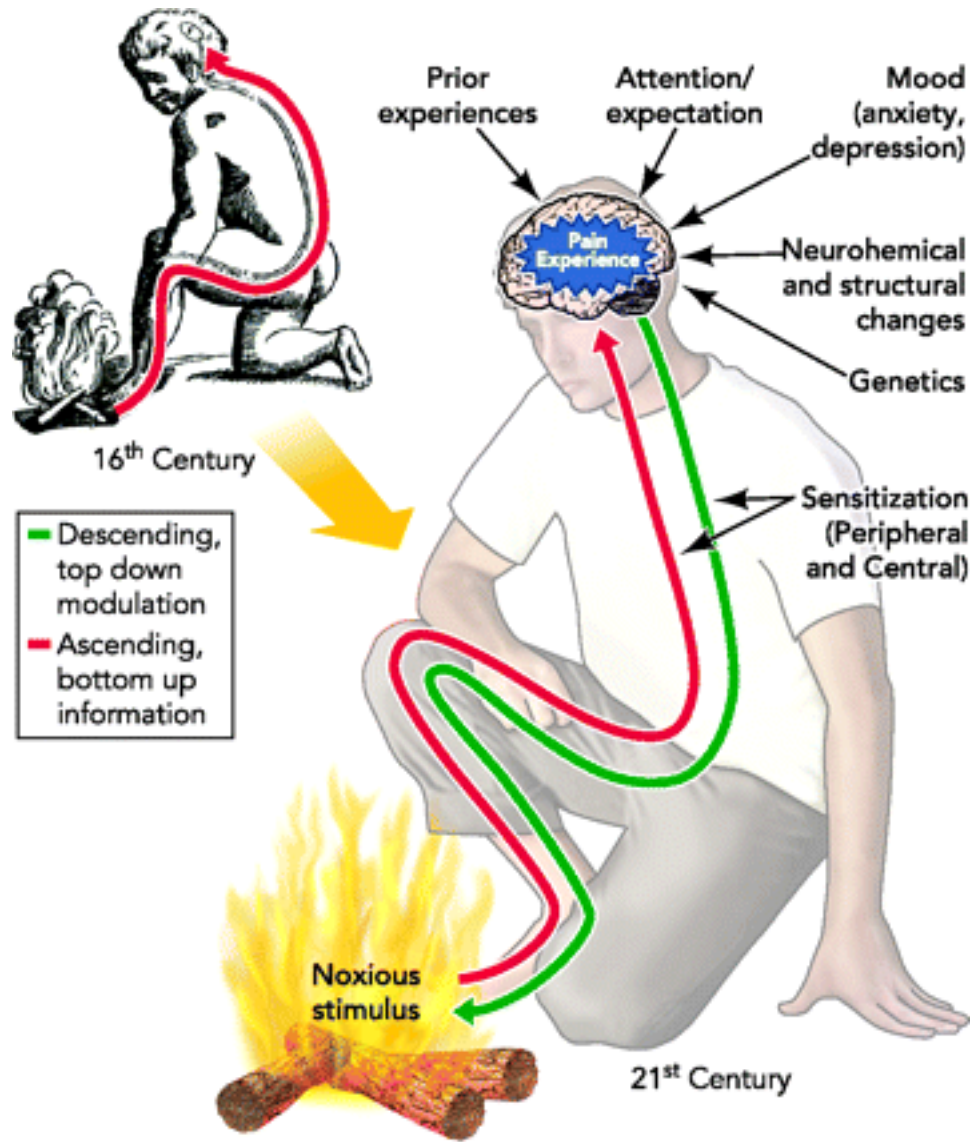


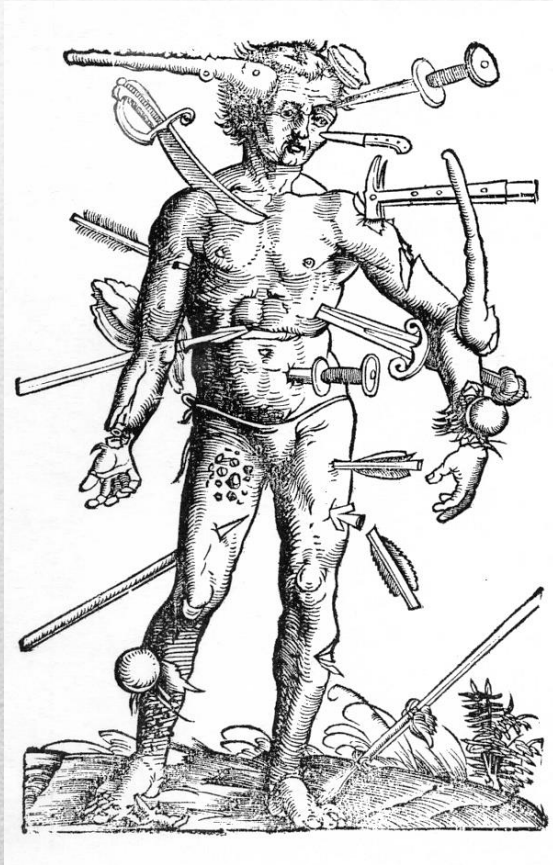
Case reports: pain relief appropriate for the individual

