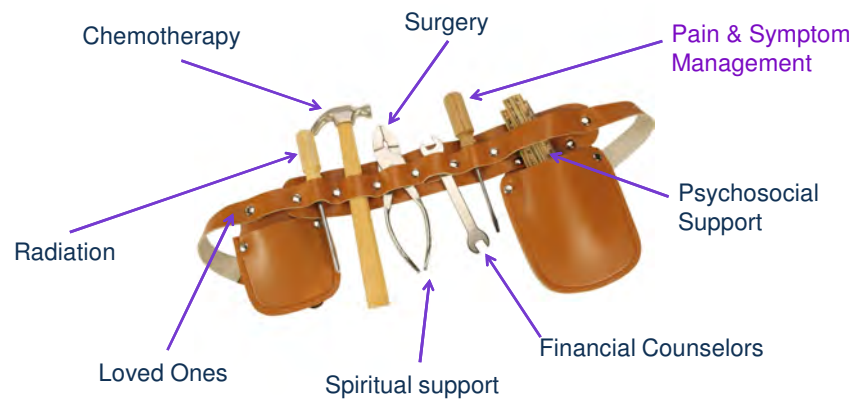


Optimizing Your Quality of Life During Cancer Treatment: Pain & Side Effect Management

Eric Roeland, MD
GI Oncology
Palliative Medicine

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Pancreatic Cancer Patient Tool Belt



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Paul

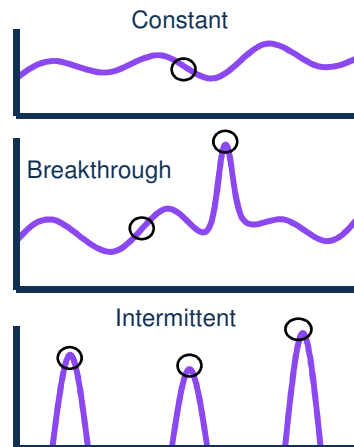
- 59 year old male
- New diagnosis locally advanced pancreatic cancer
- Recently started FOLFIRINOX
- Has pain medications, but uses them rarely
- Opioid fear due to son with opioid addiction history
- Not sleeping x 1 week
- Over weekend presents to ED with abdominal pain radiating to back



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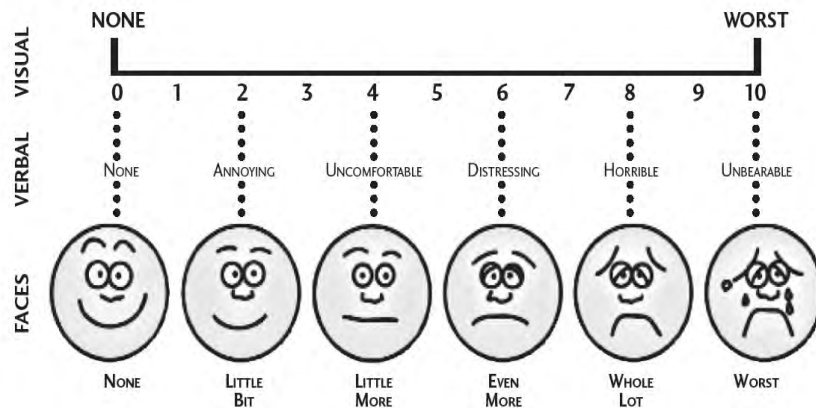
Pain: What Does the Doc Want to Know?

- Location
- Quality
- Radiation
- Severity
- Duration
- Temporal profile
- Modifying factors
 - What makes it better?
 - What makes it worse?
- Associated Signs & Symptoms



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Measuring Pain



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- Location – mid abdomen
- Quality – “boring,” “gnawing,” dull pain
- Radiation – into back
- Severity – current 9/10, baseline 4/10, goal 2/10
- Duration – ~2 weeks
- Temporal profile – constant, worse at night
- Modifying factors –
 - Oxycodone 5mg improves pain level from 9 to 7
- Associated Signs & Symptoms – constipated, loss of appetite, insomnia, anxious



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Step 1:

