Oral chronic graft-versus-host disease is a frequent complication of allogeneic hematopoietic stem cell transplantation, contributing to patient morbidity and mortality. Although an optimal treatment is not available, several systemic and topical or local therapies have shown efficacy in treating the disease. New therapies are being tested through clinical trials. This article examines the efficacy and safety of reported treatment modalities studied from 2006–2012. Nurses will encounter patients with oral chronic graft-versus-host disease suffering from pain, discomfort, and a decreased quality of life. Knowledge of new therapies found to be effective in managing these symptoms is imperative. Nurses play a key role in the assessment and management of this complex oral disease.

**Clinical Presentation**

Oral involvement often is the first manifestation of the disease (Imanguli et al., 2006). Almost 80% of patients with cGVHD have oral clinical signs, including atrophy, edema, erythema, lichenoid changes, ulcerations, and late fibrosis, which often lead to poor jaw range of motion (Imanguli et al., 2006). Lichenoid changes are similar in clinical presentation to oral lichen planus and have a