Paul Farquhar-Smith

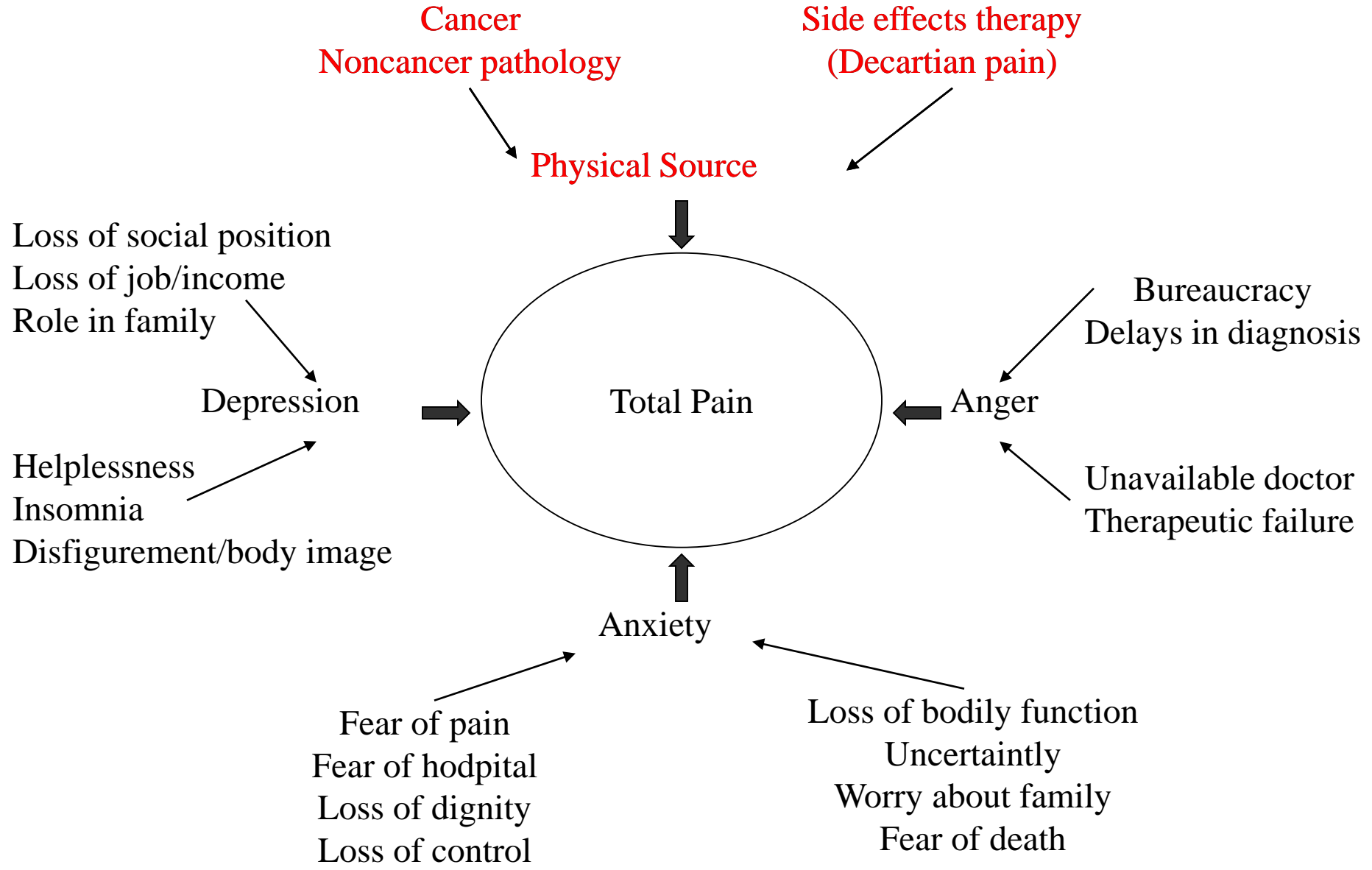
The Royal Marsden NHS Foundation Trust



Pain in cancer patients



Subjective
Neuropathic
Complex
Not just from cancer



Causes of Cancer Pain

- Pain due to cancer
 - Pain due to treatment
 - Pain related to debility
 - Concurrent disorder

 - 15% of pain not caused by cancer

 - Importance of careful evaluation
-

Cancer Pain

- 20-50% have pain at diagnosis increasing to 75% with advanced cancer
 - 1/3 have pain at 1 site
 - 1/3 have pain at 2 sites
 - 1/3 have pain at >2 sites
- Different sites different incidences for pain e.g. (81-87%)

Oesophagus, sarcoma , bone, pancreas

Prevalence

- 19 studies with 11,063 patients
- Nociceptive pain 59%
- Neuropathic pain 19%
- Mixed mechanism pain 20%
- Unknown 2%

Assessment as communication

- Lack of assessment is a barrier to adequate analgesia
- Communication is the greatest challenge

Herr et al 2004

- Diagnosis of cancer changes the way patients communicate pain
- Fear of pain predicts limitations of function

