



Optimizing Quality of Life during Cancer Treatment

March 4, 2016

If you experience technical difficulty during the presentation:

Contact WebEx Technical Support directly at:

US Toll Free: 1-866-229-3239

Toll Only: 1-408-435-7088

or

Submit a question to the Event Producer via the Q&A Panel



Thank you to our webinar sponsor:



www.lillyoncology.com





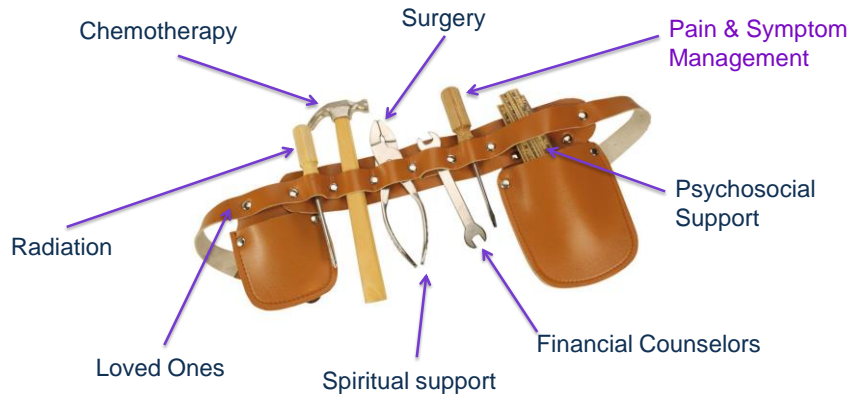
Optimizing Your Quality of Life During Cancer Treatment: Pain & Side Effect Management

Eric Roeland, MD
GI Oncology
Palliative Medicine



UC San Diego
MOORES CANCER CENTER

Pancreatic Cancer Patient Tool Belt



UC San Diego
MOORES CANCER CENTER

Paul

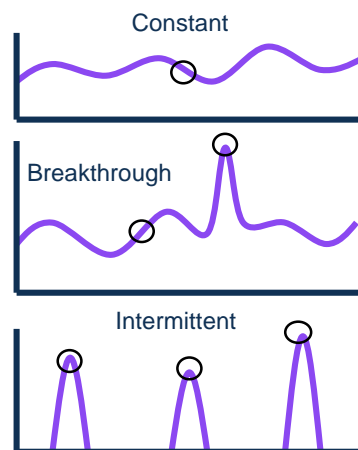
- 59 year old male
- New diagnosis locally advanced pancreatic cancer
- Recently started FOLFIRINOX
- Has pain medications, but uses them rarely
- Opioid fear due to son with opioid addiction history
- Not sleeping x 1 week
- Over weekend presents to ED with abdominal pain radiating to back



UC San Diego
MOORES CANCER CENTER

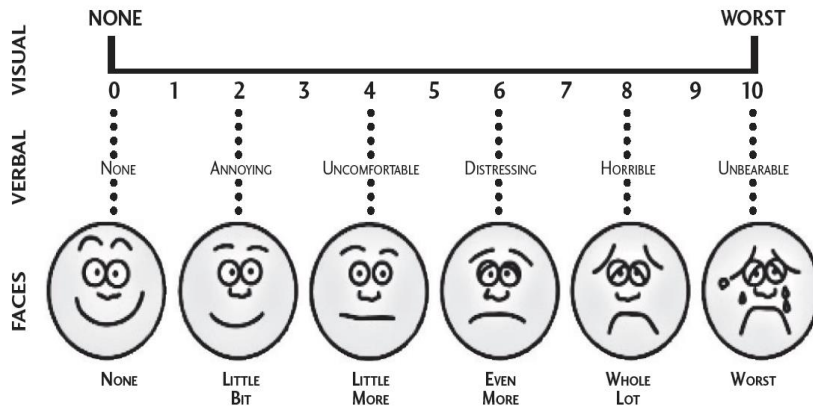
Pain: What Does the Doc Want to Know?

