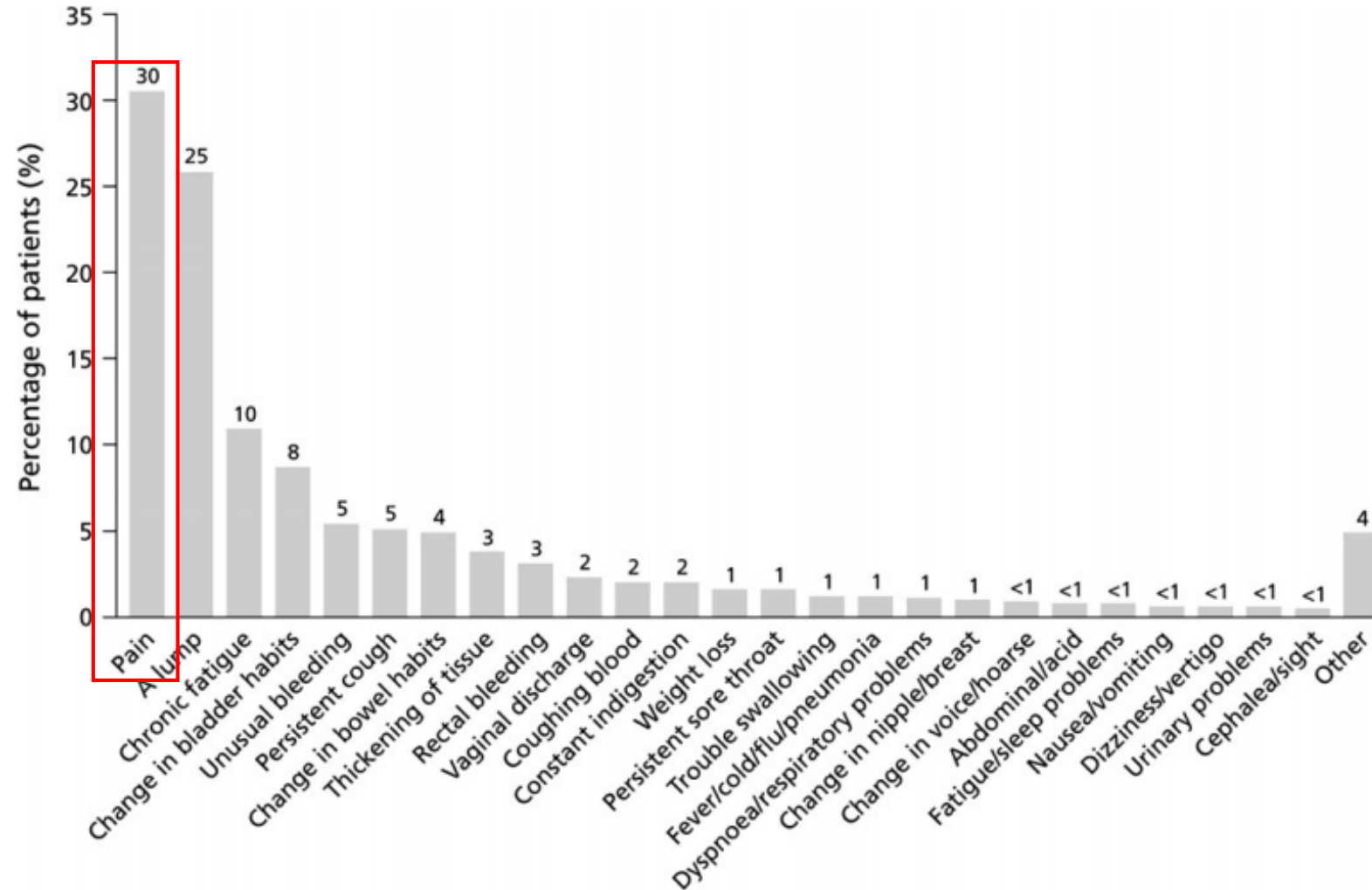


Overview of Cancer Pain Management and Guideline update

高雄長庚 血液腫瘤科賴香蘭

2020 Aug 22

The Most Common Cancer Symptom: Pain



Prevalence of cancer pain in metastasis

超過50%癌症病人有疼痛的困擾

■ Results of the meta-analyses: (Total 52 studies)

■ More 混合型

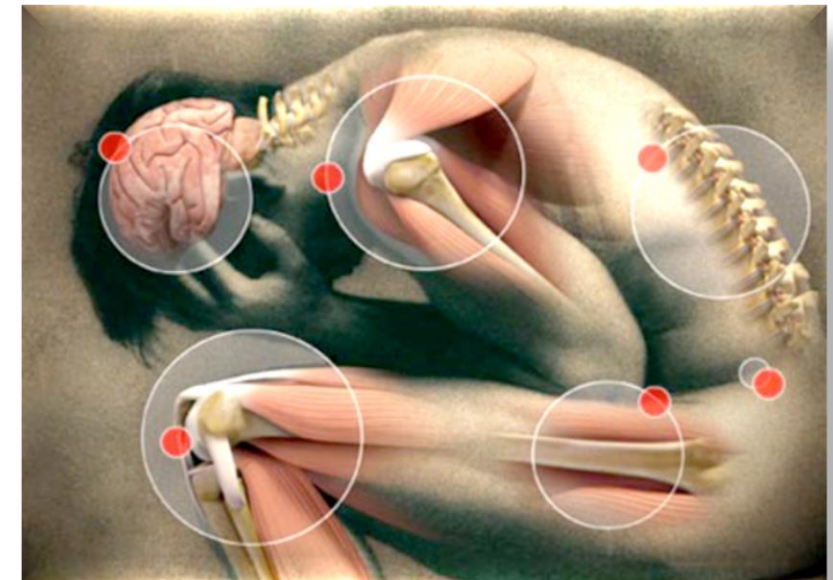
| Type of cancer | Groups 2-4 | | |
|------------------|-----------------|----------------|-----------------|
| | % Pain (95%CI) | No. of reports | No. of patients |
| Head/Neck | 70% (51%to 88%) | 3 | 95 |
| Gastrointestinal | 59% (44%to 74%) | 9 | 564 |
| Lung/bronchus | 55% (44%to 67%) | 7 | 1546 |
| Breast | 54% (44%to 64%) | 7 | 420 |
| Urogenital | 52% (40%to 60%) | 4 | 336 |
| Gynaecological | 60% (50%to 71%) | 6 | 372 |

CI, confidence interval

Group 2: 在抗癌治療的患者：59%

Group 3 :先進/轉移性/絕症的患者，64%

Group 4 :所有的疾病階段的患者，53%



Early Palliative Care Improves Survival

Can early palliative care with anticancer treatment improve overall survival and patient-related outcomes in advanced lung cancer patients? A review of the literature

Massimo Ambroggi¹ • Claudia Biasini¹ • Ilaria Toscani¹ • Elena Orlandi¹ • Raffaella Berte¹ • Martina Mazzari² • Luigi Cavanna¹

Design A systematic review of the studies evaluating the impact on objective and on patient-reported outcomes of the introduction of EPC in opposition to standard care (SC), for advanced lung cancer patients, was performed. Because of the small number of studies conducted in this area, retrospective studies were also considered for the review.