Lemay et al 2011

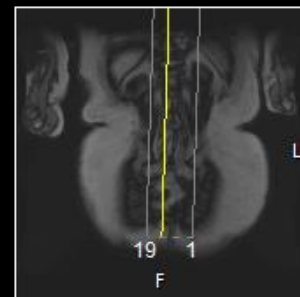
- NRS, VAS
- Multidimensional tools: McGill Pain Questionnaire (MPQ) and the Brief Pain Inventory (BPI)
- MPQ
 - Descriptors and ‘affective’ aspects
 - Modified MPQ-SF
- BPI
 - Sensory and reactive dimension
 - BPI-SF
- Cancer specific: e.g. Edmonton Symptoms Assessment System

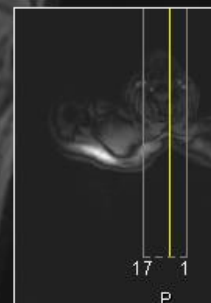
Assessments

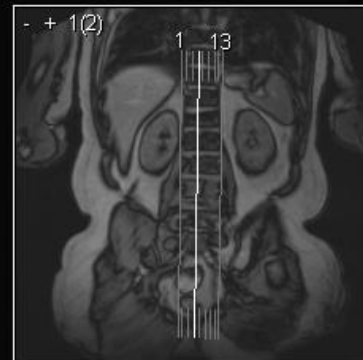
- LANS
- Patient centred
- DN4 (Doleur neuropathique 4)
- PainDetect

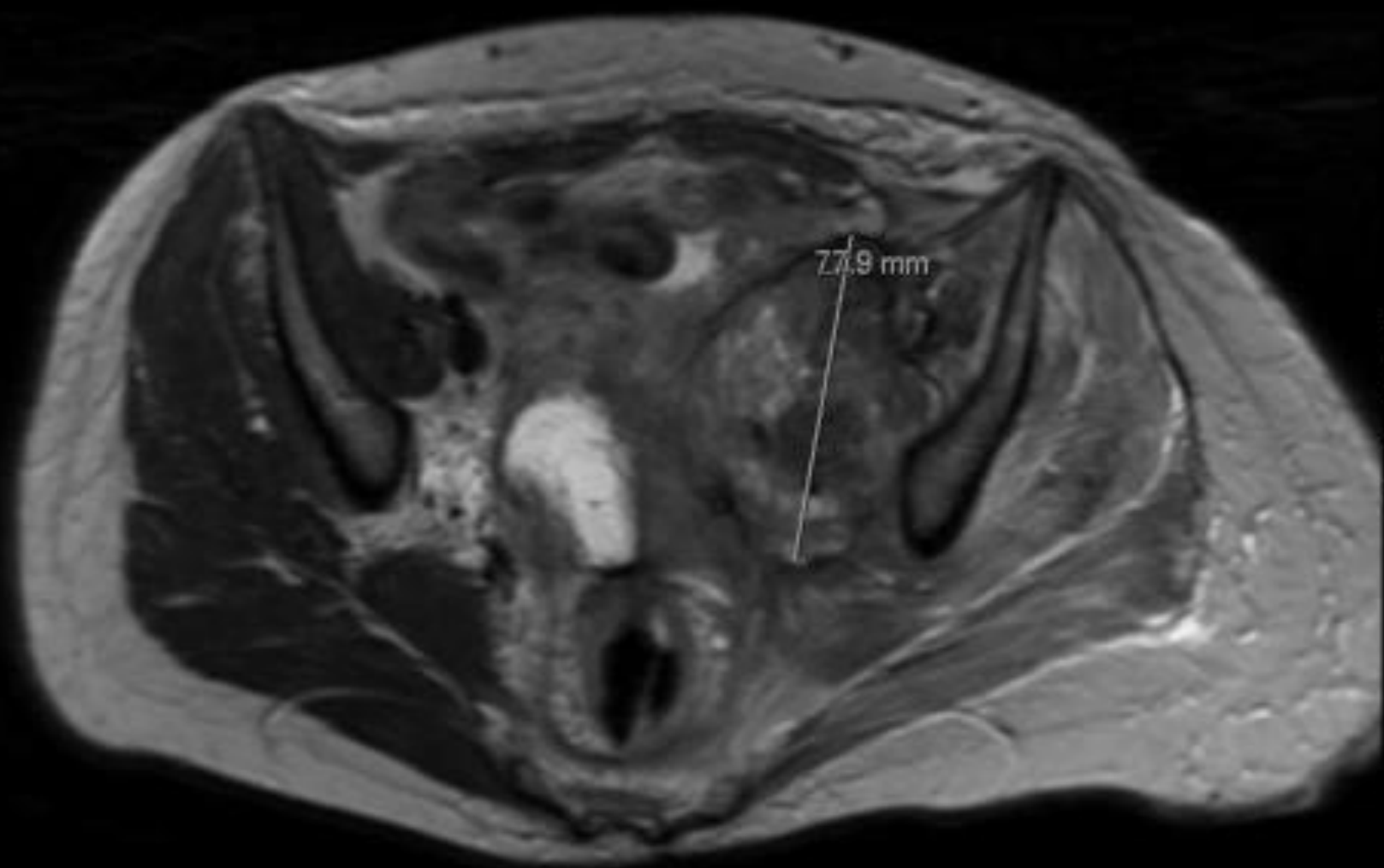
- Important for an individualised, mechanistic base approach