Consider an Abdominal Nerve Block



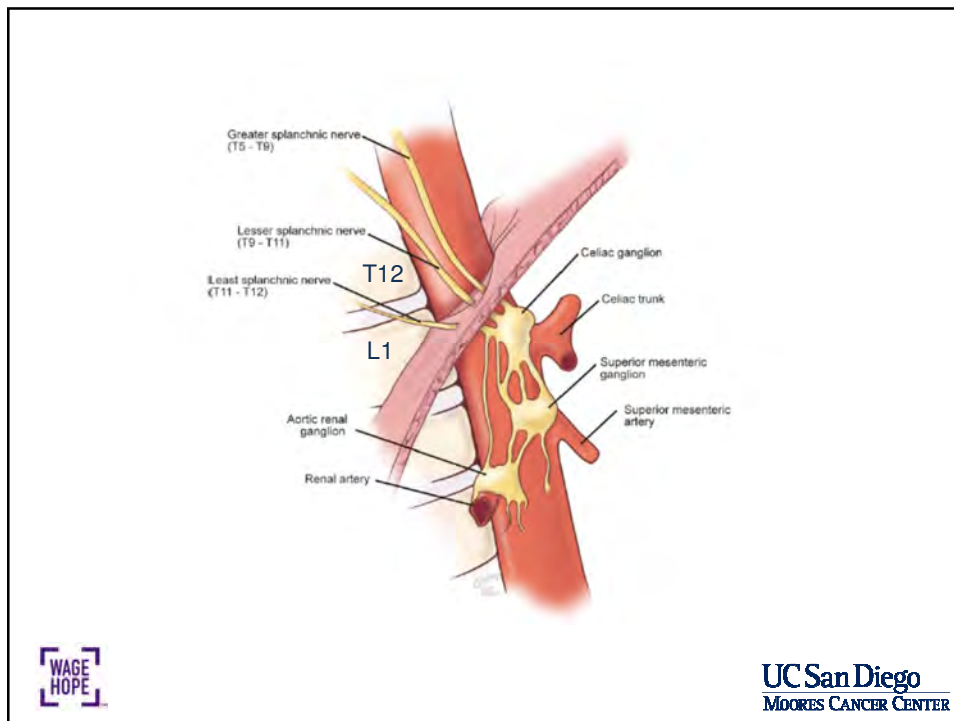
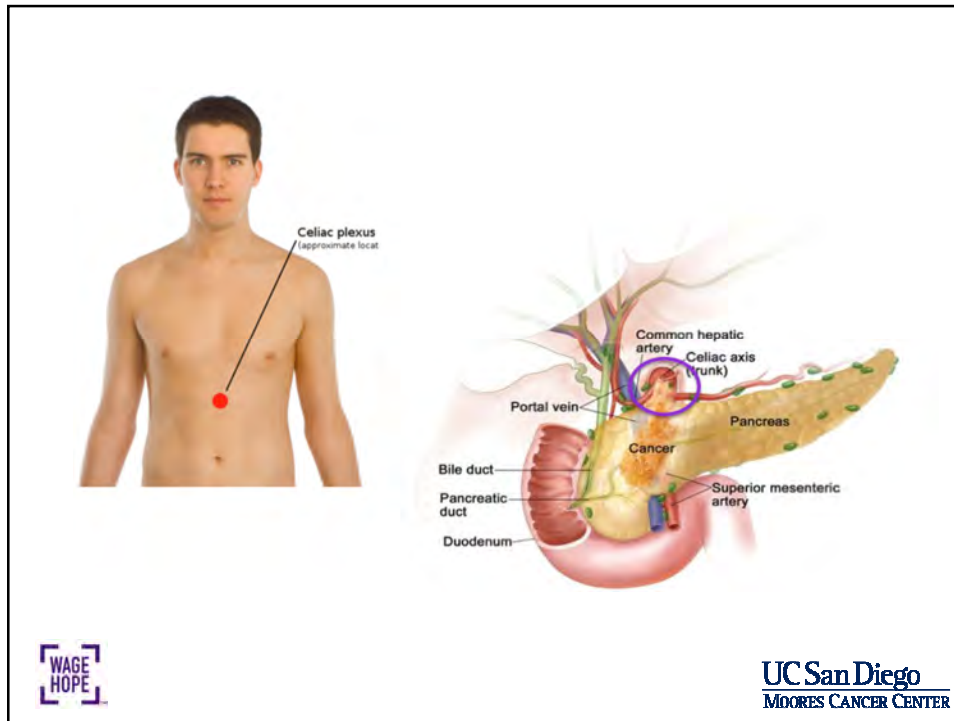
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Neurolytic Blocks

