

Acupuncture Technique For Pilocarpine-Resistant Xerostomia Following Radiotherapy For Head and Neck Malignancies (ASTRO Abstract)

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PURPOSE/OBJECTIVE

Patients with xerostomia refractory to pilocarpine therapy were offered acupuncture (AP) as potential palliation of their symptoms.

PATIENTS AND METHODS

Eleven patients with refractory xerostomia after bilateral head and neck radiotherapy (XRT) have been treated with AP and are the subject of this report. Nine patients (4 NP, 5 OP primaries) had been treated definitively, and 2 patients (1 each OC, and OP primaries) had been treated post-operatively. Chemotherapy had been given in four cases (2 NP, 2 OP primaries). Median XRT dose to the primary field was 70 Gy. Median latency post-XRT was 35 months. Ten patients had discontinued pilocarpine therapy because of lack of effect; one was taking pilocarpine with minimal therapeutic effect. Full informed consent was obtained prior to AP in each case. Patients were treated with a standard AP protocol and received a median of 4 weekly treatments. Sterile AP needles were inserted by the same experienced acupuncturist in all cases. Two bilateral hand points were needled in conjunction with three bilateral auricular points. Response was assessed retrospectively using the Xerostomia Inventory (XI)¹. Using this scale, higher numbers represent worse toxicity (max = 50), and a score of 14.5 is normal.

RESULTS

No adverse effects were referable to AP. A subjective increased degree of salivation was present in 10 of 11 cases after AP. Below are objective patient responses using the XI.

CONCLUSION

Acupuncture using a standard protocol may contribute to less xerostomia for some patients with refractory symptoms after radiotherapy. Longer follow-up, optimization of technique and prospective objective measurement of response continue in our clinic.

| Pt | Stage/ | XRT | Time | Pre- | # AC | Time | Post-AC |
|----|--------|-----|------|------|------|------|---------|
|----|--------|-----|------|------|------|------|---------|

| | Primary | dose (Gy) | post- XRT | AC XI score | session | post- AC | XI score |
|----|----------------|----------------------|----------------------|------------------------|----------------|---------------------|---------------------|
| 1 | IV / NP | 70 | 14 m | 37 | 4 | 1 w | 29 |
| 2 | II / OT | 50 | 44 m | 39 | 4 | 8 w | 23 |
| 3 | IV / Tonsil | 70 | 5 m | 35 | 3 | 1 w | 32 |
| 4 | III / Tonsil | 64 | 30 m | 41 | 4 | 1 w | 41 |
| 5 | IV / NP | 71.12 | 12 m | 41 | 4 | 8 w | 24 |
| 6 | IV / NP | 70 | 40 m | 40 | 3 | 2 w | 29 |
| 7 | III / Tonsil | 70.5 | 35 m | 36 | 4 | 3 w | 31 |
| 8 | IV / BOT | 70 | 60 m | 43 | 4 | 4 w | 21 |
| 9 | IV / BOT | 74.4 | 50 m | 42 | 5 | 5 w | 24 |
| 10 | III / Tonsil | 70.5 | 24 m | 35 | 3 | 1 w | 35 |
| 11 | IV / NP | 70 | 35 m | 40 | 5 | 4 w | 38 |

1 Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2000;89:46-50.