Neuropathic Pain Assessments





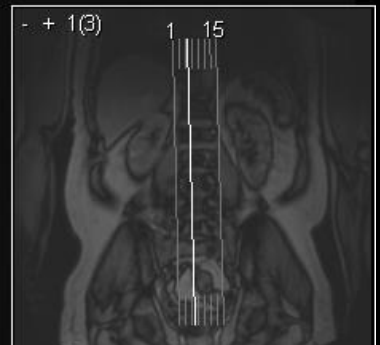




77.9 mm

- 54y old man with multiple myeloma, refractory disease
- CIPN and increasing back pain
- Previous procedures for back pain
- Signs of radiculopathy
- On mixture of fentanyl patch, Oromorph and Oxynorm, pregabalin, amitriptyline
- Constipation, somnolence

Case 1: Cancer



- Referred to Palliative Care
- Epidural steroid
- Change to Sevredol titration
- Symptom control
- Improved analgesia (decreased radicular pain)
- Zomorph

Case 1: Cancer

Case 2: Cancer

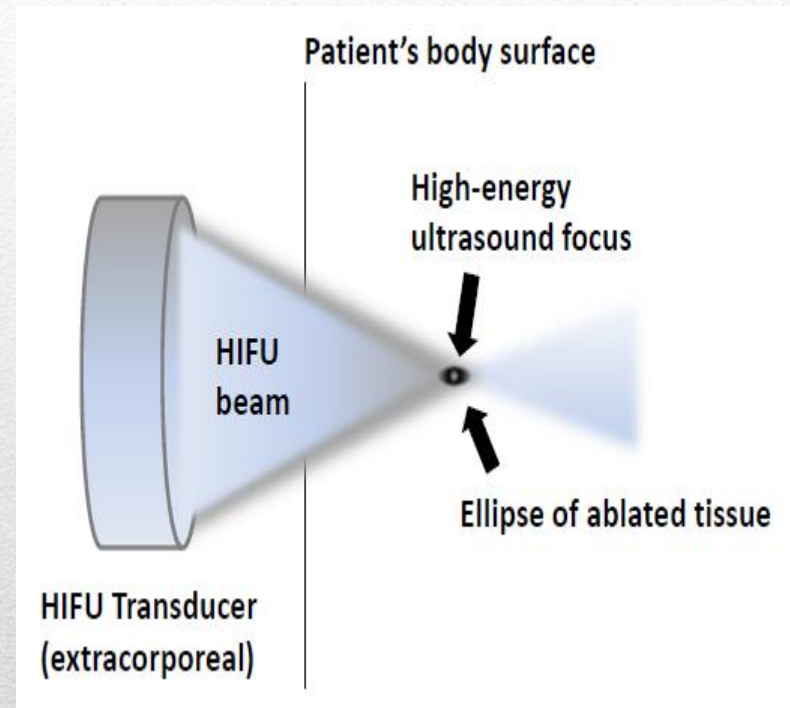
- 51 year old female with metastatic breast cancer
 - Painful metastasis right shoulder
 - 8 Gy Radiotherapy April 2014
 - Pain remained uncontrolled by analgesia
-

Advantages of HIFU

- Damage to the tissue happens only at the focal spot
- The technique is both non-invasive and non-ionizing (no irradiation)
- The physical mean of tissue destruction is deterministic i.e if you heat cells to a certain temperature they will die.

Risks (rare)

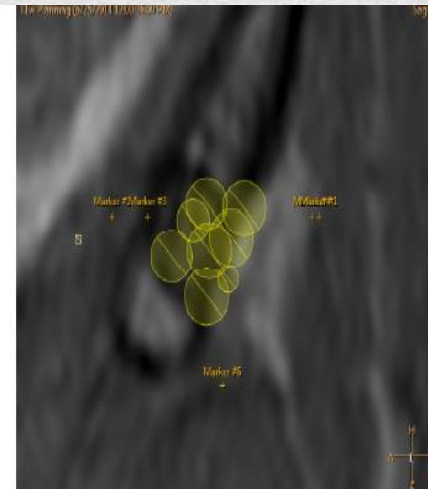
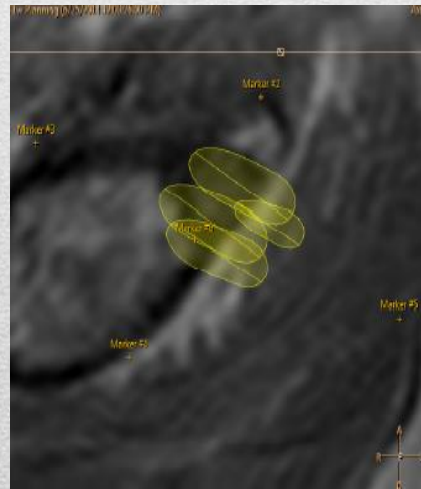
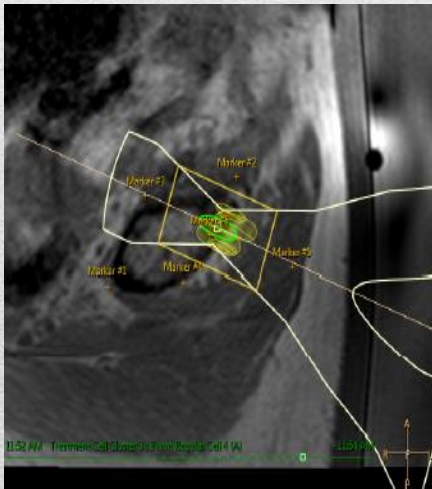
- Potential for localised skin burns
- Damage to structures close to target
- Short lived inflammatory response



