

# The dental oncology complication that wouldn't go away

Harriet Byrne<sup>1</sup>, CS Weadick<sup>2</sup>, Richeal Ni Riordain<sup>1,3</sup>, Conor Barry<sup>3,4</sup>, Seamus O'Reilly<sup>2</sup>

1. Cork University Dental School and Hospital, 2. Dept of Medical Oncology, Cork University Hospital, 3. ENTO Research Institute, University College Cork, 4. Dept. of Oral and Maxillofacial, Cork University Hospital

Bone-modifying agents are used throughout cancer care to improve quality of life after cancer treatment. As survival rates of cancer patients have increased significantly, complications arising after cancer-treatment are becoming more prevalent. Medication-related osteonecrosis of the jaw (MRONJ) is a direct consequent of bone-modifying agents (BMAs). Dental disease remains the most common non-communicable disease and has remained stagnant in 45% of the world's population over the past thirty years. Dental disease is a strong predictor of future MRONJ. The condition was first described two decades ago, and is a relevant clinical consideration given the guidance-based incorporation of BMAs in both metastatic and adjuvant settings.

In this instance, increasing cancer-related survival has been paralleled by increased BMA exposure and consequently higher risk of MRONJ. We report a patient with a history of metastatic breast cancer whose quality of survival has been dominated by advanced stage MRONJ. We discuss the management of her care and the need for primary dental prevention to be integrated into oncology care for patients on BMAs.