Effect of glutamine supplement on chemo-radiation induced mucositis in head and neck cancer patients: a prospective study

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INTRODUCTION

Chemo-radiation is one of the multimodality treatments for head and neck cancers. However, the toxicities of treatment are often severe and difficult to manage.1 Oncologists frequently encounter oral mucositis, which can be severe and cause hospitalization or unplanned breaks in radiotherapy (RT).2,3 Incidence of radiation-induced oral mucositis is 80% to 91% in head and neck cancer patients, with or without chemotherapy.4,5 This toxicity is due to progressive thinning of the oral mucosa to form erythematous patches which leads to ulceration with severe pain and swallowing disability. This may result in discontinuation of chemo-radiation, use of analgesics or Ryle’s tube dependency.

Non-pharmacologic approaches for the prevention of oral mucositis, including glutamine and several other agents, have been investigated.6 There is inadequate evidence confirming the advantage of glutamine as the research results have been inconsistent.2,7
Glutamine is an essential amino acid critical to the regulation of protein synthesis, respiratory fueling and cellular energy and signaling in cancer cells. The skeletal muscle accounts for 90% of the glutamine synthesized in the body, with the rest released by the lungs and the brain. In catabolic states of injury or during periods of rapid growth or stress, glutamine becomes conditionally essential, and oral supplementation is necessary. Human cancer cell lines exhibit a 5 to 10-fold faster rate of glutamine consumption than non-malignant cells. When the body is under stress and experiencing high metabolic demands, the intracellular glutamine pool is approximately halved. This can have a negative impact on the function of host tissues that are dependent upon adequate stores of glutamine for optimal functioning.

Glutamine may decrease mucous membrane injury induced by radiation by altering the inflammatory response. Glutathione, a byproduct of glutamine metabolism protects against oxidant injury. Glutathione is an antagonist to prostaglandin E2 production, which is a strong inflammatory mediator. A pilot trial in China demonstrated that oral glutamine suspension may significantly reduce the duration and severity of oral mucositis during radiotherapy. However, an adequately powered randomized clinical study required to establish these findings has not been carried out so far, to the best of our knowledge.

So, in this study we have evaluated the effects of oral glutamine on the onset, severity and the recovery period of radiation induced mucositis in head and neck cancer patients receiving chemo-radiation.

**METHODS**

This study was conducted in the Department of Radiotherapy of Maharaja Krishna Chandra Gajapati Medical College, Berhampur, Odisha situated in the eastern part of India. In this department, all the cancer patients were treated in conventional technique by Co60 radiotherapy machine. Our study includes biopsy proven head and neck cancer patients attending radiotherapy department for chemo-radiation. Informed consent was obtained from all the patients satisfying eligibility criteria. After we obtained consent, consecutive patients were randomly assigned one after the other into either treatment arm-A, which was the glutamine arm, or arm-B, which was the control arm. Because the study protocol had determined an equal number of patients for each arm of the study, a block randomization protocol was used. To avoid bias, the randomization sequence was obtained in sealed envelopes from a statistician. Patients in arm-A were advised to take glutamine 15 mg (1 sachet) in 100 ml of water 2 hours before commencement of radiotherapy and also on radiation off days at the same time. Patients in arm-B served as control group.

**Study subject**

All biopsy proven (squamous cell carcinoma) cases of head and neck cancer patients who received chemotherapy with a dose of 66 Gy in 33 fractions, 5 fractions a week with 2 Gy per fraction along with weekly cisplatin in a dose of 40 mg/m² on Monday every week during the study period from January 2018 to May 2019.

**Inclusion criteria**

Age groups- 20 to 80 year, both males and females, histopathologically proven squamous cell carcinoma of the head and neck, primary tumor in stage T2, T3, or T4; regional node of any N status; without distant metastases, patients with Eastern Cooperative Oncology Group performance and score 0, 1 or 2 were included.

**Exclusion criteria**

Patients with unscheduled treatment gaps of >2 weeks for reasons other than treatment toxicity; patients with history of second primary cancer; presence of any chronic systemic illness; previous history of chemotherapy or radiotherapy were excluded.

**Data collection**

Patient’s information like socio-demographic and clinical profile, sub-site wise distribution of the disease, onset of mucositis, its grade and recovery period were obtained in a predesigned case format from head and neck cancer patients those provided written consent.

**Statistical analysis**

All the data were collected, summarized, and analyzed by SPSS version 16 IBM SPSS Statistics for Windows, (IBM Corp., Armonk, N.Y., USA). The data were presented by their number and percentage. The categorical data were analyzed and compared by Chi-square test. Level of statistical significance was considered as p<0.05.

**RESULTS**

A total of 64 patients were included in this study and randomized into two arms with 32 subjects in each group. arm-A (glutamine arm) consisted of 29 (90.6%) male as compared to 23 (71.8%) in the control group. Mean age is 55.28±10.65 and 52.16±11.73 year in the case and control arms respectively. According to the tumor sub-site highest number of patients, 23 (71.8%) in arm-A and 24 (75%) in arm-B had cancer in the oral cavity. Factors like age (p=0.3297), sex (p=0.109) and sub-site (p=0.6113) of cancer in both the groups were comparable as the p value for all these three variables were not statistically significant (Table 1).
Loss of weight after completion of radiation was due to decreased food intake as a result of mucositis and other acute toxicities. An average weight loss of $2.44 \pm 1.88$ kg was found in arm-A with median at 2 kg and in arm-B it was $3.66 \pm 2.86$ kg and median value was 3.5 kg ($p=0.0483$). The comparison of weight loss after radiotherapy in both the groups of patients has been illustrated in Figure 1.

