access to oral health care post-cancer treatment?**	
	The patient	**NO**
	Hospital dental service	**YES**
	General or specialist medical practitioner	**NO**
	Cancer support worker	**NO**
	Who can that coordinator refer people who need ongoing oral/dental care to (answer yes to all that apply):	
	General dental practitioner	**YES** - Patient referral
	General medical practitioner	**YES** - Patient referral
	Oncology referral	**NO**
	Hospital dental service	**YES,** a support person e.g. social worker or general dental practitioner could refer a patient in to the hospital dental service. We would triage the referral and accept on its merits

14.	**Do the following groups of patients with cancer have the option to receive oral/dental rehabilitation that restores their mouth to an acceptable functional standard? For example, if a patient needed a full dental clearance so that they could commence their cancer treatment, would the hospital dental service offer prostheses for patients with:**	
	Solid tumours in parts of the body other than the head and neck	**YES,** but only if the patient met eligibility criteria i.e. socially vulnerable, low income
	Cancer of the head and neck region	**YES,** if teeth/hard or sift tissue removed due to direct surgical or radiotherapy treatment impact Canterbury DHB Hospital Dental Service has a maxillofacial prosthetics service and can provide prosthetic eyes, ears and noses.
	Cancers of the blood	**YES, but** only if the patient met eligibility criteria ie social vulnerable, low income
	If YES, what are the eligibility criteria for patients with:	
	Solid tumours in parts of the body other than the head and neck:	Exception rather than the rule -social/ medical/ financial considerations.
	Cancer of the head and neck region:	All head and neck cancer patients receiving radiotherapy or surgery that would change anatomy would be assessed for prosthesis. A clinical decision would be made about most suitable prosthetic approach.
	Cancers of the blood:	**(LS) Exception rather than the rule -social/ medical/ financial considerations**
	Is there a charge to the patient?	**NO for H&N – YES for solid/blood** Head and neck cancer patients will often need a denture made or adjusted as a direct

		result of radiotherapy or surgery in the mouth/head and neck region. Quite often healthy teeth were removed, or a denture is needed to 'seal' a communication between the mouth and nose to help with talking and eating. This requires specialist input as the oral cavity has changed due to the cancer treatment. This is generally provided free of charge because the cancer treatment has directly changed the anatomy or 'ecology' of the mouth. People who need teeth extracted prior to other cancer treatments are usually having symptomatic, broken or un-restorable teeth extracted prior to starting immunosuppressive treatment. Once the cancer treatment is completed there are no specific additional cancer related oral needs. Therefore, the patient can access care with a general dental practitioner – unless they are socially vulnerable or have medical complexities which mean that dental care in the community is not appropriate.
	Is it possible to obtain the data available on the number of patients who are referred and accepted for dental prostheses per year, post cancer treatment?	**YES**
	Do patients with cancer who require rehabilitation (other than oral/dental) for the consequences of their treatment for cancer, e.g. replacement of a lower limb, have the option of receiving a DHB-funded prosthesis?	**Dental can provide eyes, ears and noses**. If a person has teeth removed because they have a solid tumor e.g. breast cancer and are going to start bisphosphonates. The tooth extraction is because quite unrelated to the cancer they have caries or gum disease and the tooth was in a poor condition. The cancer did not cause that. The extraction was provided to lessen risk of infection or Medication-related osteonecrosis of the jaw (MRONJ) and the tooth was poor prognosis and needed treatment or removal independent of the cancer diagnosis. If a person has teeth removed due to head and neck cancer – radiotherapy/ surgical to the mouth – the cancer and its treatment has directly changed the oral cavity. The cancer has caused the changes in the mouth; in that case a DHB funded prosthesis may be offered as part of rehabilitation.

	If YES, are there:	
	eligibility criteria?	**NO**
	charges to the patients?	**NO**
15.	**Following completion of a patient's cancer treatment, how does the DHB manage the oral/dental care of patients with cancer who:** **I. do not have a primary dental care provider** **II. who indicate that they cannot afford care in the primary dental care setting?**	Ad hoc referral to Canterbury DHB Community Dental Services
	If they have a community services card?	**Once discharged, able to have episodic pain relief, one issue at a time** Basically this is really hard. Dental care isn't funded for people aged over 18. The hospital dental service is swamped with people who have unmet dental need and can't afford to access dental care in the primary care sector with a general dental practitioner People on a benefit are able to receive **episodic pain relief at the relief of pain clinic at the hospital dental service.** 0ne in four New Zealanders will have cancer at some stage in their lives. The Hospital dental service is not able to become the ongoing dental provider for all people following cancer treatment.
	If they do not have a community services card?	**Not eligible for further.** We don't have a social worker at the Hospital Dental Service to "sort out" logistics /access /WINZ issues.
16.	**Please provide any protocols or guidelines used within your DHB that outline the criteria for dental assessment and follow up, at all cancer stages, i.e. pre-treatment, during treatment and post-treatment.**	None held in Oncology. (see attachments provided)
17.	**Please list the oral health resources available for patients with cancer, in all phases of cancer treatment, including post-cancer care that inform them of:**	**Cancer society:** Dry mouth booklet; **Canterbury DHB:** Head and Neck Cancer booklet

	importance of continuing oral health care, local oral health providers, dental grants, preventive advice etc.	**Cancer Society:** accessing volunteer help booklet. **Health Info –** Dry Mouth, Mouth care when you are sick Individualized Oral Health Care Plan Products provided as required i.e. High fluoride concentration tooth paste, dry mouth gel, tooth mousse and extra soft bristle type brush.