Results Five studies were included because they matched the inclusion criteria previously defined as relevant for the study. The review found that both survival and quality of life were better for patients included in EPC groups.

Early Palliative Care Improves Survival

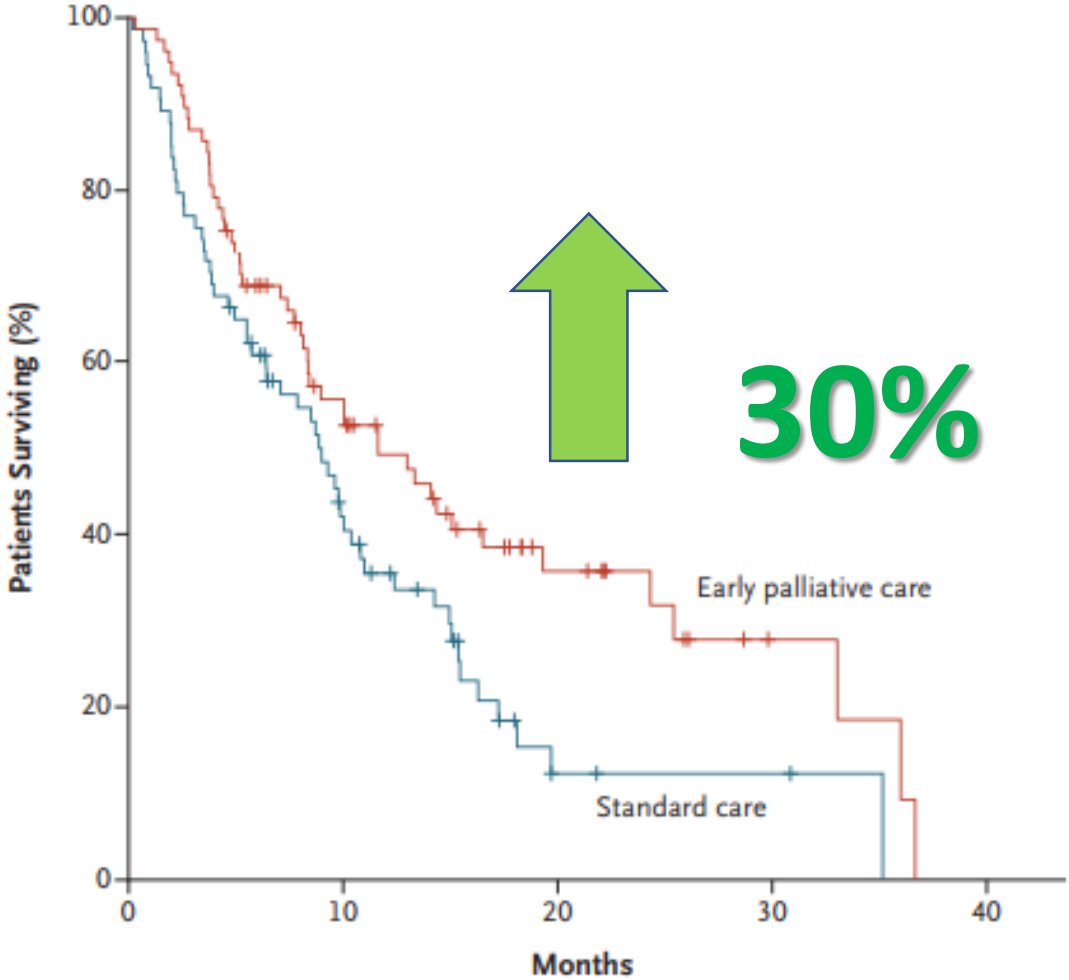
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

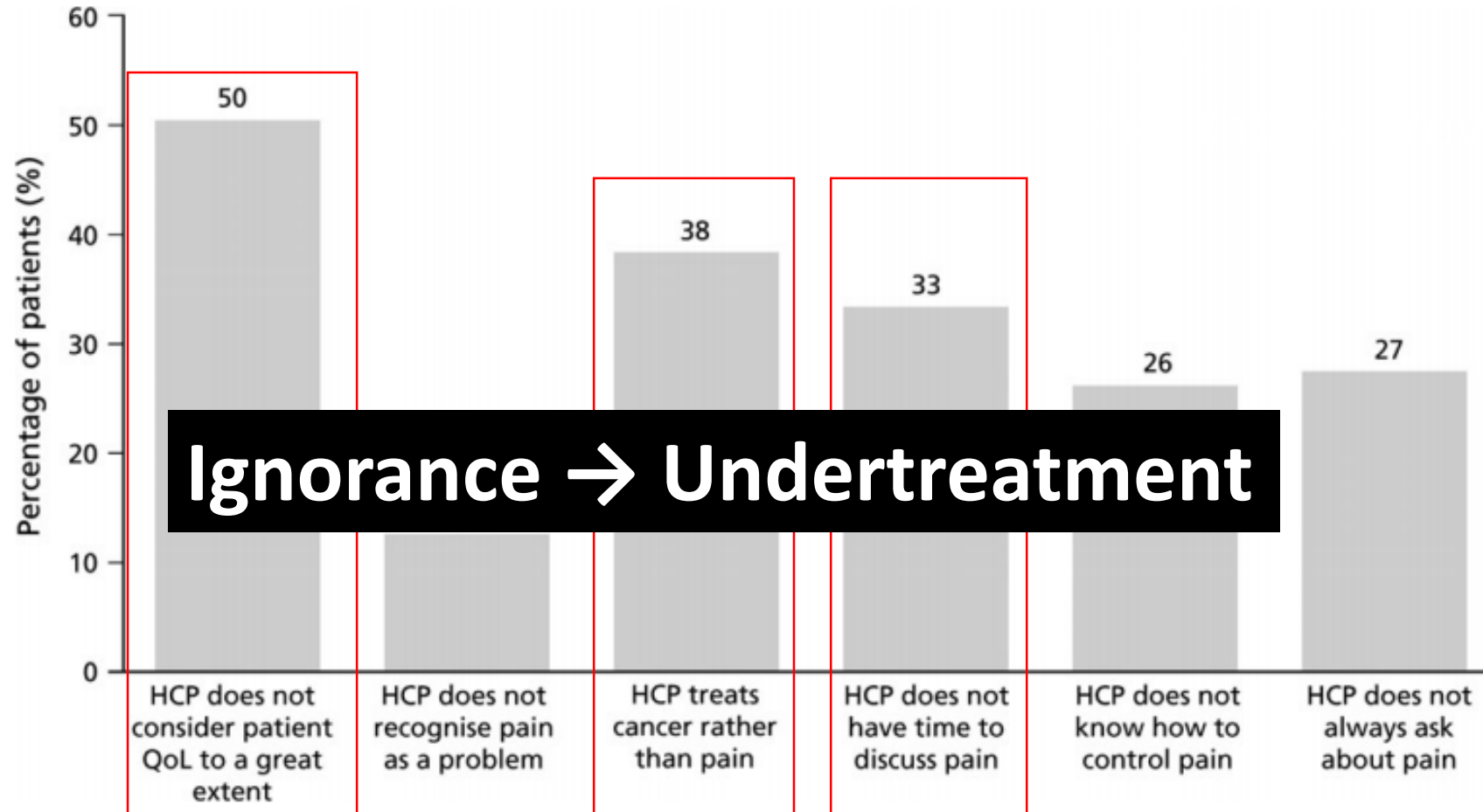
Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

