patients. The median time to onset of oral aGVHD was 34 days (range 11-159). Sites affected by nonspecific ulcerations included the tongue (16/18, 89%; dorsum in 7/18), buccal mucosa (16/18, 89%), labial mucosa (13/18, 72%), palate (12/18, 67%; hard palate in 7/18), and floor of mouth (6/18; 33%); 7 (39%) cases presented with prominent lip ulceration and crusting. Salivary gland disease features included severe hypofunction (1/18; 6%) and palatal mucocaeles (1/18; 6%). In addition to systemic therapies, topical preparations of dexamethasone (10/18; 56%), tacrolimus (7/18; 39%), and morphine (3/18; 17%) were used for ancillary support. Of the 13 (72%) patients who survived beyond day 100, 2 developed oral cGVHD.

Conclusions. Oral features of aGVHD include extensive nonspecific ulcerations of keratinized and nonkeratinized mucosa and are often observed in the context of concurrent skin, liver, and gut involvement. Intensive topical therapies may be helpful in reducing symptoms and promoting healing. Concurrent salivary gland involvement appears to be infrequent. Oral medicine specialists should be aware of this potential complication of allogeneic HCT, and can play an important role in both its diagnosis and management.

Data were presented at the European Association of Oral Medicine Meeting, London, September 2010.

Efficacy of Miconazole Buccal Tablet in Severe Oropharyngeal Candidiasis. L.L. Patton, J. B. Epstein, N. Musaji, and P. Attali, University of North Carolina, Chapel Hill, NC

Objectives. This post hoc analysis of the Study of Miconazole Lauriad Efficacy and Safety (SMiLES) evaluated efficacy of MBT and CT according to the extent and severity of oropharyngeal candidiasis (OPC) lesions and symptoms of erythema and burning/soreness at baseline to determine if efficacy differed in patients with severe OPC (defined as extensive lesions or moderate/severe symptoms).

Methods. SMiLES was a noninferiority, double-blind, multicenter study of HIV-positive patients with OPC randomized to 50 mg MBT once daily or 10 mg CT 5 times/day. The primary efficacy end point was clinical cure, defined as complete resolution of OPC signs/symptoms, after 14 days of treatment (at Test of Cure visit). This post hoc analysis investigates clinical cure and relapse rates at day 35 based on patients’ severity of symptoms at baseline.

Results. The primary efficacy analysis for clinical cure among 577 subjects demonstrated MBT (176/290; 61%) was not inferior to CT (187/287; 65%), with treatment difference -0.045 (95% CI: -0.12-0.03). At baseline, lesion extent by treatment group was as follows: MBT: 13% single, 54% multiple, and 33% extensive lesions, versus CT: 13% single, 59% multiple, and 28% extensive lesions. At baseline, symptom profile by group was as follows: for MBT: 13% none, 58% mild, and 29% moderate/severe symptoms, versus CT: 14% none, 55% mild, and 31% moderate/severe symptoms. For the patients with extensive OPC lesions at baseline, 54% MBT and 48% CT achieved clinical cure, and 35% MBT and 41% CT relapsed. When baseline symptoms were either moderate or severe, 60% MBT and 45% CT achieved clinical cure.

Conclusions. MBT once daily can effectively treat patients with severe OPC. This study showed topical azoles have utility even in severe OPC in HIV-positive subjects.

ORAL CONDITIONS IN CANCER PATIENTS RECEIVING HOSPICE CARE. Dena J. Fischer, Joel B. Epstein, and Diana J. Wilkie, University of Illinois at Chicago, Chicago, IL.

Objectives. Cancer patients at the end of life are suffering with advanced disease, at which time the focus of care is on quality of life. Oral health plays an essential role by contributing to symptom management, social interaction, and nutritional intake. The purpose of this study was to characterize the presence, severity, and functional impact of oral health conditions in advanced cancer patients in hospice care.

Methods. Seventy-five subjects with various cancers (mean age 64.3 ± 16.4 years, 44% male) participated in this prospective, observational study. Subjective measures included xerostomia and oral pain intensity and impact (0-10 scale), xerostomia correlates, orofacial pain, taste, and functional (FUNC) and social (SOCIAL) impact (1-5 scale). Objective indicators included salivary hypofunction, fungal infection, stomatitis and ulcerations. SPSS was used for descriptive and comparative statistics (ANOVA, χ²).

Results. Subjective xerostomia scores were the greatest (3.0 ± 0.9), followed by taste change (2.8 ± 1.4), FUNC (2.4 ± 0.8), orofacial pain (1.9 ± 0.8), and SOCIAL (1.7 ± 0.9). Measures of xerostomia, taste, and FUNC were significantly greater than orofacial pain and SOCIAL (P < .02). Xerostomia had a significantly greater impact on daily functions (2.8 ± 2.6) than oral pain (2.0 ± 2.5; P < .03). Thirty-seven percent of subjects rated their oral health worse than physical health. Objective findings revealed that 77% of subjects had candidiasis, 65% stomatitis, 29% ulcerations, 35% caries, and 28% moderate/severe gingival inflammation. Salivary hypofunction was mild in 14% of subjects, moderate in 47%, and severe in 39%. Compared with subjects without mucosal ulcerations, those with ulcerations reported high orofacial pain (F = 7.99, P < .01) and SOCIAL (F = 4.24, P < .05) scores. Poor oral hygiene predicted greater severity of fungal infection (χ² = 6.83, P < .05).

Conclusions. Salivary hypofunction was a universal finding, and oral conditions were prevalent in this population. Positive objective findings predicted increased oral symptoms. Recognition and management of oral conditions may decrease symptom burden and improve social interaction for vital life closure activities.

Funding sources: NIH/NINR P30NR010680.

Data were presented at the International Association for Dental Research Meeting, Barcelona, Spain, July 2010.