Mucositis appeared during an average period of 5 weeks (median) from start of treatment in glutamine arm and 3 weeks (median) in control arm. In arm-A mucositis was seen in 24 (75%) patients and in control arm it was 31 (96.8%). Further when the duration from appearance of grade 3 and 4 mucositis to its complete healing is compared in both the groups, the recovery period was 1 week and 2 weeks in arm-A and arm-B respectively.

**DISCUSSION**

Oral mucositis in head and neck irradiation still remains a challenge and matter of concern. Different interventions are currently practiced with varying benefits, but there is no consensus on the most effective way to prevent or treat this distressing complication.\(^1\)\(^4\)

Although basic oral care maintains mucosal health, little evidence suggests that it can reduce the onset and severity of mucositis as it is radiation induced.\(^1\)\(^5\) Agents like N-acetyl cysteine, amifostine, and systemic or topical antimicrobial formulations have been formulated for oral mucositis, though without encouraging results.\(^1\)\(^6\)

According to the therapy oncology group double-blind study, subcutaneous use of granulocyte macrophage colony-stimulating factor failed to reduce oral mucositis.\(^1\)\(^7\) The recombinant form of fibroblast growth factor called keratinocyte growth factor, or palifermin, has been studied in a group of patients with hematologic malignancies who required total-body irradiation with high-dose chemotherapy and blood stem cell support, palifermin reduced the onset and severity of oral mucositis. Therefore, the US Food and Drug
Administration has approved palifermin for this particular indication alone.\(^{18}\)

Most recently, Tsujimoto et al reported that glutamine significantly decreased the severity of mucositis in the oral cavity, pharynx, and larynx induced by chemoradiation in patients with head and neck cancers.\(^{19}\) However, they did not include any patients with oral cavity cancer and the dosage of glutamine was 30 g/d divided into 3 doses. A previous study that demonstrated positive effects in alleviation of oral mucositis used a dose range of 10 to 30 g/d.\(^{20}\) We supplemented our patients with 15 gm once daily, 2 hours prior to radiation and oral cavity cancers were also included along with other sub-sites in our study.

In the study of Huang et al, they included patients with various head and neck cancers, although the majority had oral cavity cancer (65.6%, \(n=42\)). This may contribute to a higher incidence or severity of oral mucositis because the oral mucosa is in a high-dose area for these patients. Under such circumstances, they tested whether oral glutamine might help relieve the incidence and severity of oral mucositis with recorded toxicity up to 70 Gy.\(^{21}\) In our study also oral cavity is the most common sub-site (73.4%, \(n=47\)) and the radiation dose is limited up to 66 Gy.

In a study carried out at A. H. Regional cancer center, they evaluated 162 patients with locally advanced head and neck cancer treated with concomitant chemoradiation. From their analysis, 1.2% of patients in the glutamine arm versus 55.5% of patients in the control arm developed mucositis at the end of the third week. At the sixth week, 34.5% of patients in the glutamine arm developed grade-2 mucositis, and none of the patients developed G3 mucositis. However, in the control arm, 54.32% of patients had G2 mucositis as early as the fourth week, and 92.35% of patients had grade-3 mucositis by the sixth week.\(^{21}\) Our study 75% and 96% of patients developed mucositis in arm-A and arm-B respectively.

Huang et al postulated that a reciprocal causation occurs between the decreased BMI and the severity of oral mucositis. When more severe mucositis causes an inability to eat, inadequate oral intake decreases the body weight and hence the BMI. Debilitated nutritional status from weight loss reduces the healing capability, and therefore leads to more severe mucositis. Under these circumstances, an oral nutritional supplement such as glutamine alone may not reverse the condition. The internal mechanism of this reciprocal causation is not clear and further laboratory exploration is warranted.\(^{22}\)

In another study it is showed that oral glutamine delays the development of mucositis. The mean time of onset of mucositis is significantly delayed in patients who received glutamine with \(p<0.001\). The mean duration of grade 3 mucositis or worse (grade 3 and grade 4) was significantly less (6.6 days vs. 9.2 days) in the glutamine arm.\(^{23}\) Our study revealed similar result of recovery period of oral mucositis to be 1 week and 2 weeks in the glutamine arm and control arm respectively.

Huang et al in their randomized control trial concluded that, despite several positive results from the literature, oral glutamine failed to reduce RT-induced oral mucositis or neck dermatitis in patients with head and neck cancer. However, the decrease in BMI strongly correlated with a higher severity of oral mucositis during RT.\(^{22}\) In contrast our study showed a significant improvement in oral mucositis and also less weight loss in the glutamine arm.

**CONCLUSION**

Oral mucositis is really a matter of concern in head and neck cancer patients receiving chemo-radiation. Most of the patients develop mucositis but glutamine has a significant effect on delaying the onset, decreasing the severity and early recovery of oral mucositis in head and neck cancer patients who were undergone chemo-radiation.

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