| | 早期開始緩和和醫療 + 癌症治療 | 癌症治療 | P值 |
|--------|------------------|-------|------|
| 病人數 | 77 | 74 | |
| 中位數存活期 | 11.6 m | 8.9 m | 0.02 |

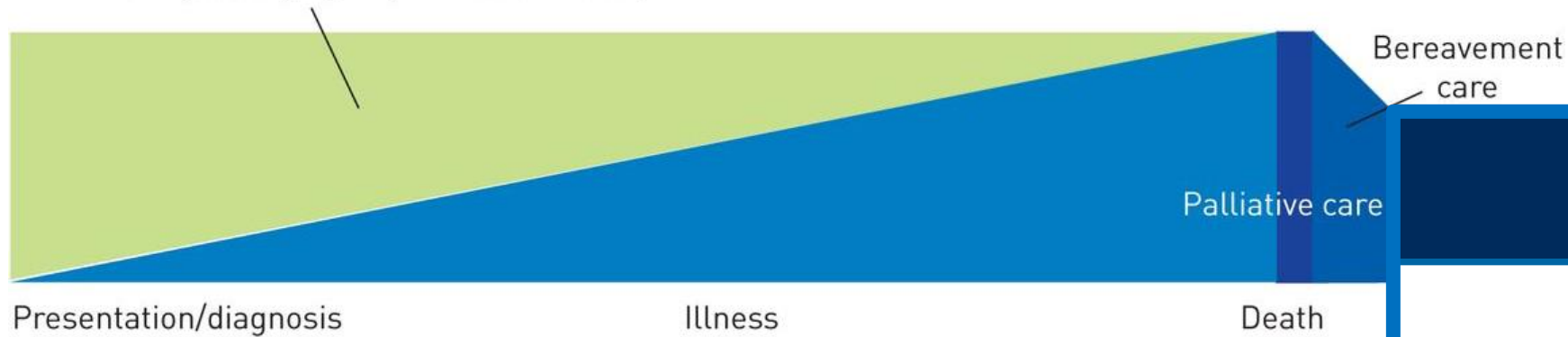


Undertreatment of Cancer Pain

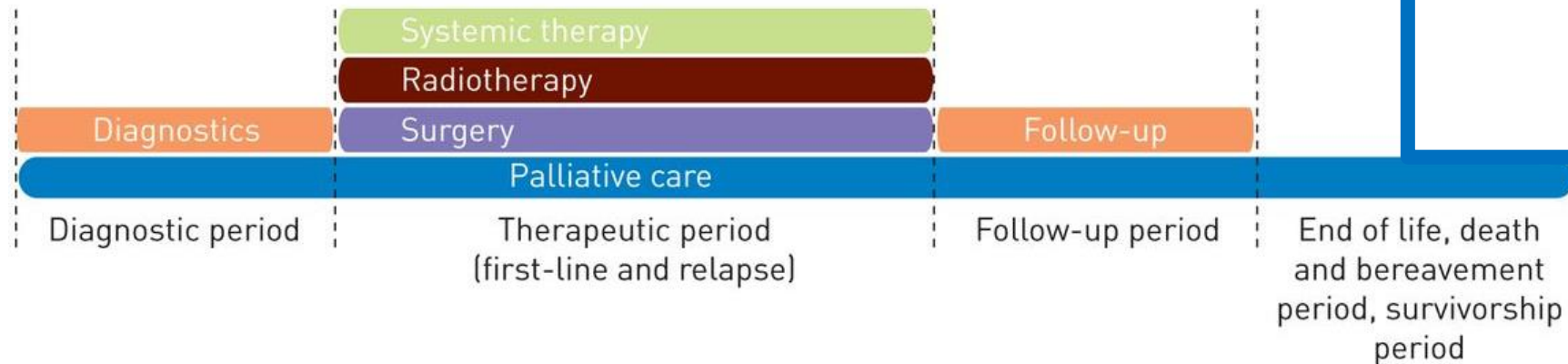


Concept evolution about pain management

b) Disease-modifying therapy (curative, life-prolonging or palliative in intent)



c)



National Comprehensive Cancer Network®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Adult Cancer Pain

