

# Caphosol®

## What is Caphosol®?

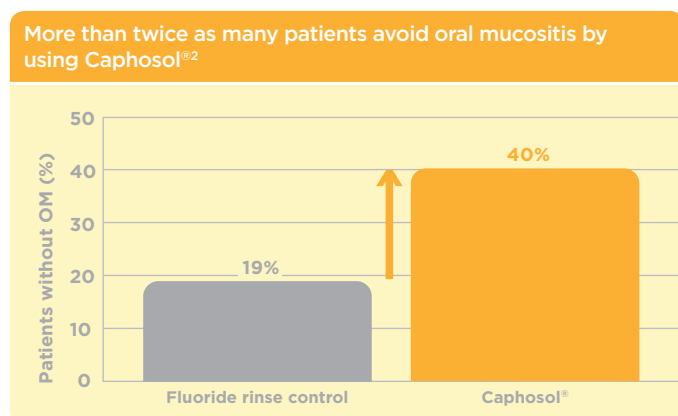
Caphosol® is an electrolyte solution for the prevention and treatment of oral mucositis, which is also known as stomatitis among some health care professionals. Caphosol® is indicated as an adjunct to standard oral care in the prevention and treatment of the mucositis that may be caused by radiation or chemotherapy. Caphosol® is also indicated for dryness of the mouth and oropharynx (hyposalivation and

xerostomia) regardless of the cause or whether the conditions are temporary or permanent.<sup>1</sup>

Caphosol® contains high concentrations of calcium and phosphate ions. Calcium and phosphate are important in maintaining a healthy oral cavity.<sup>2</sup> Caphosol® is designed to moisten, lubricate and clean the oral cavity including the mucosa of mouth, tongue and oropharynx.<sup>1</sup>

## How can Caphosol® improve oral mucositis?

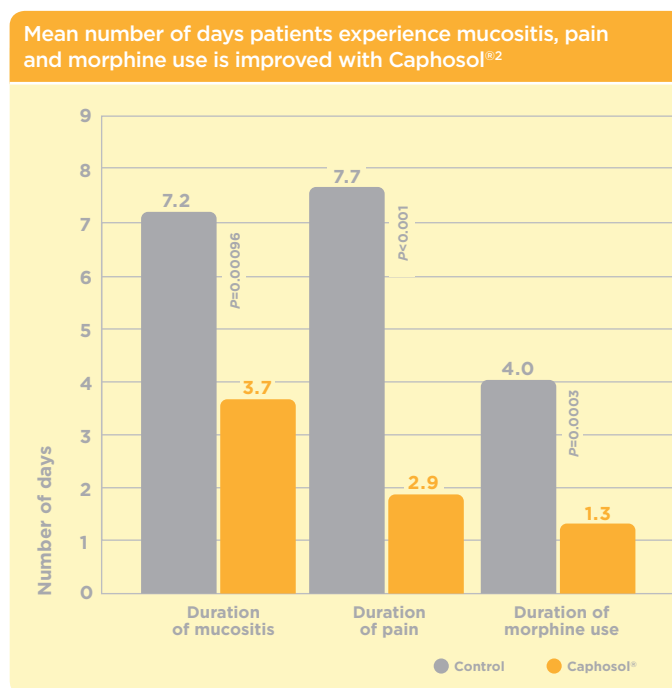
The safety and efficacy of Caphosol® in treating oral mucositis has been clinically demonstrated.<sup>2</sup>



Adapted from Papas et al.<sup>2</sup> Data from a prospective, randomised, double-blind, controlled trial of 95 patients undergoing bone marrow transplantation.

Caphosol® was shown to:

- Reduce the duration of oral mucositis<sup>2</sup>
- Reduce the duration of pain associated with oral mucositis<sup>2</sup>
- Reduce morphine use in patients by 72%, with nearly three quarters requiring no morphine at all<sup>2</sup>



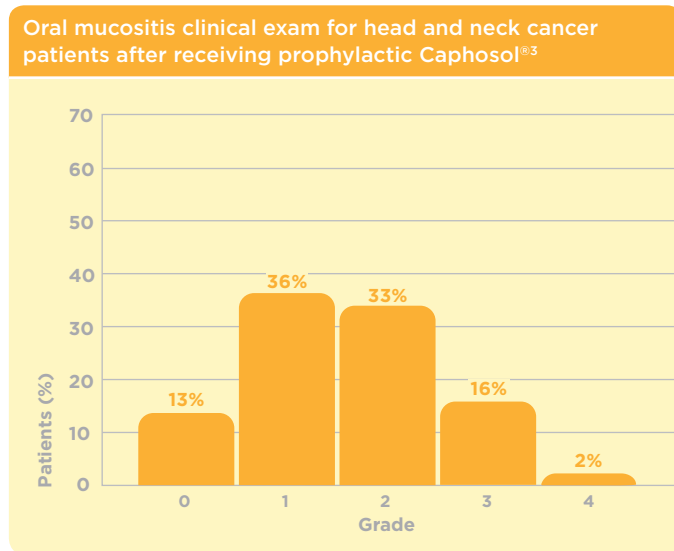
Adapted from Papas et al.<sup>2</sup> Data from a prospective, randomised, double-blind, controlled trial of 95 patients undergoing bone marrow transplantation.