- Post treatment imaging shows no adverse features
 - Pain scores reduced, 0 at 90 days
 - Range of movements greatly increased
 - No analgesia now being used
-

Case 2b: Cancer

- 57 year old female, metastatic breast cancer
- Painful metastasis left iliac bone
- 30 Gy in 10# June 2012
- Pain uncontrolled by analgesia



Case 2b: Cancer

- Post treatment imaging shows no adverse features
 - Pain scores reduced
 - By Day 30: 0 at rest, 1-2 on movement
-

- 56 y old man adenoCa anus
- Ex professional cyclist
- Oxaliplatin CIPN
- Painful paraesthesias, feeling of walking on icy cobbles
- Severe pin prick hyperalgesia
- Unable to ride
- Sleeping issues

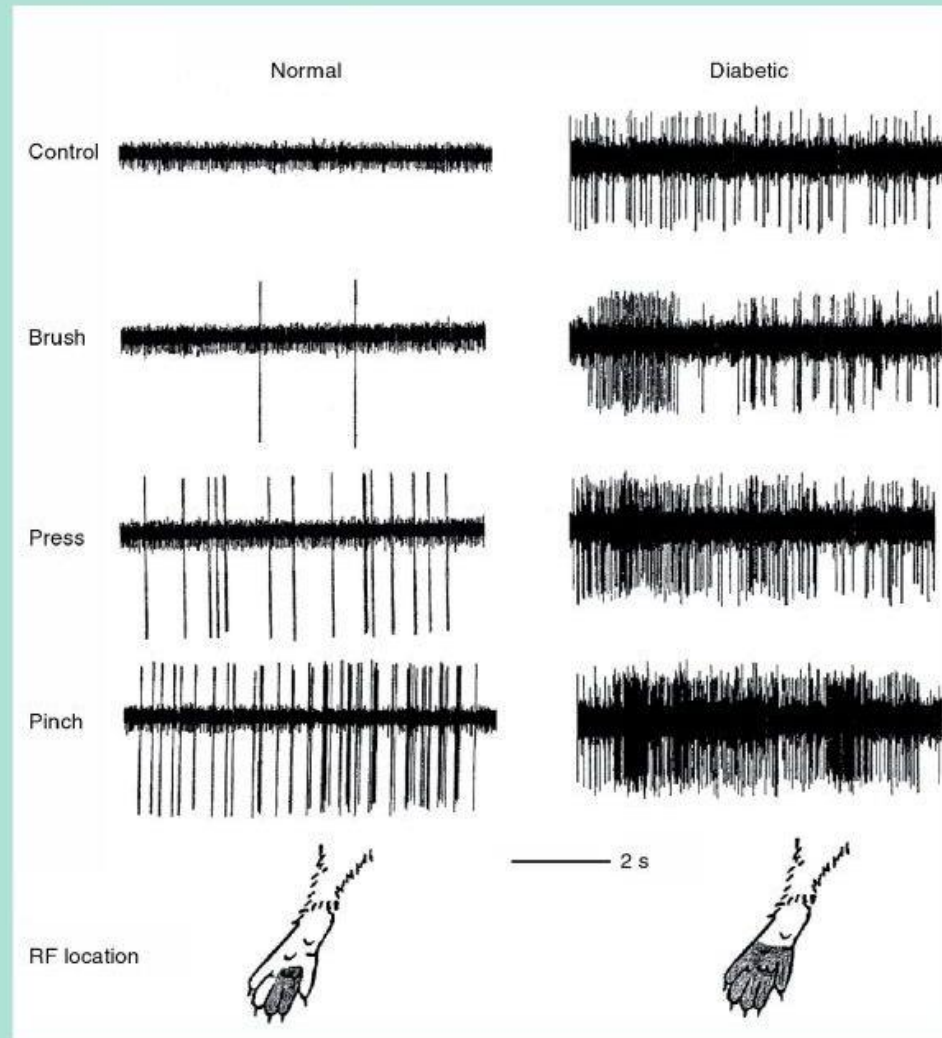
Case 3: Topical?