APPENDIX 1

- Pre-IV bisphosphonates for malignancy

Pre-IV bisphosphonates for malignancy

- Criteria:
  - Oral assessment and education about oral side-effects before starting IV bisphosphonates for malignancy, when prescribed and administered by Canterbury DHB (as opposed to independent clinical trial participants)
- Exclusions
  - Prescription of IV or oral bisphosphonates for osteoporosis, Paget disease, or chronic pain
- Patients receive:
  - consultation.
  - a single course of treatment to stabilise oral health or control dental infection before starting bisphosphonates.
  - oral health preventive education.
- Discharge:
  - The patient is discharged after completion of a single course of treatment.
  - The Hospital Dental Service does not become the patient's long-term general dental practitioner unless the patient has very complex medical problems.

- Before or during medical or surgical intervention:
  - Head and neck oncology

Dentistry before head and neck oncology intervention

- Criteria – head and neck oncology patients who:
  - receive radiotherapy which involves maxilla or mandible.
  - have surgery which significantly changes the oral anatomy.
- Patients receive:
  - Consultation pre-radiotherapy.
  - Dental care (including prosthodontics) pre-, peri-, and post-operative for up to 5 years, dependent on the treatment course.
- Request using the Referral for Dental Assessment Prior to Radiotherapy or Surgery Referral Form.

Bruising.

- Oncology and haematology patients

Dentistry for oncology and haematology patients

- Criteria:
  - Patients with neutropenia (neutrophils generally less than 0.5 x 10^9/L) or thrombocytopenia (platelets generally less than 50 x 10^9/L), and oral pain
  - Patients:
    - who are significantly socially vulnerable, and
    - have obviously poor dentition that might impact on their oncology care (e.g. grossly carious teeth or infected gums), and are about to start myelosuppressive medication. Seek oncology or haematology advice if unsure.
  - Dental assessment and course of treatment before starting bisphosphonates prescribed for cancer care, head and neck oncology, and pre-myeloablative chemotherapy
- Exclusions:
  - Routine dental care or pre-chemotherapy screening if only on the basis that the patient will be starting chemotherapy
- Patients receive:
  - consultation.
  - a single course of treatment to stabilise oral health and/or control dental infection before surgery.
  - oral health preventive education.

- Pre-myeloblative chemotherapy and bone marrow transplant

Dentistry before myeloblative chemotherapy and bone marrow transplant

- Criteria:
  - Oral assessment before chemotherapy or bone marrow transplant
  - Patients who need dental treatment to stabilise oral health or control dental infection before, or in conjunction with, chemotherapy
- Patients receive:
  - a single course of treatment to stabilise oral health or control dental infection before chemotherapy.
  - dental treatment during chemotherapy.
- Discharge:
  - Dental treatment is not usually provided after completion of chemotherapy unless there are ongoing medical problems which mean the patient is unable to safely receive oral health care in the community.

APPENDIX 2

Head and Neck Cancer Oral assessment CDHB

Reason for Referral

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Medical History

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Conditions:

Medications:

Oncology

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Diagnosis/Stage

Surgery:

Procedure:

Date:

- Consider: Requires a prosthesis post treatment?
- Consider: Effect of surgery on the function/likely satisfaction of a removable prosthesis?

Radiotherapy:

Dose:

Fractions:

Duration:

Chemotherapy:

Consultants:

Oral Assessment

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GDP:

Dental History

Regular Dental Attendance?

Last Dental Attendance?

Brush teeth twice daily?

Use fluoride toothpaste?

Extra Oral

Mouth opening

Trismus (U lateral incisor to L lateral incisor in mm)

Intra Oral

Soft tissue

Saliva : moist/dry/frothy/sticky

Oral Hygiene

Excellent/good/average/poor/none

Periodontal status

Dentition

Unrestored/minimally restored/moderately restored/heavily restored

Distribution, condition and number of favourable meeting teeth (axial load – minimum of 4 matching pairs of premolars/molars)

Caries:

Existing Prosthesis

Radiographs:

Findings:

Teeth in predicted high dose radiotherapy field:

Pre Radiotherapy Dental Plan

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Short Term

Extractions/restorations/scale and polish

Education: Xerostomia/caries risk/trismus/ORN/taste changes/long term risk

Long Term

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1. Maintain existing dentition if possible
2. Replace missing teeth where indicated (related to HANC/required for QOL)
3. Definitive obturator/speech aid prosthesis
4. Discussed ongoing recall at HDS for 2-5 years. Free dental care pre radiotherapy and subsidised dental care post radiotherapy at HDS
5. Education: Xerostomia/caries risk/trismus/ORN/taste changes/long term risk

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Home Oral Care

Products

- High fluoride toothpaste

- Dry mouth gel

- Calcium/phosphate products

Diet advice

Toothbrushes

Recall

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Next Steps

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Canterbury District Health Board
Te Poari Hauora ō Waitaha

APPENDIX 2A

Referral for dental assessment prior to radiotherapy/surgery

Date of referral:
Fax to: 80246

Place label here

Diagnosis:	**T ….. N….. M…..**
Radiation Oncologist:	**Surgeon:**
Relevant Medical History:	

Treatment Details:		
Surgery:		
Chemotherapy:	Drug	Timing
Radiotherapy:	Dose	Duration
	Fractions	IMRT
	Salivary Gland Involvement? Yes No	
Mouth opening tongue depressing stent (MOTD) required? Yes No		

Please show as accurately as possible the teeth with the field