Version 1.2020 — April 8, 2020

NCCN.org

Classification systems and clinical characteristics

■ Acute pain syndromes

- 易識別的發生原因及發生時間短暫
- 治療以症狀緩解為主

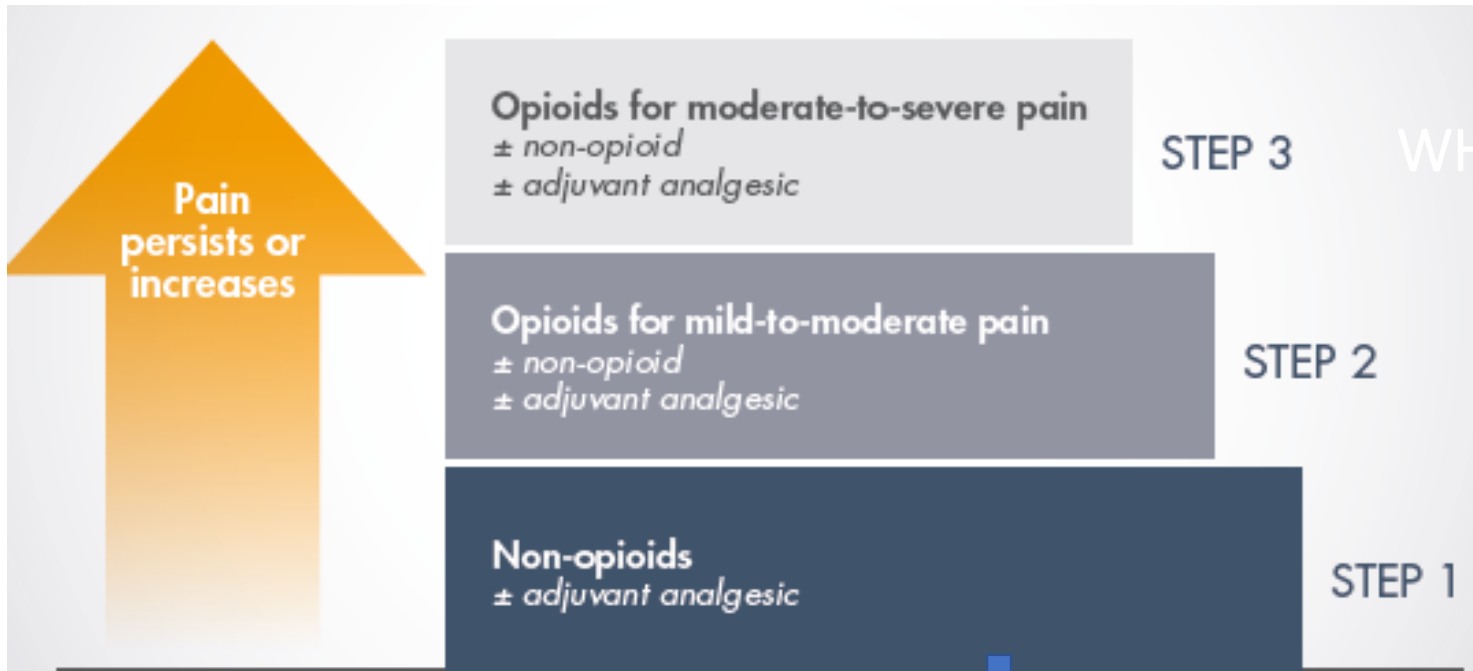
■ Chronic pain

- 發病原因界定不清，維持時間長，並隨時間變化
- 通常沒有明顯的疼痛行為
- 通常患者不會正在經歷疼痛，需靠患者的口述得知，這也關係著病患是
否有說明的意願

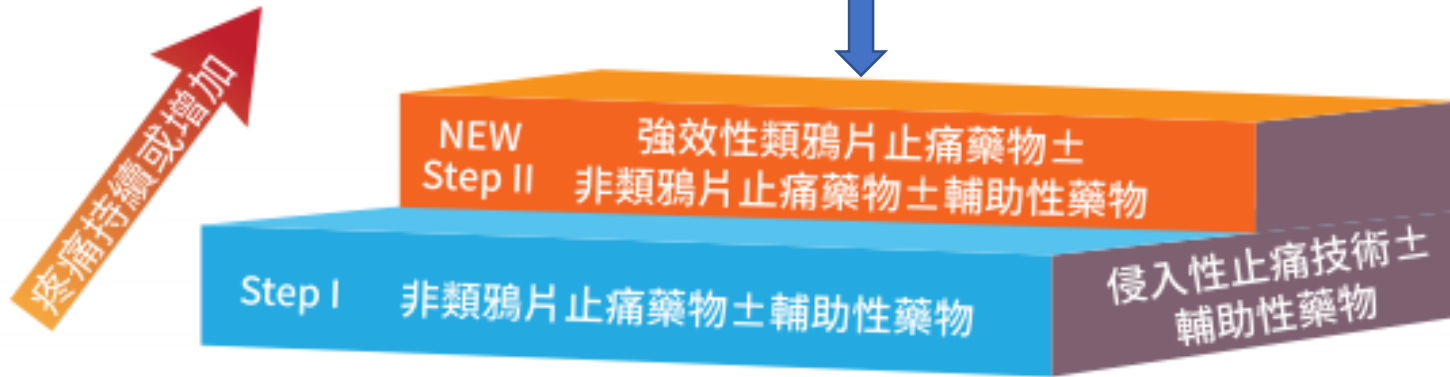
■ Episodic pain: breakthrough pain, incident pain

- 在病患背景(慢性)疼痛控制良好的情形下發生
- 通常短時間達最大疼痛強度，維持時間短(平均30分鐘)

階梯式止痛原則



By the mouth
By the clock
By the ladder
For the individual
Additional medication









NCCN Guideline pain score rating

Table 1: Numerical Rating Scale

| | | | | | | | | | | |
|---|---|------------|---|---|----------------------------|---|---|---------------|---|----|
| <ul style="list-style-type: none">• Verbal: "What number describes your pain from 0 (no pain) to 10 (worst pain you can imagine)?"• Written: "Circle the number that describes your pain." | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No pain | | | | | Worst pain you can imagine | | | | | |
| Categorical scale: "What word best describes your pain?" | | | | | | | | | | |
| None (0) | | Mild (1-3) | | | Moderate (4-6) | | | Severe (7-10) | | |

Table 2: The Faces Pain Rating Scale - Revised^{1,2}

| | | | | | |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
| 0 | 2 | 4 | 6 | 8 | 10 |
| Instructions: "These faces show how much something can hurt. This face (point to the left-most face) shows no pain. Each face shows more and more pain (point to each face from left to right) up to this one (point to the right-most face)—it shows very much pain. Point to the face that shows how much you hurt (right now)." | | | | | |