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



UC San Diego
MOORES CANCER CENTER

Measuring Pain



UC San Diego
MOORES CANCER CENTER

Paul

- 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



UC San Diego
MOORES CANCER CENTER

Step 1: Consider an Abdominal Nerve Block



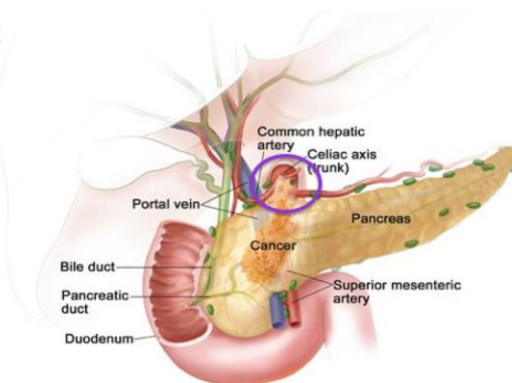
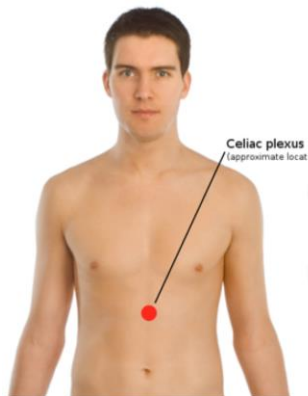
UC San Diego
MOORES CANCER CENTER

Neurolytic Blocks

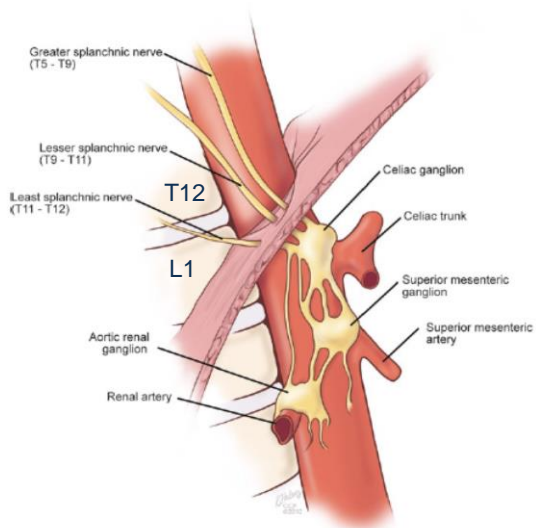
- General Indications
 - Ineffective analgesia
 - Intolerable side effects
- Pain relief for months
- Less opioid = less side effects = better QoL
- Earlier the better in some cases
- Possible survival benefit



UC San Diego
MOORES CANCER CENTER



UC San Diego
MOORES CANCER CENTER



UC San Diego
MOORES CANCER CENTER

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



UC San Diego
MOORES CANCER CENTER

Celiac Plexus Neurolysis: Approaches

Posterior

Back approach
Two needles
Fluoro or CT
Pain anesthesiologist

Endoscopic

Through stomach
US
Gastroenterologist

Anterior

Front approach
One needle
US or CT
Interventional Radiologist

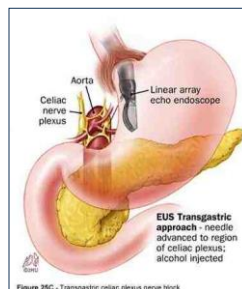
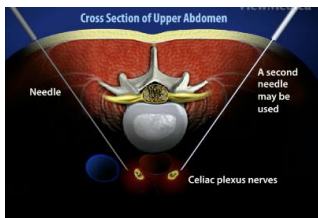


Figure 29C - Transgastric celiac plexus nerve block



Figure 3 - Pre-aortic: aorta contrast injection



UC San Diego
MOORES CANCER CENTER

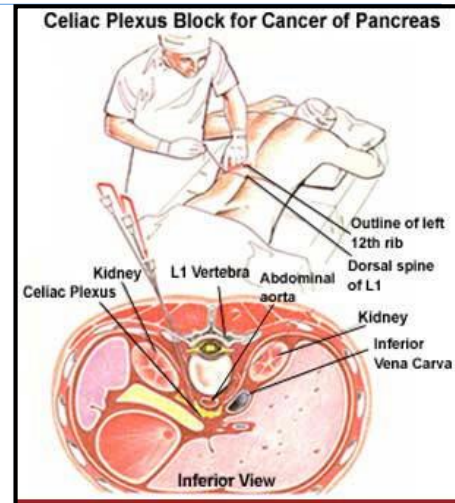
Celiac Plexus Neurolysis : Technique

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



UC San Diego
MOORES CANCER CENTER

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.



