



**S•P•O•H•N•C**

A PROGRAM OF SUPPORT  
FOR  
PEOPLE WITH ORAL  
AND  
HEAD AND NECK CANCER

## THE EFFECTS OF HYPERBARIC OXYGEN ON CANCER PATIENTS WHO HAVE RECEIVED RADIATION THERAPY

ROBERT E. MARX, D.D.S., F.A.A.O.M.S.

Radiation treatment whether as a single cancer therapy or combined with surgery or even chemotherapy is designed to kill populations of cancer cells. It does so by imparting high energy to the tissues in which the cancer exists. It, therefore, affects normal tissue as well as cancerous tissue. The dosage, type, and schedule of radiation treatments attempts to maximize its damaging effects on the cancer cells while minimizing its effects on normal cells. Nevertheless some normal cells are also killed which the body usually heals by scar tissue, and some other normal cells survive undamaged. However, most normal cells survive but are damaged by the radiation energy. This leads to a slow but progressive worsening of the tissue as years go by that some have likened to an accelerated aging process within the radiated area.

The patient who has received radiation therapy for cancer of the mouth, head or neck may observe the effects of radiation as varying degrees of dryness in the mouth, swallowing difficulties, a reduced sense of taste and advanced tooth decay among some other possibilities. However, most importantly such radiated tissue progressively loses blood flow, making healing difficult and can progress to the most serious complication of radiation therapy called osteoradionecrosis. **Osteo** means bone, **radio** means related to radiation and **necrosis** means death. Osteoradionecrosis therefore, literally means bone death due to radiation therapy and may occur on its own

if the dosage of radiation given had to be sufficiently high to manage the cancer or after some dental or mouth surgeries in which the radiated tissue could not heal. The result is exposed bone which does not heal and which may become infected by its continual exposure and/or develop significant pain.

Hyperbaric oxygen is currently the most effective treatment to improve radiated tissues. In most cases it can prevent osteoradionecrosis if used before dental surgeries, mouth surgeries or other surgeries in the radiated area and remains the mainstay of treating osteoradionecrosis if it has already developed.

So who can benefit from hyperbaric oxygen? A knowledge of what hyperbaric oxygen is and how it works will allow the reader to understand how it may benefit them and what its limitations are. That is, what it can do and what it cannot do.

Hyperbaric oxygen is actually oxygen used as a medication. The dosage of oxygen is not regulated by the size of a pill or the amount of liquid consumed as are most other medications, but by the pressure used in a hyperbaric oxygen chamber. A series of oxygen treatments given (usually 20 before surgery or invasive dental procedure within the radiated area and 10 afterward) regenerates new blood vessels and cells so as to improve the healing potential of the radiated tissue. The blood flow restored by hyperbaric oxygen which in turn improves the tissues healing capability, is not 100%. Measurements have indicated that it restores about 70% to 80% of the blood vessels that normally exist in non-irradiated tissue. This is quite remarkable when one considers that measurements of radiated tissue have shown that only 30% of the blood vessels remain in such tissues. Clinical studies have indicated that this effect improves the healing potential of radiated tissue by about six fold and also reduces the risks of developing osteoradionecrosis by six fold. In the common experience those individuals who undergo a complete course of hyperbaric oxygen heal in a near normal fashion. Therefore, individuals who may benefit from hyperbaric oxygen are those who require invasive dental procedures in the radiated area such as the removal of a tooth, gum or periodontal surgery or dental implants. In fact, the common practice today is to provide the full range of dental care and dental restoration as needed to radiated patients once they complete a full sequence of hyperbaric oxygen. Even the currently popular use of dental implants and their great advantage to restoring missing teeth can be safely offered to radiated patients who have undergone hyperbaric oxygen. Another group of patients who require hyperbaric oxygen are those radiated individuals who need reconstructive surgery to restore their function and appearance after cancer surgery. In this group, hyperbaric oxygen allows the reconstructive surgeon to use any of the modern reconstructive approaches available today and gain a more assured healing with fewer

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ARTICLES COMING IN FALL 2002

- Radiation and Chemotherapy  
Laser Surgery for Throat Cancer, Salivary Gland Neoplasms

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complications.