NCCN Guideline principle

Opioid naïve patients who have not meet the “opioid-tolerant” criteria, based on not having had exposure to opioid doses at least much as those listed below for a week or more

WHO guideline¹

Opioid tolerant includes patients who are chronically receiving opioid analgesic on a daily basis. The FDA identifies tolerance as receiving at least

(1)

at least 60 mg of morphine daily,

at least 30 mg of oral oxycodone daily,

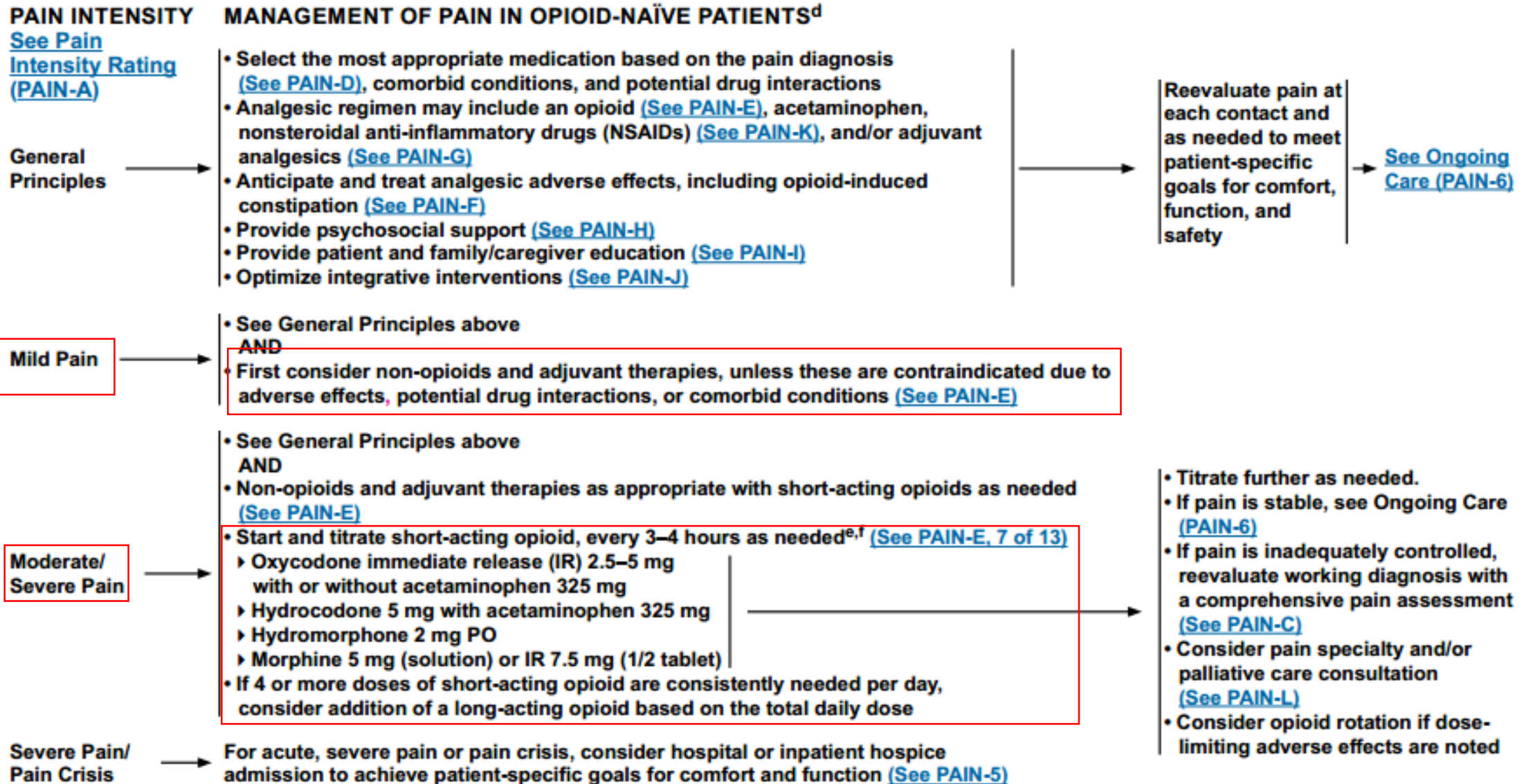
at least 8 mg of oral hydromorphone daily,

25 mcg/h fentanyl patch (since 2018)

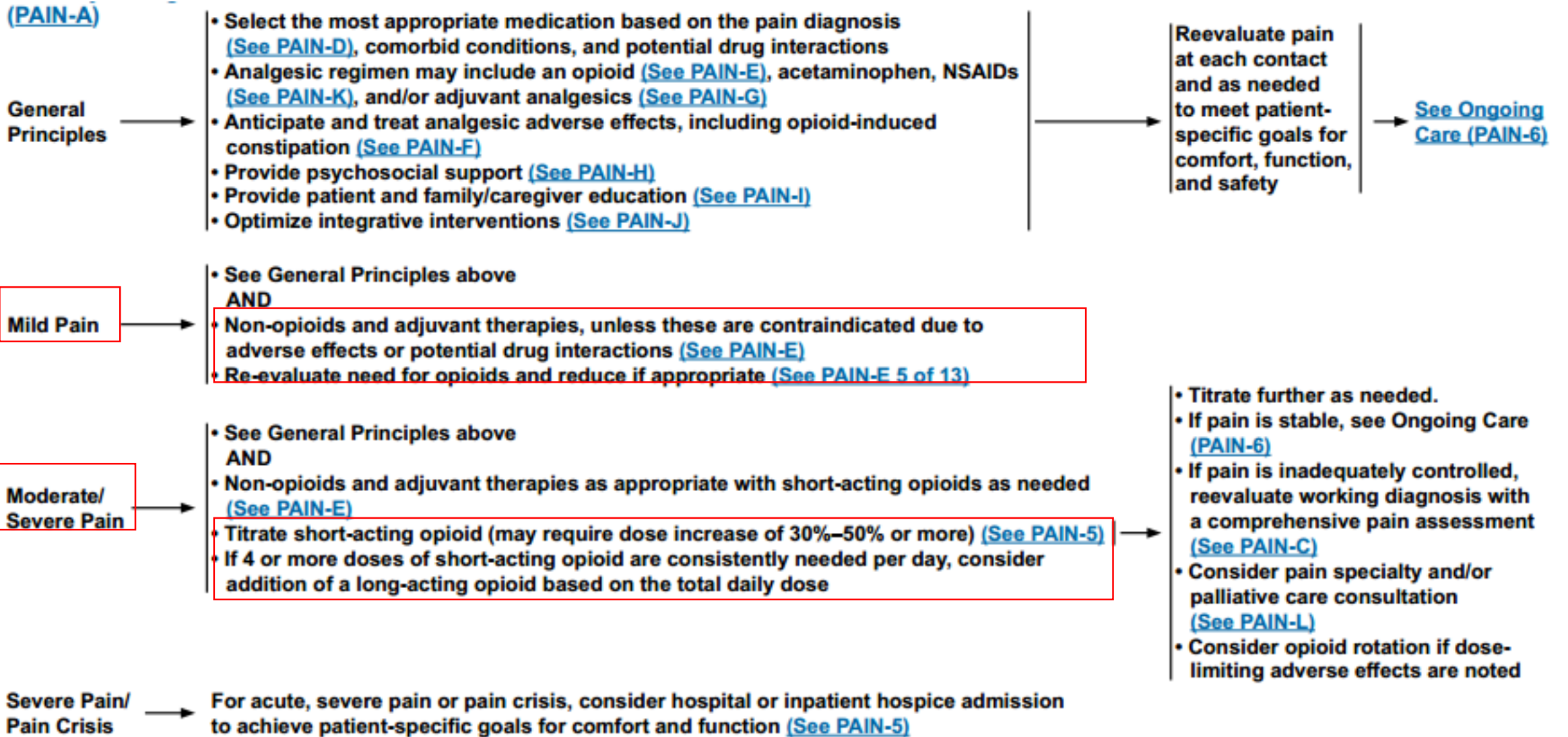
or an equal analgesic dose of another opioid