- General Indications
 - Ineffective analgesia
 - Intolerable side effects
- Pain relief for months
- Less opioid = less side effects = better QoL
- Earlier the better in some cases
- Possible survival benefit



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Celiac Plexus Neurolysis (Block)

- Celiac plexus innervates pancreas
- Intentional injury to a nerve/plexus
 - Chemical* (alcohol or phenol)
 - Surgical
 - Cryo/Radiofrequency
- Effect usually lasts 3-6 months
 - Progression of tumor
 - Nerve regeneration

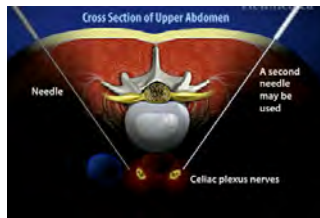


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Celiac Plexus Neurolysis: Approaches

Posterior

Back approach
Two needles
Fluoro or CT
Pain anesthesiologist



Endoscopic

Through stomach
US
Gastroenterologist

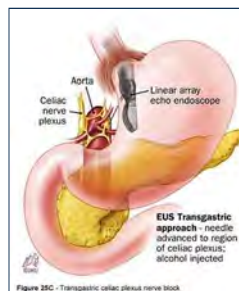


Figure 28C - Transgastric celiac plexus nerve block

Anterior

Front approach
One needle
US or CT
Interventional Radiologist



Figure 3 - Pre-aortic area contrast injection



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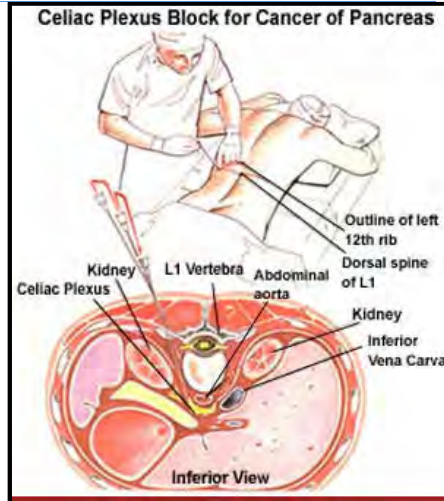
Celiac Plexus Neurolysis : Technique

Percutaneous: Fluoro/CT

- Contrast dye used to confirm placement of needle
- Diagnostic block with local anesthetic
- Injection of neurolytic agent

Rare Risks

- Transient low BP
- Transient diarrhea
- Transient local pain



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Celiac Plexus Neurolysis: Results

- Go to experienced centers
- Rule of thirds:
 - 1/3 minimal pain relief
 - 1/3 partial pain relief
 - 1/3 marked pain relief
- 70-90% with complete to partial relief up to 3 months after block

Eisenberg et al. Neurolytic Celiac Plexus Block for Treatment of Cancer Pain: A Meta-Analysis. *Anesthesia and Analgesia* 1995; 80: 290-295.



