GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

ESMO SUMMIT AFRICA 2018

State of the art in pain management : Simple solutions for many patients?

Stein Kaasa

CONFLICT OF INTEREST DISCLOSURE

Hold Stocks in Eir Solutions

CLINICAL GUIDELINES

ESMO Guidelines : Annals of Oncology 2012

EAPC Guidelines : Lancet Oncology 2012

WHO Cancer Pain Recommendations

National Guidelines

….and much more

Implementation?

Some observations
Cancer pain

- Only 50 % diagnosed with cancer pain are sufficiently treated
  - Approximately 350 000 new cancer patients are suffering of undertreated pain in EU each year
- More cancer patients are living longer with metastatic disease

Patients

2294 cancer patients using an opioid for moderate or severe pain:

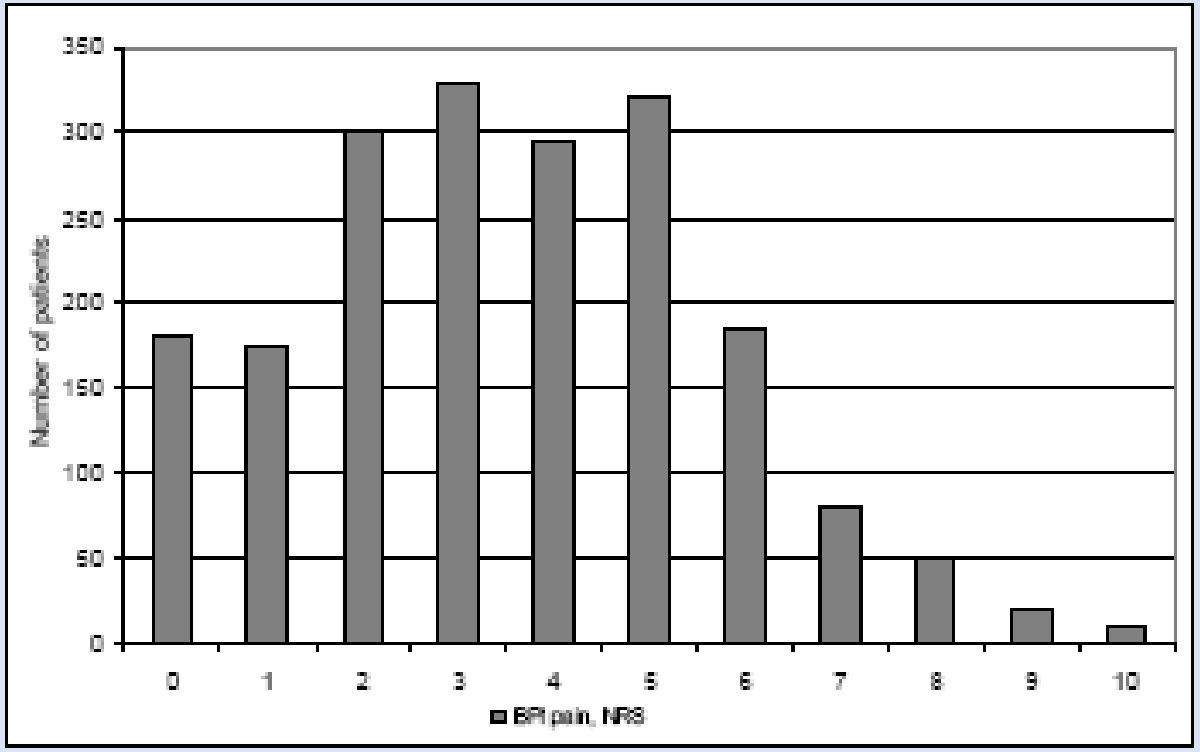
- Morphine 827
- Oxycodone 445
- Fentanyl 695
- Other WHO step III opioids 327

Age 62 ± 12, Karnofsky 59 ± 17, MMSE 27 ± 3,
82% hospitalized

Influence from genetic variability on opioid use for cancer pain: A European genetic association study of 2294 cancer pain patients