(2) for a week or longer.

2020 Ver.1 NCCN Guideline-opioid naive

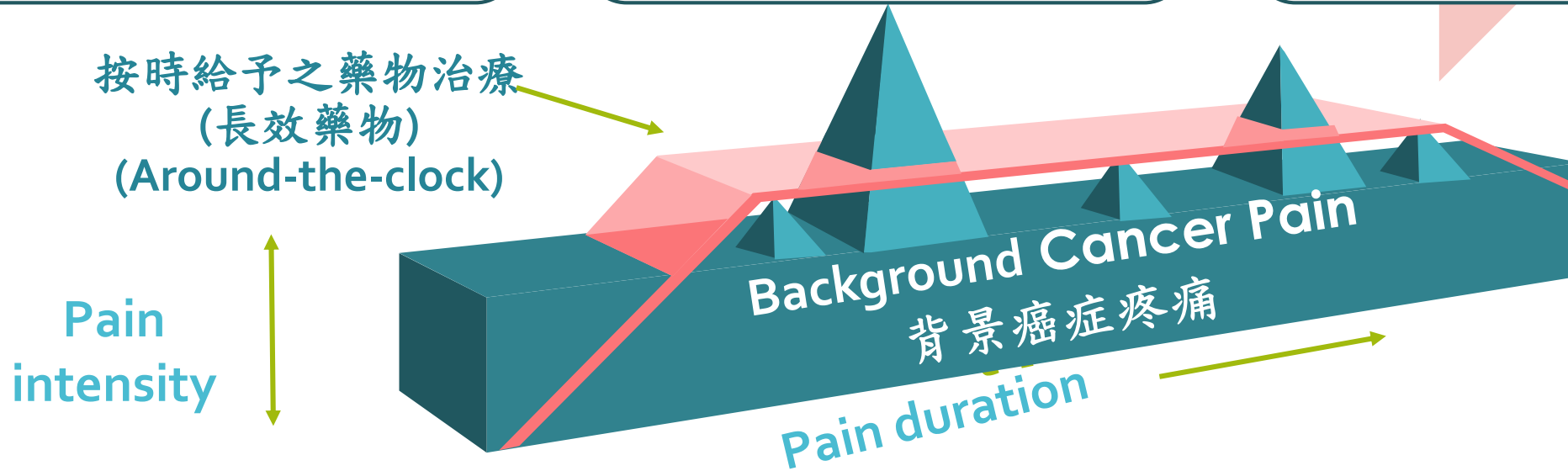
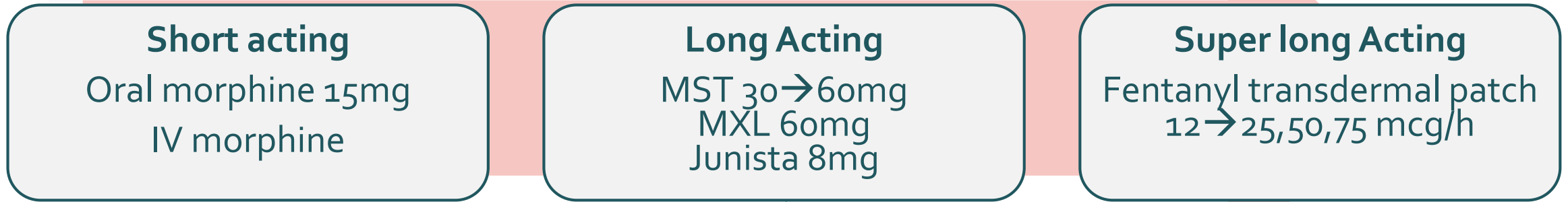