- Pregabalin 300mg b.d.
- Tramadol 100mg b.d.
- Some benefit
- Sleeping better
- Could ride, but only short distances and ‘not fast’

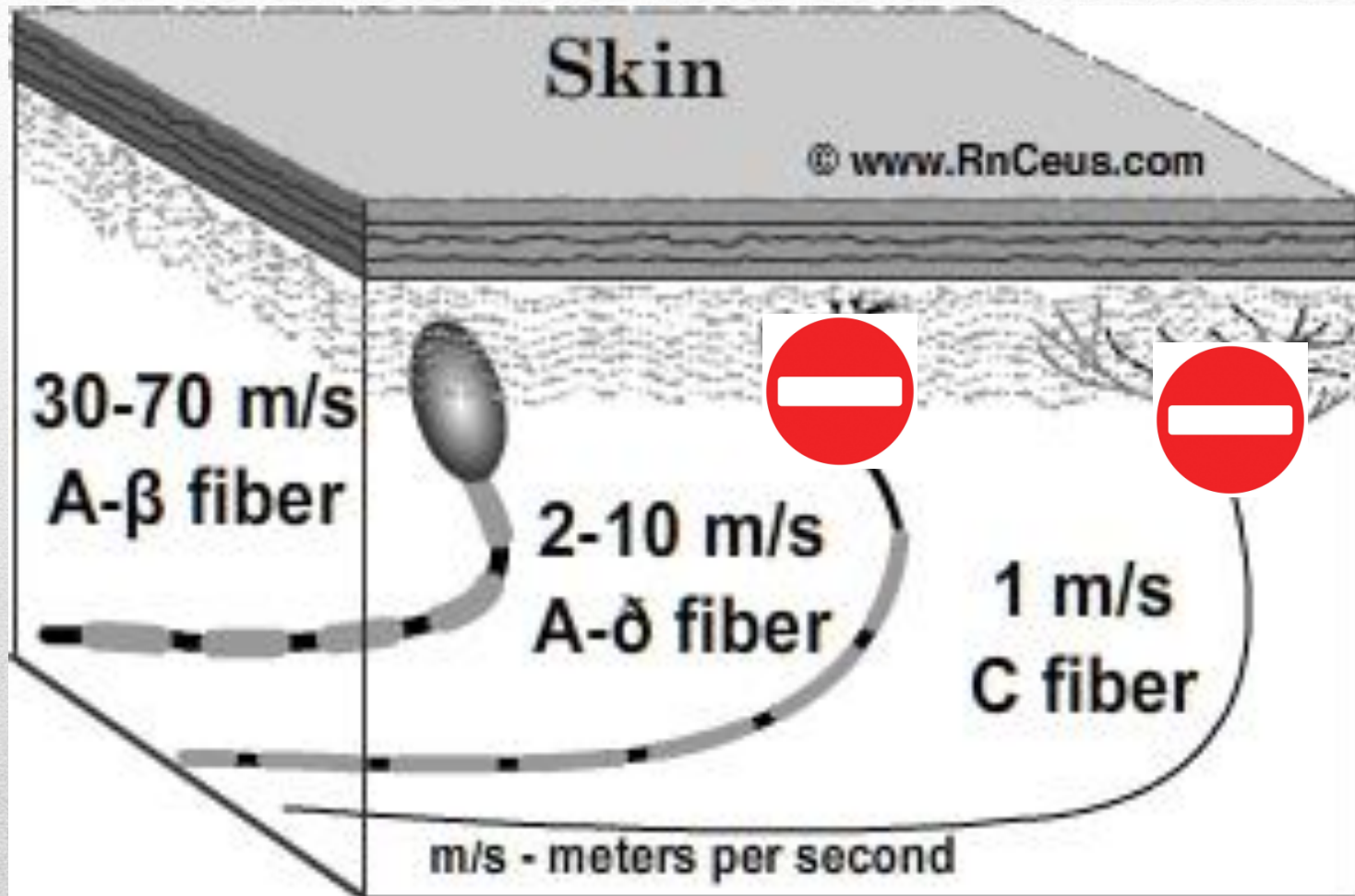
Case 3: Topical

‘severe pin prick hyperalgesia’

Mechanistic assessment



Lidocaine 5% plaster



Krumova et al Pain 2012

- Tapentadol (50mg) for tramadol
- Lidocaine 5% plaster
- Improved so that needed only 1-2 tapentadol
- Reduced pregabalin to 150 mg bd but lower than this pain worsened
- Cycling faster and longer (but?)
- *Incremental gain*