P. Klepstad [a,n,*], T. Fladvad [a], F. Skorpen [a], K. Bjordal [b], A. Caraceni [c], O. Dale [a,n], A. Davies [d], M. Kloke [e], S. Lundström [f,g], M. Maltoni [h], L. Radbruch [i], R. Sabatowski [j], V. Sigurdardottir [k], F. Strasser [l], P.M. Fayers [a,m], S. Kaasa [a,o], On behalf of the European Palliative Care Research Collaborative (EPCRC) and the European Association for Palliative Care Research Network

Pain



The EPOS study shows that a large part of cancer patients have unacceptable high pain intesity.

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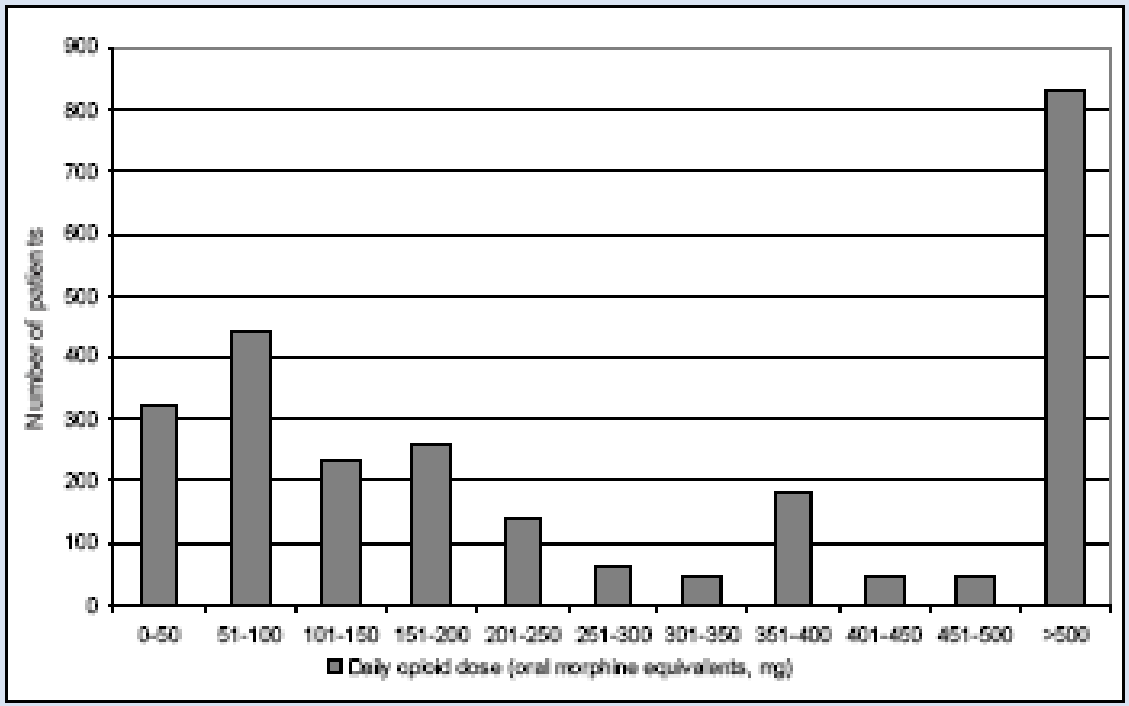
Opioid doses



The high number of patients with pain was present despite that many patients received high opioid doses.

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Cancer patients are suffering from much more than pain

Symptoms
Inadequately treated

- 60 % with constipation, depression and sleep
- 45 % with nausea

Inadequate symptom control in advanced cancer patients across Europe

Eivor A. Laugsand · Gunnhild Jakobsen · Stein Kaasa · Pål Klepstad

How to improve?