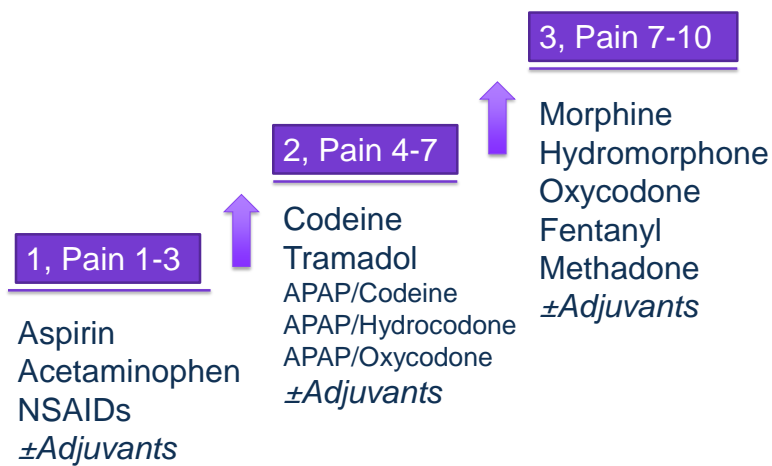
UC San Diego
MOORES CANCER CENTER

Step 2: Optimize Pain Medication Management



UC San Diego
MOORES CANCER CENTER

Why Opioids? The WHO “Elevator”



W.O. Geneva, 1996

UC San Diego
MOORES CANCER CENTER

Opioid Equianalgesic Dosing Guidelines

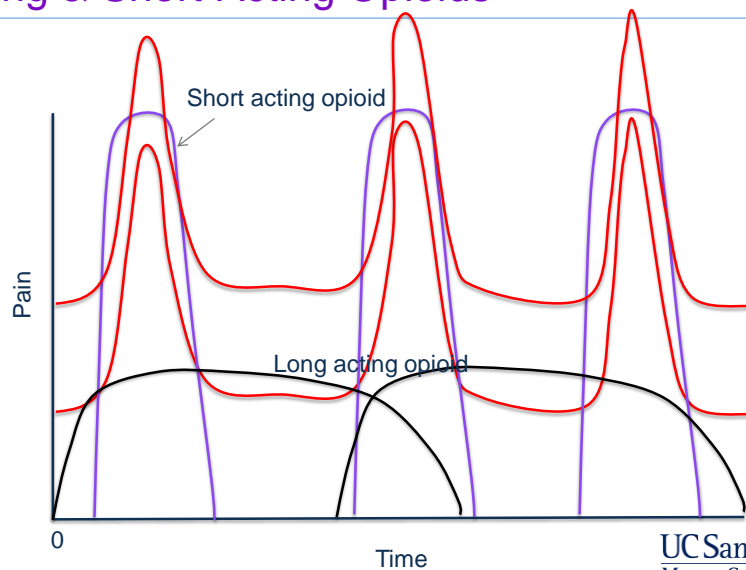
| PO / PR Dose (mg) | Analgesic | IV / SC / IM Dose (mg) |
|-------------------|---------------|------------------------------|
| 150 mg | Meperidine | 50 mg |
| 150 mg | Tramadol | - |
| 150 mg | Codeine | 50 mg |
| 15 mg | Hydrocodone | - |
| 15 mg | Morphine | 5 mg |
| 10 mg | Oxycodone | - |
| 3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