Case 3: Topical

MARGINAL GAINS

British Cycling's Performance Director

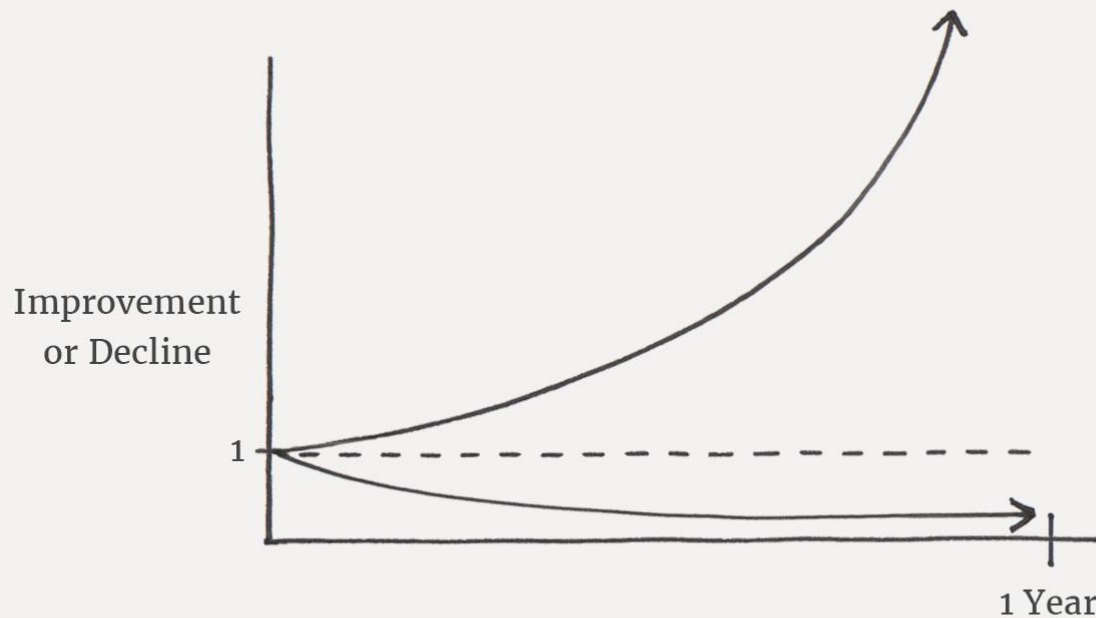


"The whole principle came from the idea that if you broke down everything you could think of that goes into riding a bike, and then improved it by 1%, you will get a significant increase when you put them all together"