It is “all about” classification

- Who are the patients?
- Tailor make the treatment

- Do it simple in routine clinical practice

Assess the 3 basic aspects

- The Pain
- The Patient
- The Tumour

Basic assessment

- *The four key domains for Cancer Pain Classification are*
  - *Pain intensity*
  - *Neuropathic pain*
  - *BTP*
  - *Psychological distress*

Even more basic

- *Pain intensity should always be assessed*
- *Using an 11 point numerical rating scale (NRS) with the following anchoring points*
  - *0 = ‘no pain’*
  - *10 = ‘pain as bad as you can imagine’*

Topical Review

PAIN

OPEN

A classification of chronic pain for *ICD-11*

Rolf-Detlef Treede[a], Winfried Rief[b], Antonia Barke[b,*], Qasim Aziz[c], Michael I. Bennett[d], Rafael Benoliel[e], Milton Cohen[f], Stefan Evers[g], Nanna B. Finnerup[h], Michael B. First[i], Maria Adele Giamberardino[j], Stein Kaasa[k], Eva Kosek[l], Patricia Lavand'homme[m], Michael Nicholas[n], Serge Perrot[o], Joachim Scholz[p], Stephan Schug[q], Blair H. Smith[r], Peter Svensson[s,t], Johan W.S. Vlaeyen[u,v], Shuu-Jiun Wang[w]

June 2015 • Volume 156 • Number 6

Divided into 7 groups

- Chronic primary pain
- **Chronic cancer pain**
- Chronic postsurgical and posttraumatic pain
- Chronic neuropathic pain
- Chronic headache and orofacial pain
- Chronic visceral pain
- Chronic muscoloskeletal pain

Chronic cancer pain

- Pain caused by the cancer
- Pain caused by cancer treatment

Chronic cancer pain

- Subdivided into
  - Location
    - Visceral
    - Bony
    - Somatosensory (neuropathic)
  - Continous (background pain)
  - Intermittent (episodic pain)

Treatment

- A multimodal approach
  - Chemotherapy
  - Radiotherapy
- Analgesics
- Psychological support

Hypofractionated radiotherapy

- Results from two RCTs

Radiotherapy and Oncology 79 (2006) 278-284
www.thegreenjournal.com

Phase III randomised trial

Prospective randomised multicenter trial on single fraction radiotherapy (8 Gy×1) versus multiple fractions (3 Gy×10) in the treatment of painful bone metastases

Stein Kaasa[a,b,*], Elisabeth Brenne[b], Jo-Asmund Lund[a,b], Peter Fayers[a,c], Ursula Falkmer[a,b], Matts Holmberg[d], Magnus Lagerlund[e], Oivind Bruland[f]

[a]*Department of Cancer Research and Molecular Medicine, Faculty of Medicine, Norwegian University of Technology and Science, Trondheim, Norway,* [b]*Department of Oncology and Radiotherapy, St Olavs Hospital HF, Trondheim, Norway,* [c]*Department of Public Health, University of Aberdeen, UK,* [d]*Department of Oncology, Sahlgrenska Hospital, Gothenborg, Sweden,* [e]*Department of Oncology, Söder Hospital, Huddinge, Stockholm, Sweden,* [f]*The Norwegian Radium Hospital, Oslo, Norway*

VOLUME 22 · NUMBER 5 · MARCH 1 2004

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Hypofractionated Palliative Radiotherapy (17 Gy per two fractions) in Advanced Non–Small-Cell Lung Carcinoma Is Comparable to Standard Fractionation for Symptom Control and Survival: A National Phase III Trial

Stein Sundstrøm, Roy Bremnes, Ulf Aasebø, Steinar Aamdal, Reidulv Hatlevoll, Paal Brunsvig, Dag Clement Johannessen, Olbjørn Klepp, Peter M. Fayers, and Stein Kaasa

Analgesics

Prof. Vittorio Ventafridda
This is the Japanese version of the WHO monograph
"Cancer Pain Relief".
With the compliments of the translator,
Fumikazu Takeda