Pirrello, Ferris, Institute for Palliative Medicine 2008



UC San Diego
MOORES CANCER CENTER

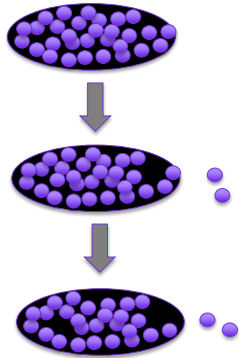
Long & Short-Acting Opioids



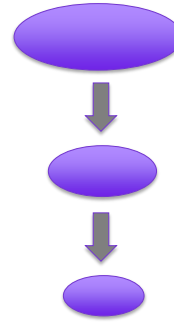
UC San Diego
MOORES CANCER CENTER

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

Long-Acting Morphine

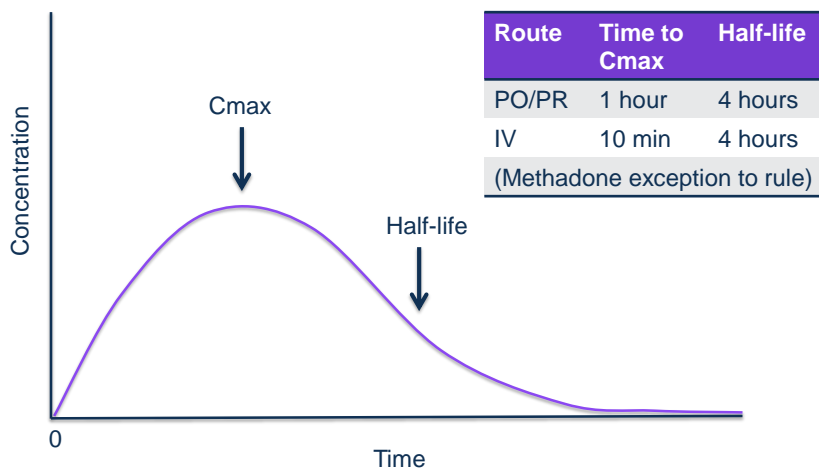


Short-Acting Morphine



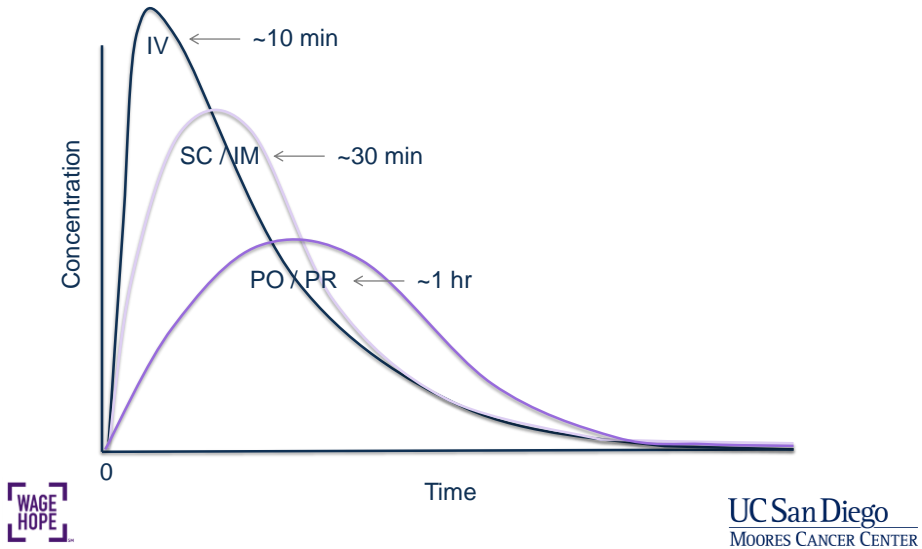
UC San Diego
MOORES CANCER CENTER

Short Acting Opioids

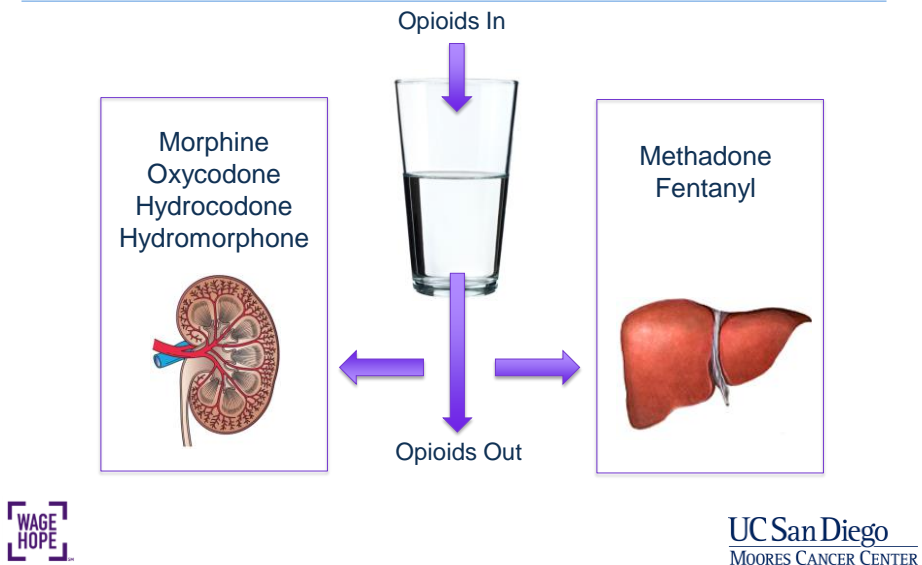


UC San Diego
MOORES CANCER CENTER

Cmax & Route of Administration



How Are Opioids Excreted?