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Step 2:
Optimize Pain Medication Management



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Why Opioids? The WHO “Elevator”

1, Pain 1-3

Aspirin
Acetaminophen
NSAIDs
±Adjuvants

2, Pain 4-7

Codeine
Tramadol
APAP/Codeine
APAP/Hydrocodone
APAP/Oxycodone
±Adjuvants

3, Pain 7-10

Morphine
Hydromorphone
Oxycodone
Fentanyl
Methadone
±Adjuvants



WHO, Geneva, 1996

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Opioid Equianalgesic Dosing Guidelines

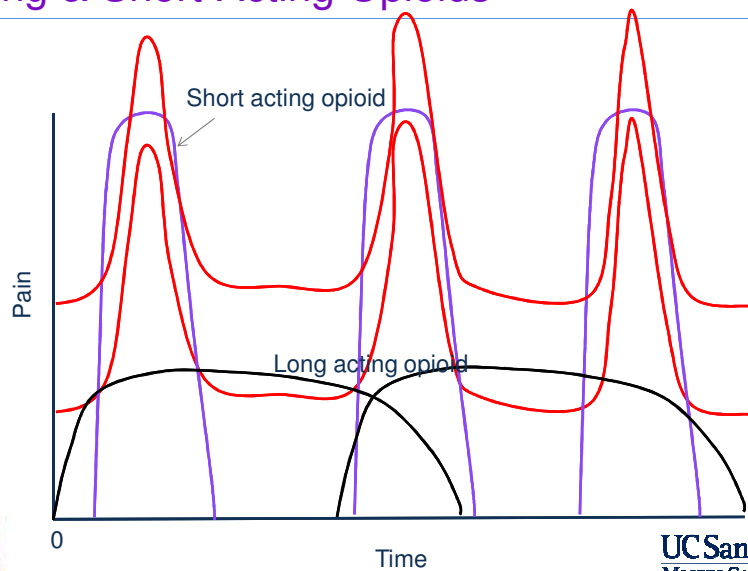
PO / PR Dose (mg)	Analgesic	IV / SC / IM Dose (mg)
150 mg	Meperidine	50 mg
150 mg	Tramadol	-
150 mg	Codeine	50 mg
15 mg	Hydrocodone	-
15 mg	Morphine	5 mg
10 mg	Oxycodone	-
3 mg	Hydromorphone	1 mg
-	Fentanyl	0.05 mg (1000 mcg = 1 mg)

Pirrello, Ferris, Institute for Palliative Medicine 2008



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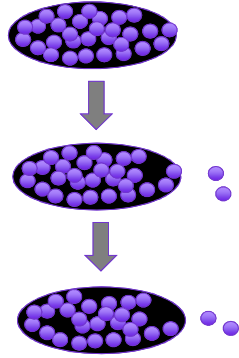
Long & Short-Acting Opioids



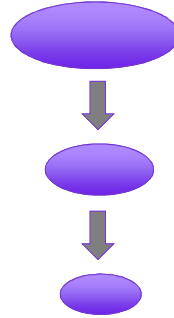
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Same Drug, But Different Delivery Mechanisms: Long vs. Short-Acting Opioids

