

The Effect of Oral Care Intervention in Mucositis Management Among Pediatric Cancer Patients: An Updated Systematic Review [Response to Letter]

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Dear editor

We want to thank you for taking the time to thoughtfully respond to Agussalim's feedback in our article "The Effect of Oral Care Intervention in Mucositis Management Among Pediatric Cancer Patients: An Updated Systematic Review"¹. Their insights are greatly appreciated and will help improve the topics surrounding our current study.

We agree and are pleased to acknowledge the positive points they raised regarding the strengths of this study. Their identification of our research in reviewing oral care interventions for mucositis management in pediatric cancer patients followed a systematic method with in-depth collection and analysis. They recognized the contribution of the findings of this study in the development of nursing science and provided empirical evidence on the effectiveness of various oral care agents in reducing the severity of mucositis in children. In addition, they believed that the findings provided recommendations for using effective oral care interventions, which could potentially be applied in clinical practice to improve the quality of care of pediatric cancer patients in line with the objectives of this study.^{1,2}

We would also like to thank those who identified and provided views on improving this study. Their feedback on the limitations of synthesizing results was well reasoned and constructive regarding the variation in the types of oral care interventions used, including frequency and duration, although we have used critical appraisal tools to evaluate study quality.¹ We fully agree with their view that literature reviews need to synthesize all parts of the analysis and note that they should be highly quality and meaningful.¹⁻⁴ We agree with them, this study did not include other alternative study designs such as observational which potentially reduces insights from different sources. We acknowledge this as a shortcoming of the study, which provides insight and consideration for conducting more comprehensive future studies on the same topic.¹ Similarly, their recommendation to consider future studies is the development of standardized oral care intervention protocols to assist in comparing results between studies and provide more consistent recommendations. In addition, their recommendation to consider studies using more robust methodologies to improve the validity of study results includes studies with a longitudinal design to evaluate the long-term effects of oral care interventions on mucositis and patient quality of life.¹

Their responses reminded us of the importance of paying attention to the quality and meaning of literature reviews, including the synthesis of results and the establishment of exclusion and inclusion criteria. Incorporating their feedback and suggestions provides insights that could address the limitations highlighted for improvement in future studies related to oral care intervention in mucositis management among pediatric cancer patients.

Once again, we appreciate their reviews which were invaluable in our work. Their suggestions contributed to improving the quality of our study and refining future research in this area. If in the future there are further insights or developments

that researchers and academics in this field would like to share, we are happy to receive feedback. After all, we are committed to building a constructive and productive research climate.

Disclosure

The authors report no conflicts of interest in this communication.

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