Opioid Adverse Effects

Common

- Constipation
- Nausea
- Dry mouth
- Sedation
- Sweating

Uncommon

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



UC San Diego
MOORES CANCER CENTER

Anticipate Opioid Side Effects

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



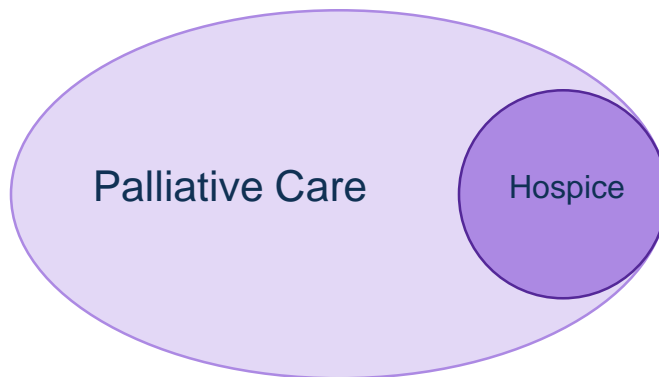
UC San Diego
MOORES CANCER CENTER

Step 3:
Seek Out Pain & Symptom Management Experts



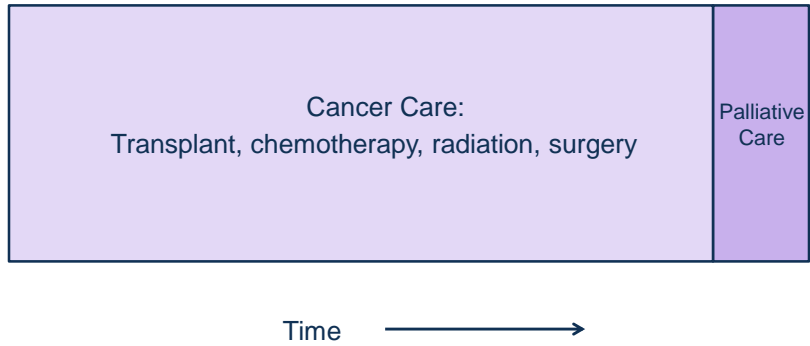
UC San Diego
MOORES CANCER CENTER

Do Not Be Afraid of the “P” Word



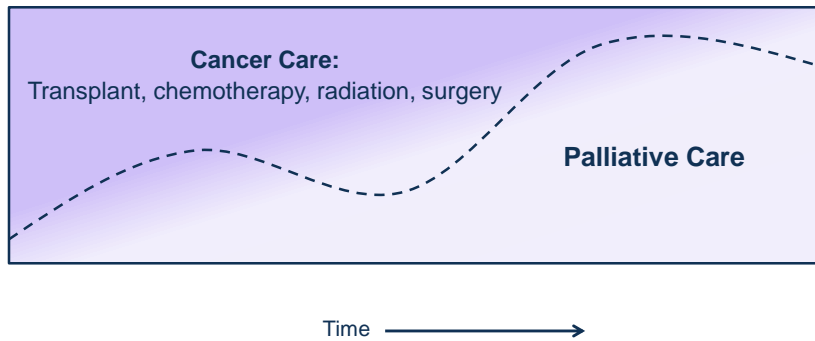
UC San Diego
MOORES CANCER CENTER

Old Thinking: Wait Until It's Late



UC San Diego
MOORES CANCER CENTER

New Thinking: Early Simultaneous Integration



UC San Diego
MOORES CANCER CENTER

Multiple Studies Support Early Palliative Care Integration

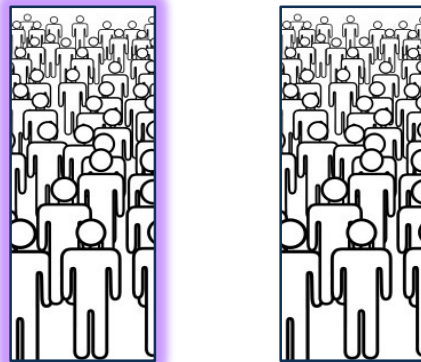
- Temel et al, NEJM 2010
 - Improved quality of life, less depression, improved survival
- Bakitas et al, ENABLE III 2014
 - Improved overall survival in advanced cancer patients
- Dionne-Odom et al, J Clinical Oncology 2015
 - Less depression and stress burden in caregivers
- Zimmerman et al, Lancet Oncology 2014
 - Improved quality of life in advanced cancer patients
- Ferrel et al, J Pain & Symptom Management 2015