Long-Acting Morphine

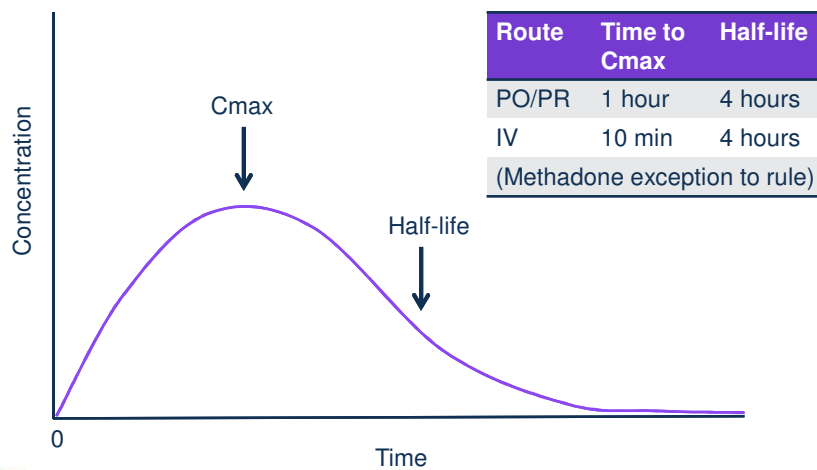


Short-Acting Morphine



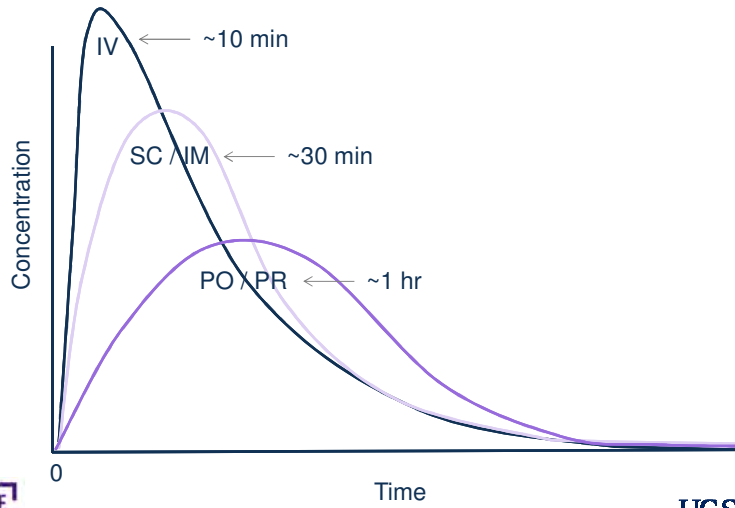
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Short Acting Opioids



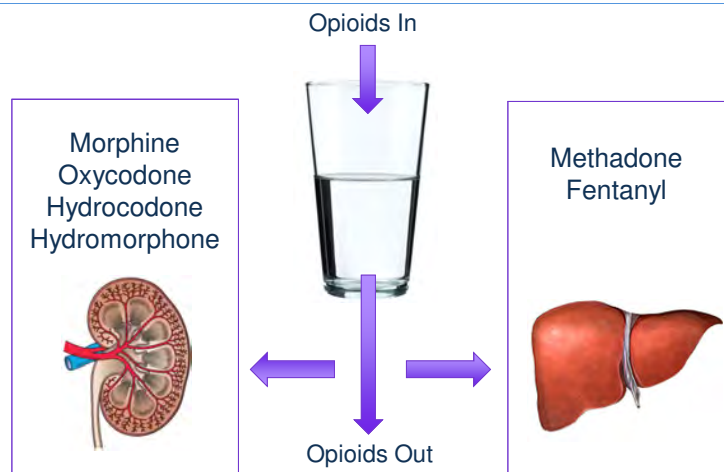
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Cmax & Route of Administration



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How Are Opioids Excreted?



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Opioid Adverse Effects

Common

- Constipation
- Nausea
- Dry mouth
- Sedation
- Sweating

Uncommon

- Bad dreams
- Hallucinations
- Pruritus
- Urinary retention
- Myoclonus
- Respiratory depression



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Anticipate Opioid Side Effects

- Nausea
 - Compazine (prochlorperazine)
 - Reglan (metoclopramide)
- Pruritus
 - Zyrtec (cetirizine)
 - Not Benadryl (diphenhydramine)
- Constipation
 - Stimulants not softeners
 - Senna, bisacodyl



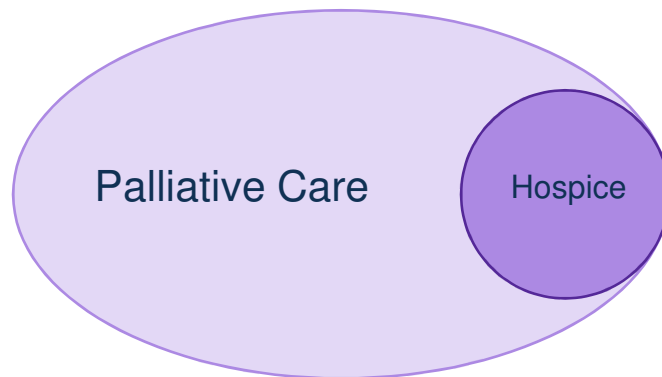
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Step 3:
Seek Out Pain & Symptom Management Experts