Although the basic effects of hyperbaric oxygen are to increase the number of blood vessels and healing cells in the radiated area, it cannot bring dead tissue back to life. If osteoradionecrosis has already developed, hyperbaric oxygen will slow it down and limit its progression, but it will not cause the exposed bone to disappear and heal over. Similarly it will not rejuvenate the texture and appearance of radiated skin because these effects are caused by the death of cells in the deeper layer of the skin that are already present and are replaced by scar tissue. Likewise hyperbaric oxygen cannot permanently restore taste or mouth moisture because those glands are irreversibly damaged by radiation as also are the swallowing muscles which may reduce, together with the dryness, an individual's ability to swallow solid foods. Fortunately mouth moisture may be significantly improved by a new medication which increases the output of saliva from those glands spared by radiation. This added mouth moisture, in turn, can improve, to at least some degree, the taste sensations and swallowing capability. The medication is marketed under the name of Salagen® and is a prescription drug with proven safety and efficacy. Your dentist or physician can determine if Salagen® is right for you, prescribe it, and monitor its effectiveness.

Those individuals who have exposed bone due to osteoradionecrosis require both hyperbaric oxygen and some surgery to completely resolve the problem. In such cases 30 sessions of hyperbaric oxygen are given prior to the surgery rather than the 20 which was used before because osteoradionecrosis is a more severe situation. The hyperbaric oxygen limits the progression of the osteoradionecrosis and allows the surgeon to remove only the hopelessly dead bone without having to remove much of the healthy bone. The hyperbaric oxygen also promotes healing of the area and allows the bone to be rebuilt by bone grafting techniques after a short healing time of usually three months. The initial 30 sessions of hyperbaric oxygen are followed by 10 final sessions after the surgery to complete the healing process.

**How is hyperbaric oxygen given?**

Hyperbaric oxygen is not an invasive treatment and is actually rather pleasant to undergo. Individuals may be treated in a single person chamber or along with several other patients in a multi person chamber (usually 4-6 people). In both types of chambers you change into a comfortable fire retardant suit similar to a hospital scrub suit. In the multi person chamber you enter and sit down in what resembles the inside of a submarine. Usually two of the medical staff accompany the patients in the chamber. The chamber is then slowly pressurized with air over about 20 minutes which begins what is called the "dive" as hyperbaric medicine originated from the recompression of scuba divers with de-compression sickness called "the bends". During the "dive" you will need to clear your ears as you commonly need to do during the landing of an airplane. The inside medical staff will assist those who have trouble clearing their ears as the pressurization slowly takes place. Once at the correct pressure (usually 2.0 to 2.5 atmospheres or about the equivalent of a scuba diver at 40-50

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feet) you begin breathing 100% oxygen through a clear bubble like hood over your neck and head. This progresses for 30 minutes during which time one can read or often either listen to radio music piped into the chamber or view a television program through a view port. After 30 minutes one unzips the hood for a 10 minute "coffee break" where coffee or juices are sent down through an air lock. After this "coffee break" there is another 30 minutes of oxygen time, and another 10 minute "coffee break" followed by a final 30 minutes of oxygen time after which the chamber is depressurized over about 20 minutes. Therefore, hyperbaric oxygen is time consuming and requires the individuals own effort to complete the 30-40 total sessions usually required. Like the radiation itself which took daily individual radiation exposures, hyperbaric oxygen takes sequential exposures to improve the blood supply and healing ability of radiation damaged tissues; something no other treatment has yet shown the ability to do.

A single person chamber is similar except the individual lies down and breathes the oxygen in the chamber directly without the hood device because the entire chamber contains 100% oxygen.

Some other commonly asked questions about hyperbaric oxygen and oral and head and neck cancers are:

#### Is hyperbaric oxygen safe?

It certainly seems to be. Although no medical therapy is 100% safe for everyone, hyperbaric oxygen's track record of safety is superb. In studies of over 300,000 patients who received hyperbaric oxygen, complications were seen in less than 0.1%. Will the oxygen cause new cancers to arise or cause a hidden cancer to grow more rapidly?

This concern has been studied in animals and in those people who have undergone hyperbaric oxygen over the past 15 years. Neither has shown new cancers to develop or existing cancers to grow faster because of hyperbaric oxygen.

#### Are there some people who should not undergo hyperbaric oxygen?

Yes. Hyperbaric oxygen is not recommended for individuals with optic neuritis,

immune suppression disorders like AIDS, leukemias and certain severe viral diseases and those with severe emphysema. A hyperbaric medicine physician examines each patient before treatments begin to assure the appropriateness and safety of hyperbaric oxygen and may additionally order routine tests such as a chest x-ray or lung function tests.