2020 Ver.1 NCCN Guideline-opioid tolerant



Optimal treatment

Around-the-clock 全天投予止痛藥



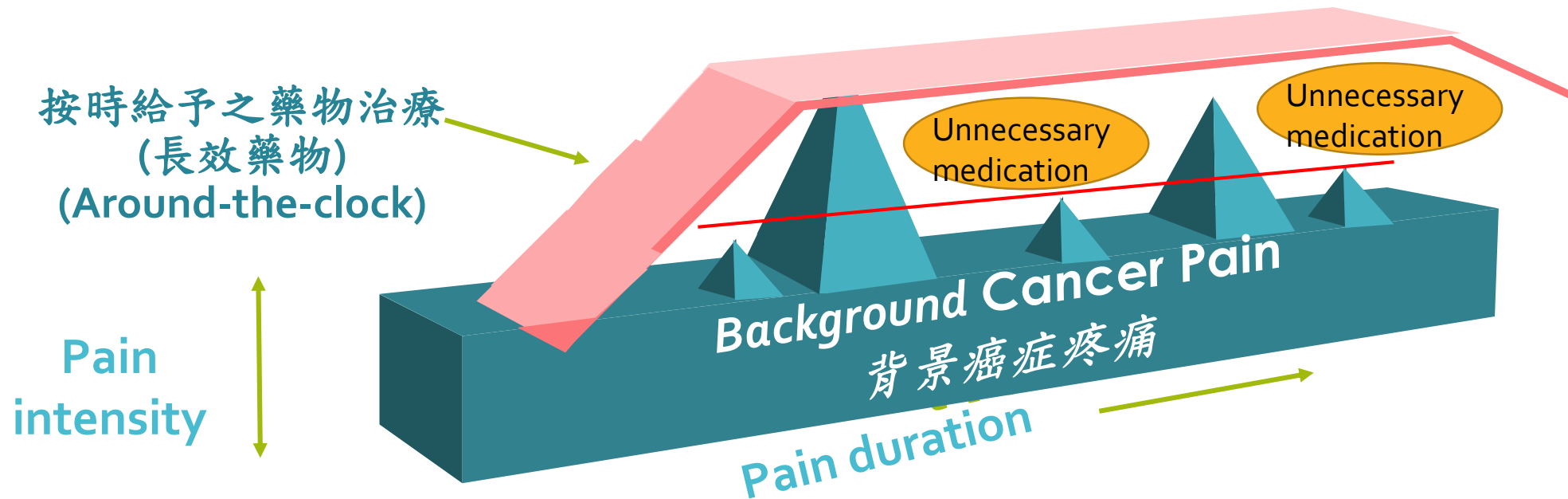
Strong opioid

| | Morphine | Oxycodone | Hydromorphone | Bupremorphine | Fentanyl |
|------------------------------|---|--|----------------------------|--|-------------------------------------|
| 長效藥物 Long acting | MXL [®] 60 mg Morphine SR MST | OxyContin [®] 10mg/ 20mg | Hydromorphone OROS 8 mg | TRANSTEC [®] patch | Fentanyl patch |
| 短效藥物 Short acting | Morphine IR | OxyNorm [®] | X | Buprenorphine 0.3 mg/ml sublingual TAB | X |
| 超速效 Rapid onset opioid | Morphine Injection | X | X | X | Fentanyl Buccal Films/ Tablet |
| 主要副作用 & 處理方式 | 便秘, 嗜睡, 噁心, 嘔吐, 頭暈適當調整劑量及預防治療措施/嗜睡, 噁心, 嘔吐, 頭暈及呼吸抑制, 隨治療過程出現耐藥性 | | | | |
| 不得用於腸胃 道阻塞病人 | Morphine sulfate, MXL SR, MST | OxyContin [®] OxyNorm [®] | Jurnista 8 mg | | |
| Weak opioid | Tramadol(long/short acting): 避免並用MAOIs, SSRI, TCAs等, 可能增加嚴重呼吸問題風險 | | | | |

Optimal treatment of Cancer Pain:

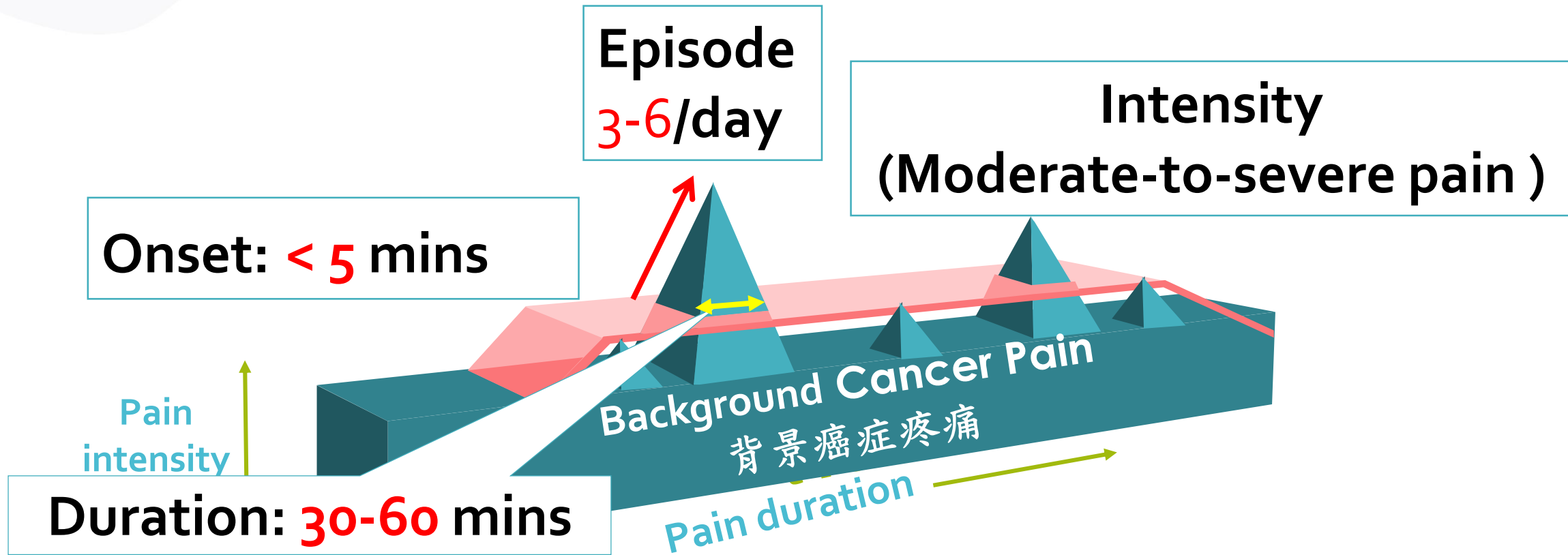
X 為了消除突發性疼痛而直接提高全天候藥物
會造成過量給藥 (Over medication)及毒性

No Pain but high toxicity !!!!!