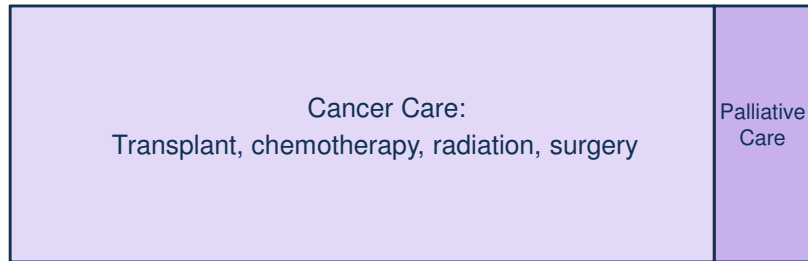
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Do Not Be Afraid of the "P" Word



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Old Thinking: Wait Until It's Late



Time →



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New Thinking: Early Simultaneous Integration



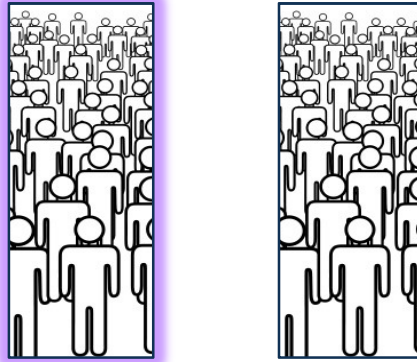
Time →



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Temel et al, New England Journal of Medicine (2010)

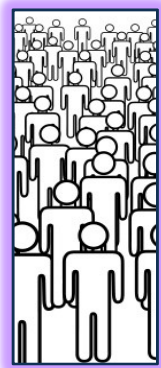
151 patients with stage IV lung cancer



Standard Oncology Care + Palliative Care Standard Oncology Care



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Standard Oncology Care + Palliative Care


With palliative care patients had:

- Better quality of life
- Less depression



Temel, New England J Med 2010

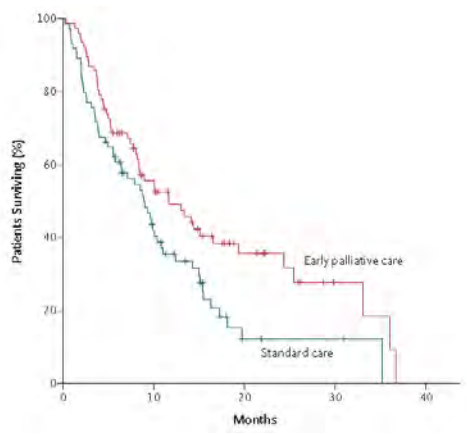
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Standard Oncology Care
+
Palliative Care


Stage IV lung cancer patients with **palliative care** lived **~3 months longer**

Median survival 11.6 vs. 8.9 months; P = 0.02





Temel, New England J Med 2010



VOLUME 30 · NUMBER 8 · MARCH 10 2012

JOURNAL OF CLINICAL ONCOLOGY
ASCO SPECIAL ARTICLE

American Society of Clinical Oncology Provisional Clinical Opinion: The Integration of Palliative Care Into Standard Oncology Care

Thomas J. Smith, Sarah Temin, Erin R. Alesi, Amy P. Abernethy, Tracy A. Balboni, Ethan M. Basch, Betty R. Ferrell, Matt Loscalzo, Diane E. Meier, Judith A. Paice, Jeffrey M. Peppercorn, Mark Somerfield, Ellen Stovall, and Jamie H. Von Roenn




Summary

- Maximizing pain and symptom management matters
- Consider interventional pain procedures such as celiac plexus block to avoid pain medication-related side effects
- If pain medications are needed, understand how they work anticipate and prevent side effects
- Seek out palliative care specialists early, waiting until late is an antiquated model



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Finding Palliative Care Services

- National Palliative Care provider directory
 - <http://getpalliativecare.org>
- UCSD Moores Cancer Center
 - <http://cancer.ucsd.edu/care-centers/palliative/Pages/default.aspx>
 - 858-534-7079
 - Symptom Intervention Clinical Trials also available call Carolyn Revta at 858-822-3614
- Scripps
 - <http://www.scripps.org/services/palliative-care>
 - 800-727-4777
 - La Jolla, Encinitas, Mercy



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Questions/Comments

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