#### Is hyperbaric oxygen an approved treatment for radiation damage?

Yes. The hyperbaric oxygen committee of the Undersea Medical Society which is the parent body that oversees hyperbaric medicine publishes a list of approved indications every other year. This committee reviews all available scientific evidence before approving any indication and has approved radiation damage since at least 1980. As such most insurance companies, Medicare and Medicaid have also seen fit to cover this treatment.<sup>n</sup>

#### Resources:

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Heimbach, RD. Radiation Effects on Tissue. In: Problem Wounds-the Role of Oxygen. JC Davis and TK Hund (eds.) Elsevier, NY, Chapter 3: 53-63, 1988.

*Editor's Note: Dr. Robert E. Marx is presently Professor of Surgery and Director of the Center for Tumor Reconstructive Surgery, Department of Oral and Maxillofacial Surgery, at the University of Miami School of Medicine, Miami, Florida.*

COMMENTS: SPOHNC has had many requests for information about hyperbaric oxygen therapy. The preceding article is a reprint of an article that appeared in our newsletter in January, 1996. Dr. Marx has indicated that the information is pertinent to 2002.

For more information about hyperbaric oxygen therapy, please visit the Undersea Hyperbaric Medicine Society's web site at <www.uhms.org> or call 304-942-2980. Information about this subject is also available at the web site of the National Baromedical Services <www.baromedical.com> Tel: 803-434-7101.



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## A TIME FOR SHARING

I completed my treatment for squamous cell carcinoma in the latter part of July, 1999. Treatment consisted of surgery followed by radiation therapy. At that time, amifostine was not yet available for general use and unfortunately, as a result of the radiation therapy, I lost a major part of my salivary gland function, which made recuperation long and difficult. The reduction in my salivary output, also led to rapid deterioration of my teeth. As a result of osteoradionecrosis and receding gums my teeth began to loosen to such an extent that many required extraction. My dental surgeon explained that prior to any extractions taking place, it would be necessary for me to have hyperbaric oxygen treatments.

The hyperbaric oxygen chamber provides healing power by allowing you to breathe a concentration of 100% oxygen that is being delivered under pressure into the unit. Pressurized concentration of oxygen stimulates the formation of new capillaries, kills bacteria, and enhances one's body oxygen dependent bacterial defense mechanisms.

I chose to receive my treatments at the Hyperbarics Unit of the John T. Mather Memorial Hospital in Port Jefferson, NY as this was the closest facility to my home and the only such chamber in Suffolk County. This unit consists of individual chambers for treatment. Other facilities in the US provide chambers that can accommodate treatment of small groups of people at the same time.

Before any treatment began, I was examined and evaluated by a physician affiliated with the unit. I was given an EKG. Blood tests were also done. A facility coordinator showed me the unit and explained the purpose of the chamber. She thoroughly explained the treatment procedures that were soon to follow.

In order for my insurance carrier to approve the hyperbaric oxygen therapy, it was necessary for the staff from the unit to prepare and submit a recommendation and justification for my treatments. These treatments are very costly; consequently, it is important

to get prior approval from the insurance company before beginning therapy. It is also important to understand the extent of coverage and any limitations or restrictions in the insurance policy. For example, my insurance provided very little payment for the unit physician's exam as he was not a participating provider in my plan. However, it paid the full cost of the EKG and blood tests, and granted approval for 30 hyperbaric chamber treatments at \$800.00 per treatment. The hospital was willing to accept the insurance company's coverage as payment in full.

On my first day of treatment, the staff reviewed the procedure with me. As a diabetic, I was to receive a blood test as the first order of each day. To insure a patient's blood sugar levels would not drop below an acceptable range during the two hours or more within the chamber, the hospital's protocol required a blood sugar level of 120 or higher, before allowing a patient entrance into a chamber. Although requiring medications, I am fortunate to maintain good control at a blood sugar level of just under 100. However, to stay within the protocol it was necessary for me to have an extra large meal or a small snack just before entering the chamber. Once it was determined that my blood sugar was within the accepted range, I was permitted to change into a hospital gown. No personal belongings or metal objects are allowed into the chamber. Consequently, rings, earrings, hair clips, removable dentures, etc., are left with other personal property in the locker room. You are permitted to wear eyeglasses and bring a liquid refreshment with you into the chamber as long as it is in a non-metal container. Now, came the moment I was waiting for...getting into the chamber.