The Power of Tiny Gains

1% better every day $1.01^{365} = 37.78$

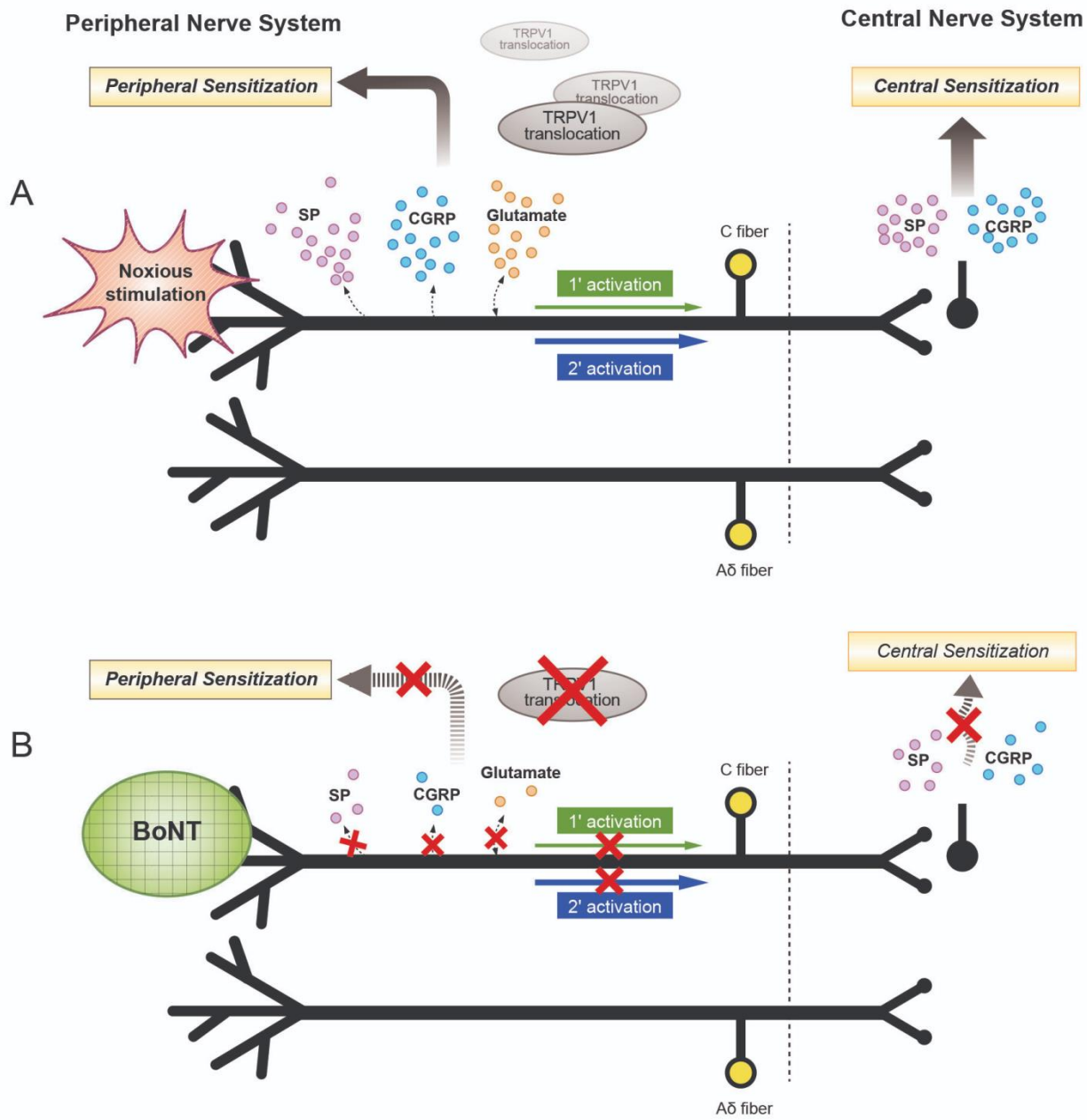
1% worse every day $0.99^{365} = 0.03$



Case 4 (or 3b): Beauty therapy

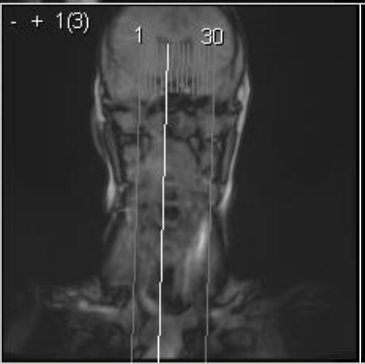
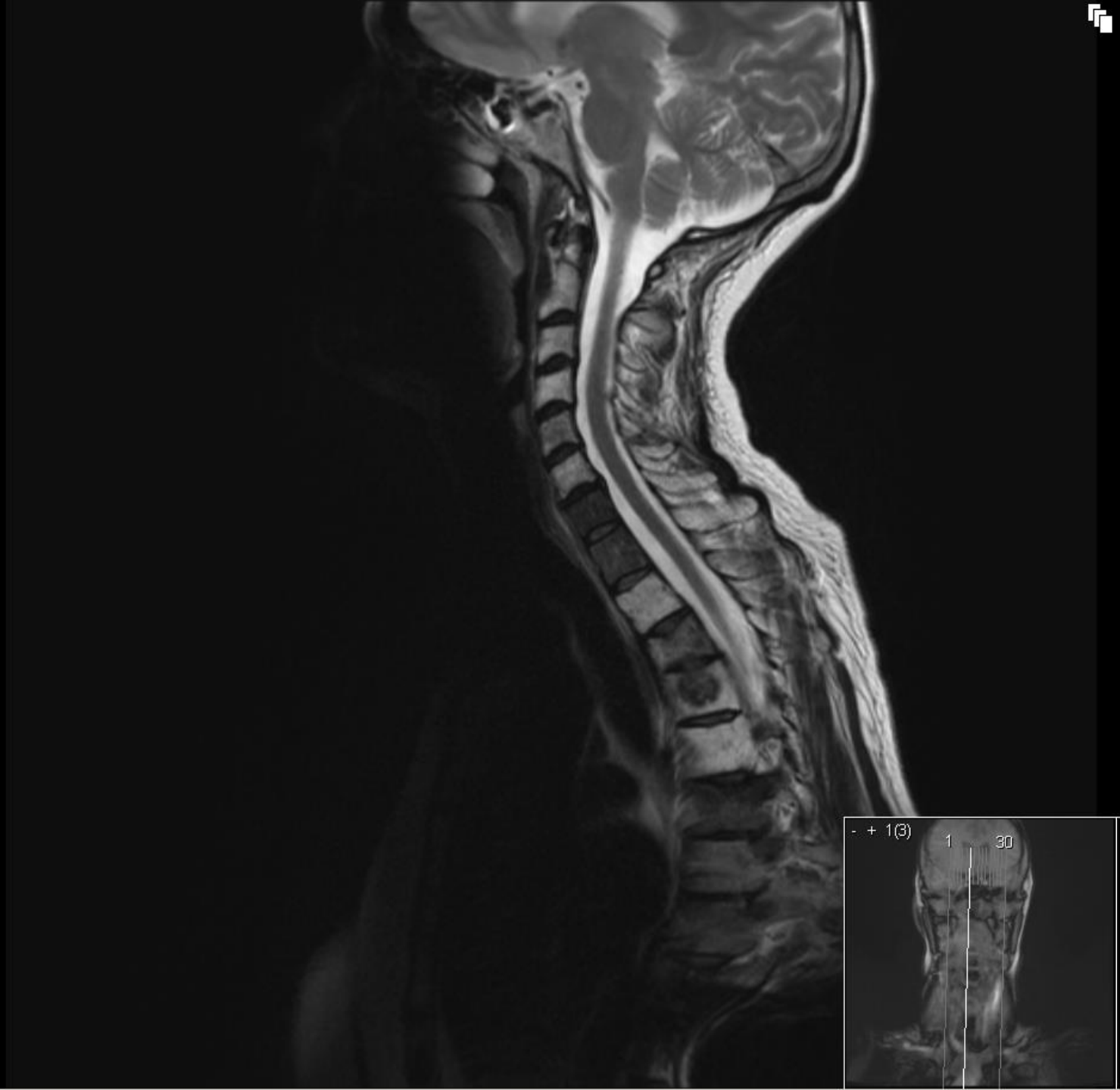
- But....?
- Still being compromised
- Continuing marginal gains

Cycling proficiency



- 27 year old woman with metastatic breast cancer
- Young children
- Increasing neck pain and neuropathic arm pain, movement worse
- Only taking Oxynorm 5mg in evening because of fear of side effects
- Short term good effect
- Asked by oncologists to see for ‘nerve block’

Case 5 : Primum



- Evidence of cervical root irritation
- Discussion of issues with analgesia and barriers to use
- Agreed to use Oxynorm regularly
- Topical approaches
- To review before consideration of additional options (anti-neuropathics, interventions)

Case 5: Primum