謹呈

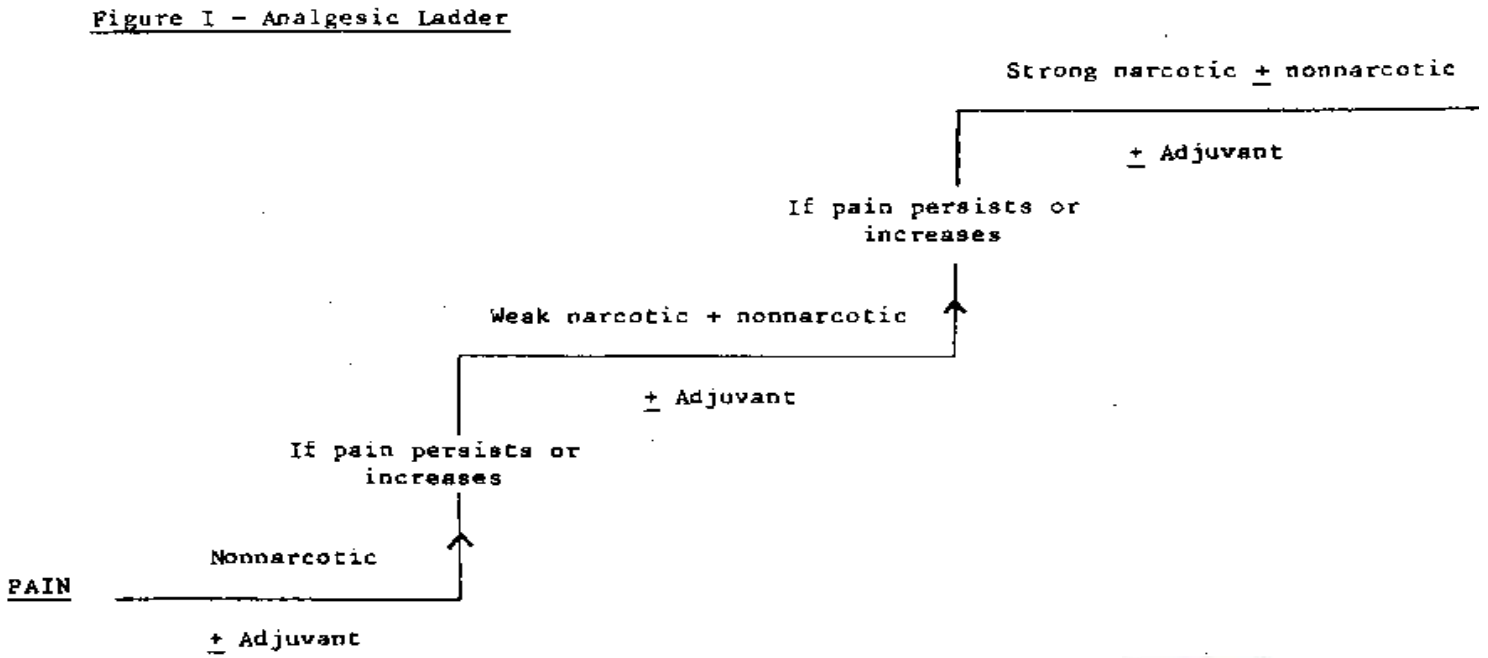
がんの痛みからの解放

付.WHO方式癌疼痛治療法

世界保健機関 編

埼玉県立がんセンター副病院長
武 田 文 和 訳

Original version of WHO analgesic ladder 1982



The four groups of drugs will now be discussed in detail:

FONDAZIONE IRCCS ISTITUTO NAZIONALE DEI TUMORI

Sistema Sanitario Regione Lombardia

On going discussions

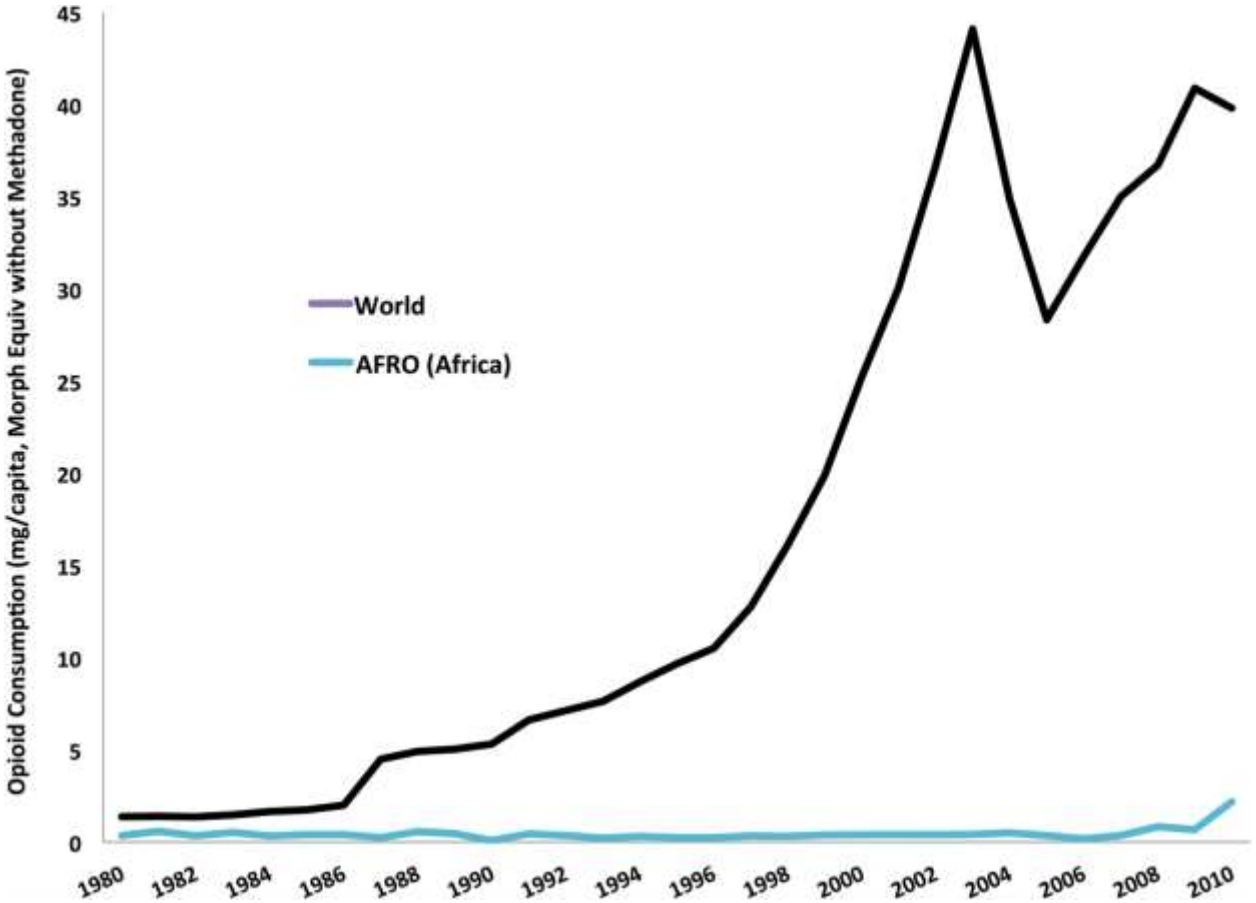
- Skip step 2 of the “old” ladder?

Analgesics – keep it simple

- Use Paracetamol
- Use Morphine
  - Oxycodone
  - Hydromorphone
- Morphine can be used as oral,sc,iv and spinal
  - Oral – immediate and slow release
  - Cheap
  - Easy to produce