I had seen it. I knew it was safe. I knew I had an exceptionally caring staff of nurses and assistants in the room with me, and I knew that one of the nurses would be sitting beside me, within my view, throughout each and every minute of my time in the chamber. But then I started thinking...they are about to lay

me down, hook me up to a heart monitor, and slide me inside this clear plastic tube...very much like a model ship in a bottle! Oh boy! Stay calm. I was not claustrophobic. I really wasn't and...I really was just fine!

It is an unusual experience. It is an amazing form of treatment. It does not hurt, although you may encounter a mild sensation of pressure in your ears just as you might feel during the decent of an airplane. It is not in the least bit scary. It is, in fact very very boring!

To help pass the time more pleasantly each chamber has a television and a VCR suspended for individual viewing. The unit maintains a large stock of videos, or you may bring one of your own. However, no books or magazines are permitted in the chamber.

Each treatment took just under two hours. The Mather Hospital Hyperbarics Unit's protocol further ensures the safety, comfort, and well-being of its patients by adding the precaution against possible seizures by providing two "air breaks" which are spaced evenly within each treatment. The "air break" provides a break from the intake of 100% oxygen by delivering normal room air by way of a facemask you bring with you as you enter the chamber and use when directed by your monitoring nurse.

Near the end of the treatment period you do experience a mild pressure change in your ears as the chamber is being decompressed. When the treatment ends the chamber is opened, you pass the face mask to your nurse, the leads from the heart monitor are removed, and your treatment is finished.

The individual undergoing daily hyperbaric oxygen therapy really does not experience any major discomforts. Over all, the only noticeable side-effect, which I had been informed to expect, and would be temporary in nature, did appear after several treatments. I experienced mild distortion of vision, primarily at night, as well as some difficulty in the reading of street signs. My vision returned to normal within a month after completing treatments.

I received hyperbaric oxygen therapy as  
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# The Rose

*It's the heart afraid of Breaking, that never learns to dance.  
It's the dream afraid of waking, that never takes a chance.  
It's the one who won't be taken, who cannot seem to give,  
And the soul afraid of dying, that never learns to live.*

FROM THE BETTE MIDLER SONG *THE ROSE*



I woke up this morning thinking about this song. Remember it ends telling us to “just remember in the winter, far beneath the bitter snow, lies the seed that with the sun’s love, in the spring becomes the rose.” How like grief’s personal journey!

I believe that grieving is perhaps the most important work we do as human beings because it is so connected to life and to love. Loss breeds either bitterness and all that goes with that or it leads to true compassion in ways we have not known without it. Yet, we are afraid. We do not know how to grieve.

Fears and apprehensions are grounded in our beliefs and values; they do not simply float in and out of our consciousness. It is difficult to conceive of anyone being fearful and apprehensive unless they believe there is a potential threat to something they cherish.

I believe that reflecting on and respecting our fears can lead to important discoveries of some of our most cherished beliefs and values. This is self discovery on a level that connects us to our spiritual energy.

It is in the awareness of our fears and apprehensions that we learn the impact and difference they make in our everyday life. We need then not be caught up in fears any longer. We can then more fully open our hearts in our other relationships. Then we are freer to be more fully known to others.

Denying our vulnerability creates distance between ourselves and those we love. Unexamined fears may be an unnecessarily exaggerated way that our everyday living and interaction with others is influenced.

Safe exploration of death and grief decreases our anxiety, though we may believe that leaning into it will increase it. An additional bonus to this quest is that our heightened awareness and comfort lead to our becoming more sensitive and responsive to the needs of others forever.

Consciously developing a new world view can anchor us and create a more substantial feeling of being in charge in all of life’s transitions. Our denied fears about death are very closely related to our fears about life. Learning more about death is actually an enhancement concerning life and the way we live it.

All that I learned about life from my personal grief journey when my young husband died changed the direction of my life. It led me to become a counselor. I have learned a lot about love and the capacity of the human spirit through my work with families diagnosed with life threatening illnesses.

Love is in the trenches and in silences shared and in listening and being there...it has no demands, it just is.

My capacity for joy seems to have become more authentic and full as I have learned to lean into my sorrow and all sorrow. We need contrasts in life. To be always happy does not allow us to know what happy is. Embracing what we might consider to be the ‘bad’ feelings with support is our real opportunity for personal growth.

Jude Schneider, M.Ed.