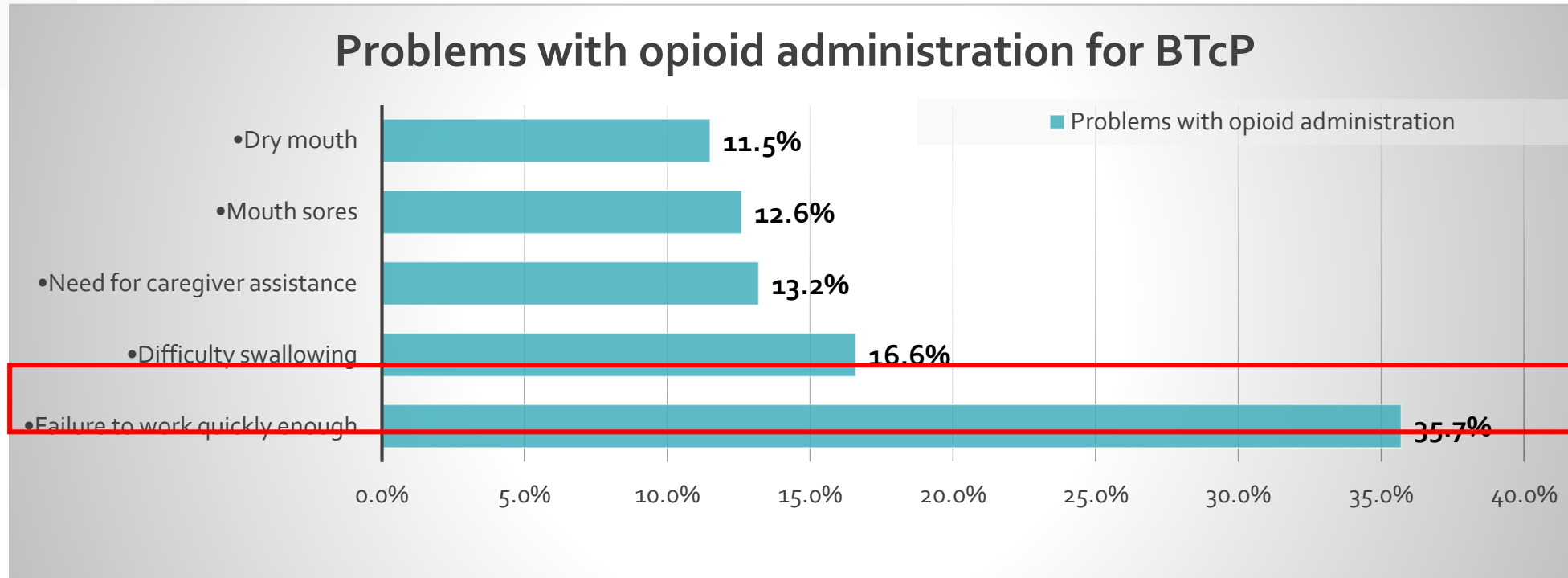
Optimal treatment

Breakthrough pain 需要時給予止痛藥



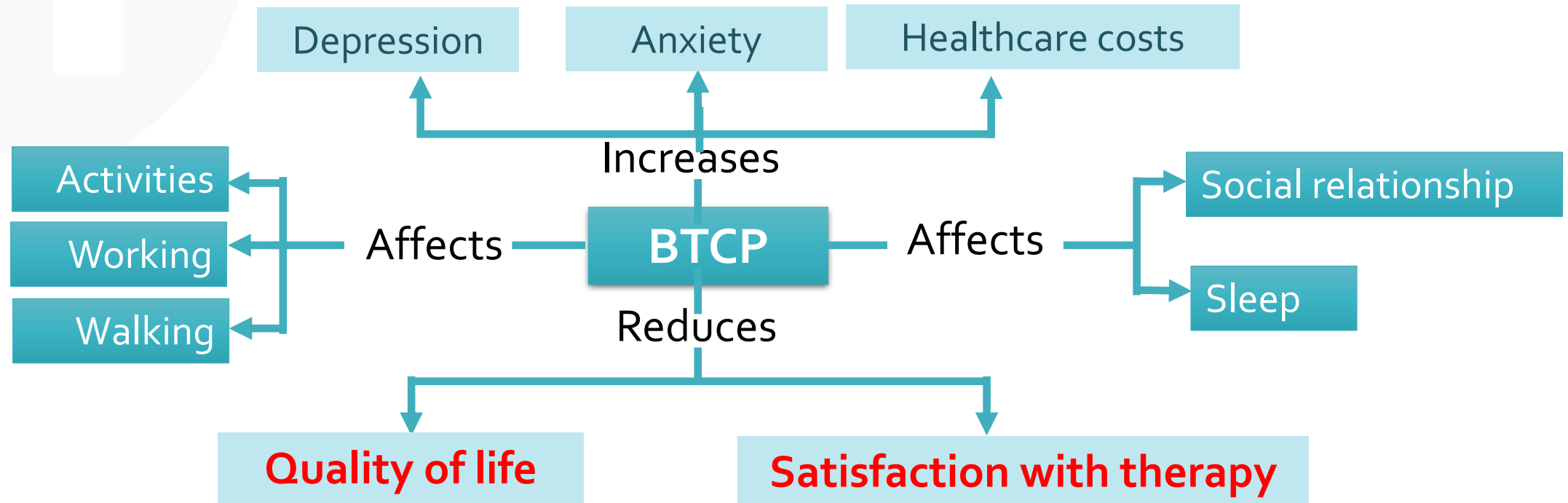
Canada Oncology nurses' perspectives on the management of BTcP

72.2%病患不滿意其現有之突發痛治療



超過3成病人認為止痛速度不夠快

突發性疼痛嚴重影響病人 情緒、生活品質及社交活動



<Survey conducted by the American Pain Foundation>

- 85% of patients who responded stated that BTcP negatively affects their quality of life.
- 52% of all patients who complain to their physician of pain are told that breakthrough pain is a normal side effect of cancer or its treatment

1. Clin Oncol 2011; 23: 393-398

2. American Pain Foundation. Breakthrough Cancer Pain Survey Fact Sheet. 19

3. American Pain Foundation; 2012

口服鴉片類藥物沒有足夠的證據於治療突發性癌症疼痛

- **No data exist about the use of oral opioids** in breakthrough cancer pain treatments ¹
- Oral opioids, however, have onset and duration of action not suitable for treating many episodes of BTcP, which are characterized by a typical temporal pattern. From the pharmacokinetic point of view, **there is a poor correlation between the analgesic effect of oral opioids with the dynamics of a typical BTcP episode.**²

癌症疼痛處理目標

- ✓ Analgesia (足夠的止痛)
- ✓ Activities (維持正常日常生活)
- ✓ Adverse effect (最小的副作用)
- ✓ Aberrant drug taking (避免不當用藥)
- ✓ Affect (改善疼痛對心情影響)