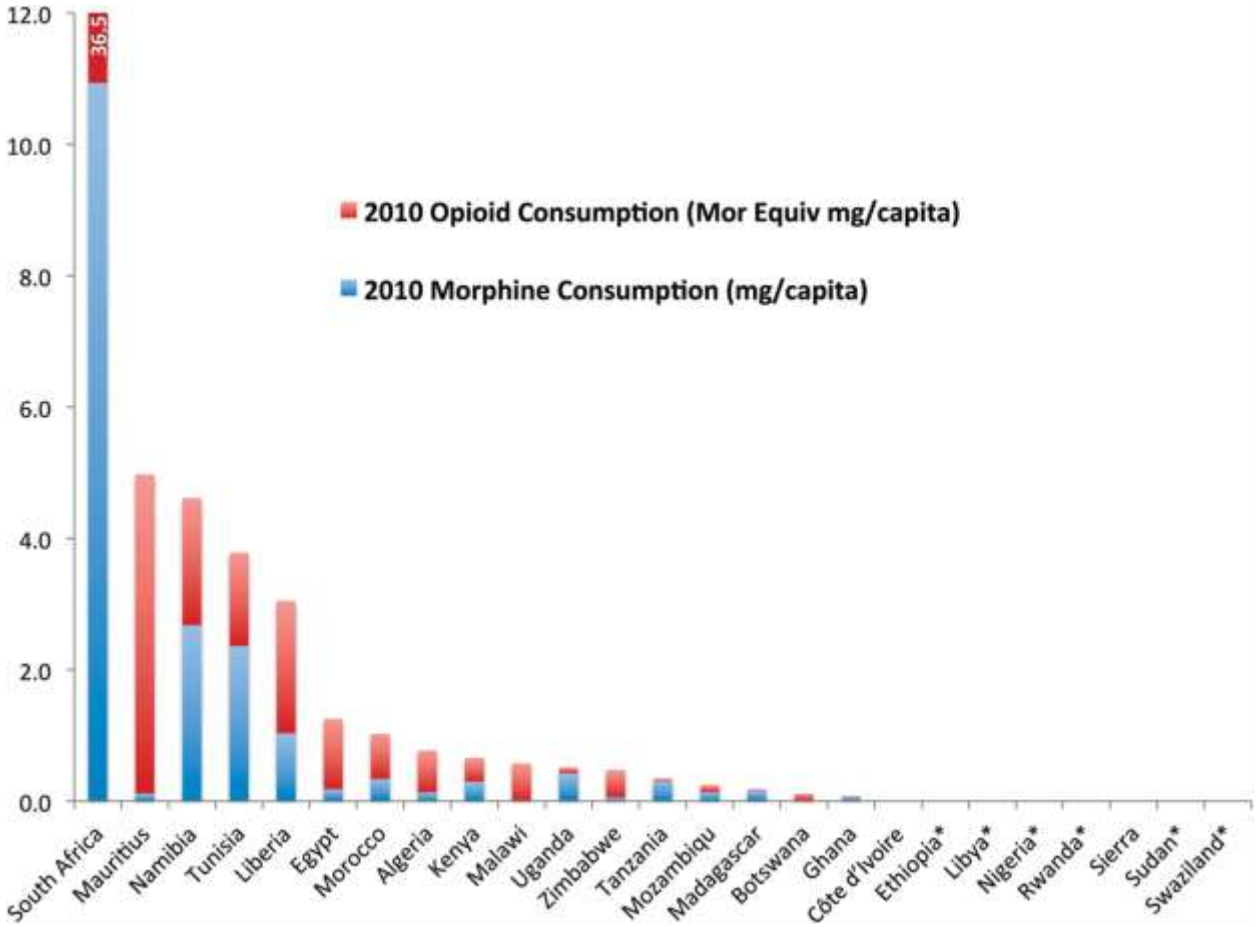
Morphine

- Make it available
- In the essential drug list of WHO



From: Formulary availability and regulatory barriers to accessibility of opioids for cancer pain in Africa: a report from the Global Opioid Policy Initiative (GOPI)

Ann Oncol. 2013;24(suppl_11):xi14-xi23. doi:10.1093/annonc/mdt499



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Conclusions – keep it simple

- Assess and re - assess with the NRS
- Integrate pain and Palliative-Supportive Care into oncology care-all the time
- If opioids are needed – stay with Morphine
- For bone pain – one fraction RT to many patients much better than multiple fractions to a few