Through preventing and treating oral mucositis associated with cancer therapies, the risk of interrupting cancer treatment is reduced.

## How can Caphosol® prevent oral mucositis?

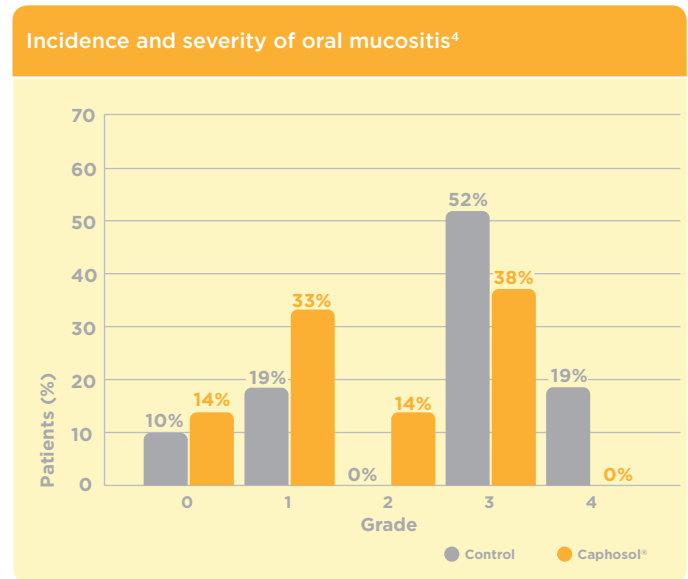
Caphosol® has been shown to have a clinically significant impact on the occurrence and severity of oral mucositis in two open-label studies.<sup>3,4</sup>

The first was an observational registry, which noted low rates of oral mucositis in chemotherapy and radiation patients at high risk of developing oral mucositis, who performed an oral rinse 4-10 times daily with prophylactic Caphosol®.<sup>3</sup>



Adapted from Haas *et al.*<sup>3</sup> Open label, observational registry in head and neck patients (n=61) receiving chemo- and/or radiation therapy at 26 radiation/medical oncology sites throughout the USA from August 2007 to February 2008.

The second found Caphosol® was associated with reductions in the incidence and severity of oral mucositis, in addition to reductions in treatment costs.<sup>4</sup>



Adapted from Miyamoto C *et al.*<sup>4</sup> A retrospective study of 21 head and neck cancer patients treated with intensity-modulated radiation therapy (IMRT) who received Caphosol® from the start of their treatment. Outcomes were compared with 21 matched control patients who received standard care for oral mucositis.

- Caphosol® reduces requirement for feeding tubes<sup>4</sup>
- Caphosol® reduces oral mucositis-related hospitalisation<sup>4</sup>
- Caphosol® reduces oral mucositis-related treatment costs by 54-68%, depending upon the model used to estimate treatment costs<sup>4</sup>

## How is Caphosol® used?

### Caphosol® can be easily integrated into overall cancer therapy

- Very easy to use and comes in two different coloured ampoules<sup>1</sup>
  - One ampoule contains the phosphate ions and the other contains the calcium ions
- Well tolerated<sup>2</sup>
- Flexible dosing from 4 to 10 times a day, depending on patient's need<sup>1</sup>

#### To use Caphosol® properly there are a few simple steps<sup>1</sup>

**1** Mix the two ampoules together in a glass\*



**2** Swish with half of the liquid for one full minute



**3** Spit out



**4** Swish again with the other half for another full minute



**5** Spit out



\*Ampoules do not need to be poured simultaneously into a glass

#### References:

1. Caphosol® Product information. EUSA Pharma (Europe) Limited, November 2008.
2. Papas AS *et al.* *Bone Marrow Transplant* 2003;**31**:705–712.
3. Haas M *et al.* 50th ASTRO congress 2008; abstract 2530.
4. Miyamoto C *et al.* *Support Care Cancer* 2009;**17**:857–1039.