 - Improved quality of life, spiritual distress, and lower psychological distress
- No study to date has shown harm!



UC San Diego
MOORES CANCER CENTER

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

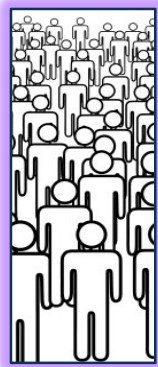
151 patients with stage IV lung cancer



Standard Oncology Care Standard Oncology Care
+
Palliative Care



UC San Diego
MOORES CANCER CENTER



Standard Oncology Care
+
Palliative Care

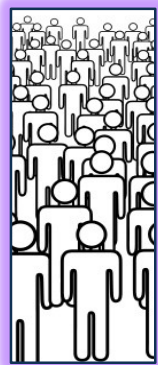
With palliative care patients had:

- Better quality of life
- Less depression



Temel, New England J Med 2010

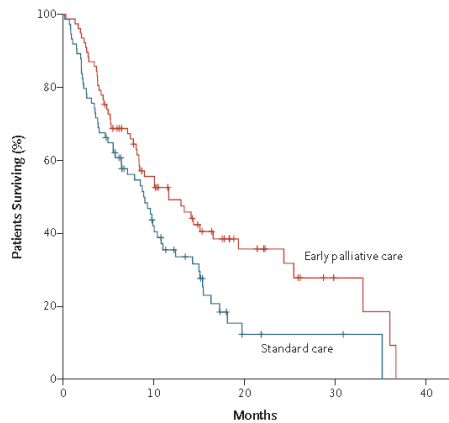
UC San Diego
MOORES CANCER CENTER



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

UC San Diego
MOORES CANCER CENTER

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



UC San Diego
MOORES CANCER CENTER

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



UC San Diego
MOORES CANCER CENTER

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 to patients in San Diego



UC San Diego
MOORES CANCER CENTER

Questions?

 @MDRoeland



UC San Diego
MOORES CANCER CENTER



Thank you for your participation.

If you have questions, please contact Patient Central at (877) 272-6226 or e-mail patientcentral@pancan.org.

www.pancan.org