Wellness Works

Evergreen Hospital Medical Center,  
Kirkland, WA

## TIPS FROM THE PROS

Dear Nancy,

The article in the April, 2002 newsletter concerning home remedies has a great deal of good information and was certainly worth reprinting. I would like to make two points that I hope can be added to it.

- First, I was sceptical of the salt water and baking soda remedy, probably because it was a home remedy that I heard of my whole life that I put in the category as old wives’ tales. I also thought that with the great advances in drugs that a “high tech” drug would be more effective. Boy! was I wrong. This remedy works on mouth sores like no other. Mom was right!

- Second, flouride toothpaste comes in spearmint and fruit flavors from Colgate. The spearmint is very stinging to sensitive mouths. I could not use it. The fruit flavor is much better. Unfortunately, the fruit flavored toothpaste is not available in a cheaper, generic form. I get it on a prescription basis from Colgate, but my dentist has to state specifically in the prescription, “fruit flavored”, or they send me spearmint.<sup>n</sup>

.....Frank Giancola

## SHARING Continued from page 4

part of the safest and most effective way known in dealing with the extraction of teeth for a patient who has undergone radiation of the oral cavity. My dental surgeon prescribed that I undergo twenty treatments prior to the extractions and another ten additional treatments following the extractions. After completion of my therapy, I was pleasantly surprised to note a number of small, but measurable, benefits provided by the treatments. The treatments provided stimulation of capillary formation that helped promote healing of the jaw after the tooth extractions. They also helped reverse some of the damage done by the radiation treatments by promoting healing of the mucosa of my oral cavity and stimulating the return of a small portion of my salivary function. All in all I found that the merits of hyperbaric oxygen therapy far outnumbered the minor discomforts and annoyances of the treatment itself.<sup>n</sup>

Alice Peters

Ronkonkoma, NY

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Jack Mitchell: Coordinator/Facilitator  
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Center.

### SPOHNC-DALLAS, TX

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### SPOHNC-MORRISTOWN, NJ

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### SPOHNC-ORANGE, CA-UCI H

Donna Baker, LCSW: Coordinator/Facilitator  
714-456-8609: <baker@uci.edu>  
Meeting: 1<sup>st</sup> Monday, 6:30-8:00 PM. Associ-  
ates Conference Room, University of Califor-  
nia Irvine Medical Center.

### SPOHNC-PITTSBURGH-PA-UPMC

Marilyn Hudak, RN: Coordinator/Facilitator  
412-647-9127 <hudakme@msx.upmc.edu>  
Meeting: 6:00-7:00 PM (Call for day of wk.)  
Unit 11, N. Conference Rm., Montefiore Hosp.

### SPOHNC-SAN DIEGO

Valerie Targia: Coordinator/Facilitator  
760-751-2109; <valtargia@yahoo.com>  
Meeting: Last Saturday of each month.  
Please contact Valerie for place and time.

### SPOHNC-WASHINGTON, DC-LCC

Joanne Assarsson, LICSW: Coordinator/  
Facilitator: 202-784-3755:  
<assarssj@gunet.georgetown.edu>  
Meeting: 3<sup>rd</sup> Monday, 12:15-1:45 PM.. Podium  
A, Conference Rm, Lombardi Cancer Center.

H Newly formed chapters

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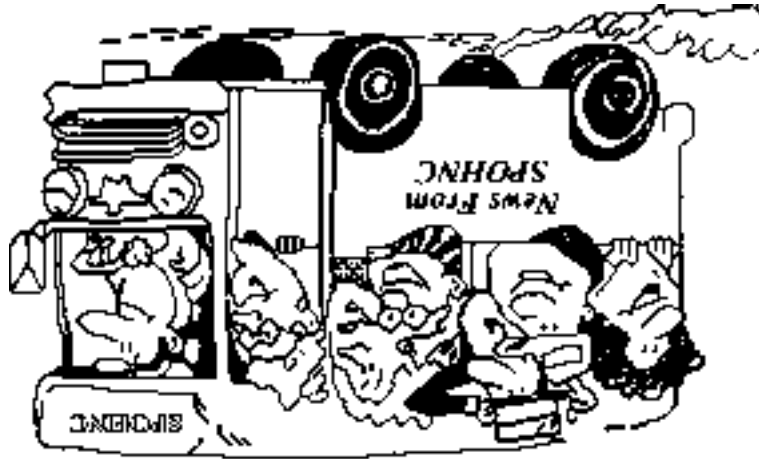
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