



What if ONJ is suspected?

- If your dentist suspects that you have ONJ, they will refer you to a specialist experienced in managing ONJ.
- Identifying ONJ at an early stage, when only a small amount of bone is exposed, means that most patients can be managed with the following measures:^{3,5,8,11}
 - maintenance of optimal oral hygiene
 - treatment of active dental and gum disease
 - use of antibacterial mouth rinses
 - treatment with antibiotics.
- When a lot of bone is exposed, surgery can be effective.⁸
- Your treatment will depend on your individual symptoms.

Bone-protective therapy is important in maintaining your bone health. You should continue this treatment unless your doctor advises you otherwise.^{1,2}

Information provided in this leaflet should be considered along with treatment-specific information provided by your doctor.

ONJ alert card

This patient is receiving/has received treatment that is associated with a risk of developing osteonecrosis of the jaw (ONJ)

Should any invasive procedures be required, please contact the specialists on the back of this card for further advice

Please keep this in your wallet and show it to your dentist or other oral healthcare provider at every dental appointment

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Osteonecrosis of the jaw: a guide for patients with cancer or multiple myeloma receiving bone-protective therapy



This document was reviewed by an ADEE panel in September 2020.

For further information, please visit <https://adee.org/partners/adeeamgen-onj>



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Osteonecrosis of the jaw

- Bone-protective therapy is important for maintaining bone health in patients with cancer and bone metastases (cancer that has spread to the bone) and patients with bone lesions as a result of multiple myeloma.^{1,2}
- However, in a minority of patients, bone-protective treatment can be associated with a complication known as osteonecrosis of the jaw (ONJ).¹⁻³
- This leaflet provides information on:
 - the signs and symptoms of ONJ
 - steps you can take to prevent ONJ
 - what to do if ONJ occurs.

What is ONJ?

- ONJ is a condition that occurs when the jawbone is damaged (usually following an infection or dental procedure), causing delayed healing and leading to the jawbone being exposed for longer than would normally be expected.^{3,4}
- Some types of treatment can lead to an increased risk of ONJ:
 - bone-protective therapy with bisphosphonates or RANK ligand inhibitors, which are used to prevent bone complications in patients with bone metastases or bone lesions^{1,2}
 - some other cancer therapies that work by blocking blood vessel growth.⁵

What are the signs and symptoms of ONJ?

- It is important to tell your nurse, dentist or doctor if you are experiencing any problems in your mouth while receiving these treatments.^{3,4}
- Signs and symptoms to be aware of include:^{3,6,7}
 - an area of exposed bone in your mouth
 - pain, numbness or tingling in your jaw
 - loosening of teeth
 - holes in the tissue of your mouth
 - swelling of your jaw or gums
 - discharge or pus in your mouth
 - bad breath.



If you notice any of these signs or symptoms, you should contact your dentist and doctor or nurse immediately

Who is at risk of ONJ?

- Patients with bone metastases or lesions who are receiving bone-protective therapy to prevent bone complications are at an increased risk of ONJ.^{5,8}
- Various other factors are associated with an increased risk of ONJ in patients receiving bone-protective therapy. You may be at a higher risk if you:^{1-3,6,8-11}



have invasive dental treatments (e.g. tooth extraction, insertion of dental implants, or surgery in the region of the mouth)



are receiving or have received certain cancer therapies (e.g. chemotherapy, simultaneous corticosteroid therapy, current or previous treatment with inhibitors of blood vessel growth or previous treatment with bisphosphonates)



have poor dental hygiene or are unable to perform oral care or have ill-fitting dentures



have other diseases (e.g. pre-existing dental diseases, cancer, anaemia, infections, diabetes mellitus, immunosuppression or renal failure)



are a smoker



are older (over 60 years old).



How can I reduce my risk of developing ONJ?

- To significantly reduce your risk of ONJ, you need to have a full dental assessment, and any invasive dental procedures should be completed and healed before starting bone-protective therapy.^{2,5,11,12}
- There are several other things you can do to reduce the risk of ONJ.^{1-4,11,13}
 - Visit your dentist for regular check-ups (at least every 6 months).
 - Tell your dentist about your medical history and all medications you are taking (see alert card below).
 - If you wear dentures, tell your dentist if you are having any problems with the fit.
 - Tell your doctor or nurse about any dental treatment you need while receiving bone-protective therapy as soon as possible.
 - Tell your nurse, dentist or doctor about any problems with your mouth or teeth as soon as possible (see section titled 'What are the signs and symptoms of ONJ?').
 - Maintain good oral hygiene.
 - Brush your teeth, gums and tongue using a soft bristle toothbrush and fluoride toothpaste 2–4 times a day.
 - Gargle with a saline or saltwater solution at least 4 times a day.
 - Clean between your teeth every day (e.g. with interdental brushes).
 - If you smoke, seek advice from your doctor or nurse on how to stop.

Below is a tear-out alert card to keep in your wallet to show to your dentist or other oral healthcare provider at every dental appointment

Alert card

Treatment and dose

Oncologist name

Oncologist contact details

Clinical nurse specialist name

Clinical nurse contact details