Dr Flavio Fusco Direttore SSD Cure Palliative ASL3 Genovese

LA PALLIAZIONE NEI TUMORI TESTA-COLLO

Le perle dei colleghi

- “ Fusco portatelo a casa, tanto avrà al limite un po’ di cefalea, poi andrà in coma…”
- “ guarda che in questi casi di clinico c’è poco, è solo un grosso problema infermieristico e socio-assistenziale…”
- .. Fino al cinismo “ te lo invio a casa perché qui in ospedale non facciamo più nulla e in hospice non lo prendono perché non muore presto…”

Oral Oncol. 2014 May 20. [Epub ahead of print]

Characteristics and medical-care-seeking of head and neck cancer patients: A population-based cross-sectional survey.

Väisänen JA et al

".. fear of physicians (OR 11.0; 95% CI 1.2-103), medical-care-seeking for symptoms other than pain (18.5; 2.2-156)

not suspecting cancer (11.2; 1.7-75.1) were independent risk factors for delayed consultation .."

CHE TIPO DI MEDICO ESSERE?

… hanno ragione???.....

review

Annals of Oncology 18: 1437–1449, 2007
doi:10.1093/annonc/mdm056
Published online 12 March 2007

Prevalence of pain in patients with cancer: a systematic review of the past 40 years

M. H. J. van den Beuken-van Everdingen[1]*, J. M. de Rijke[1], A. G. Kessels[2], H. C. Schouten[3], M. van Kleef[4] & J. Patijn[1]

[1]*Pain Management and Research Centre, University Hospital Maastricht;* [2]*Department of Clinical Epidemiology and Medical Technology Assessment, University Hospital Maastricht;* [3]*Department of Internal Medicine, University Hospital Maastricht;* [4]*Department of Anaesthesiology, University Hospital Maastricht, PO Box 5800, 6202 AZ Maastricht, The Netherlands*

Received 18 December 2006; revised 11 January 2007; accepted 12 January 2007

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.

Algie e tumori cerebrali : Un'espressione di " Complex regional pain syndrome" ?

zona	sintomi
Orbitaria	Cefalea, proptosi, diplopia
parasellare	Cefalea frontale, oftalmoplegia
Fossa cranica media	Nevralgia, disfunzione VI , parestesie
Forame giugulare	Dolore occipitale, disfagia
Condilo occipitale	Cefalea nucale , deficit XI e XII
clivus	Cefalea del vertice
Seno sfenoidale ed etmoidale	Deficit VI, rinorrea

Da Mercadante S Il dolore nel paziente neoplastico Masson ed 2009

Cefalea: epidemiologia e prevalenza

- Cefalea variabilmente presente tra il 30 e il 60% dei paz con tumore primitivo o metastatico cerebrale (Forsyth 1993)
- Durata mediana da DGN estremamente variabile da 3.5 settimane a 15 mesi (Forsyth 1993, Suwanwela 1994)

Variabili socioeconomiche, demografiche e culturali

Influence of pain severity on the quality of life in patients with head and neck cancer before antineoplastic therapy

Karine G Oliveira[1†], Sandra V von Zeidler[2†], Jose RV Podestá[3†], Agenor Sena[3†], Evandro D Souza[3†], Jeferson Lenzi[3†], Nazaré S Bissoli[1†] and Sonia A Gouvea[1*]

BioMed Central
2014, 14:39

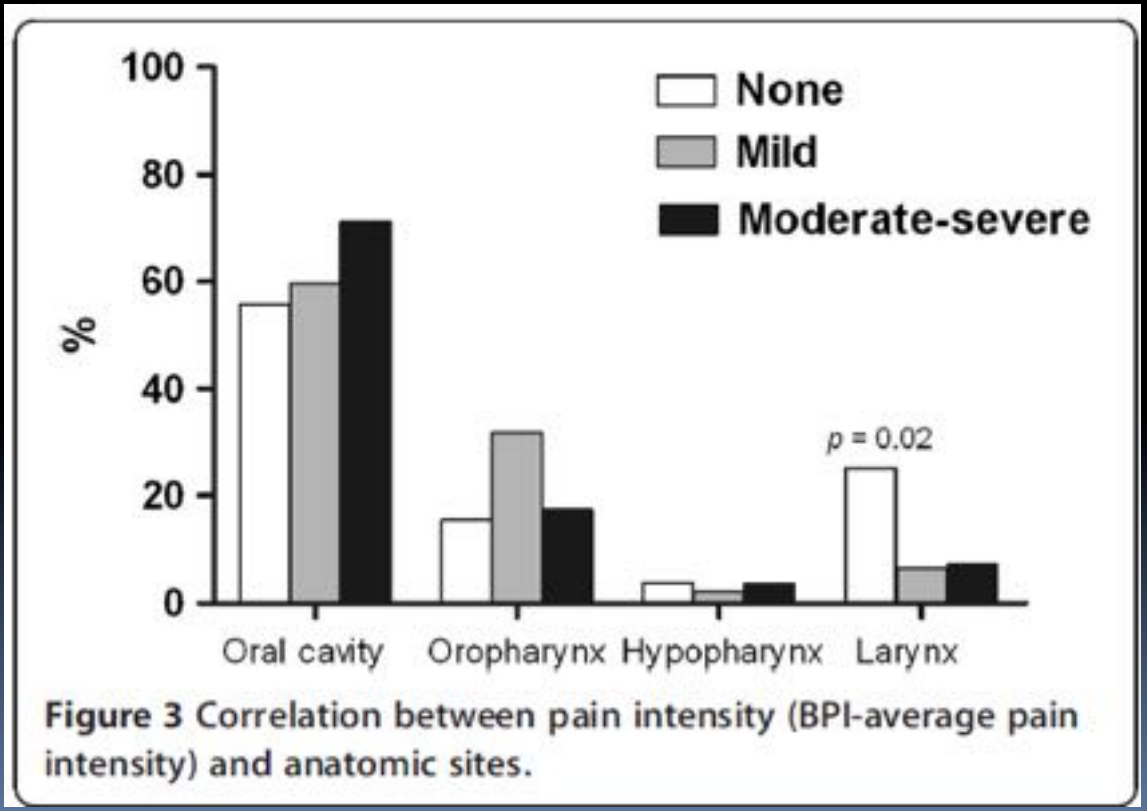


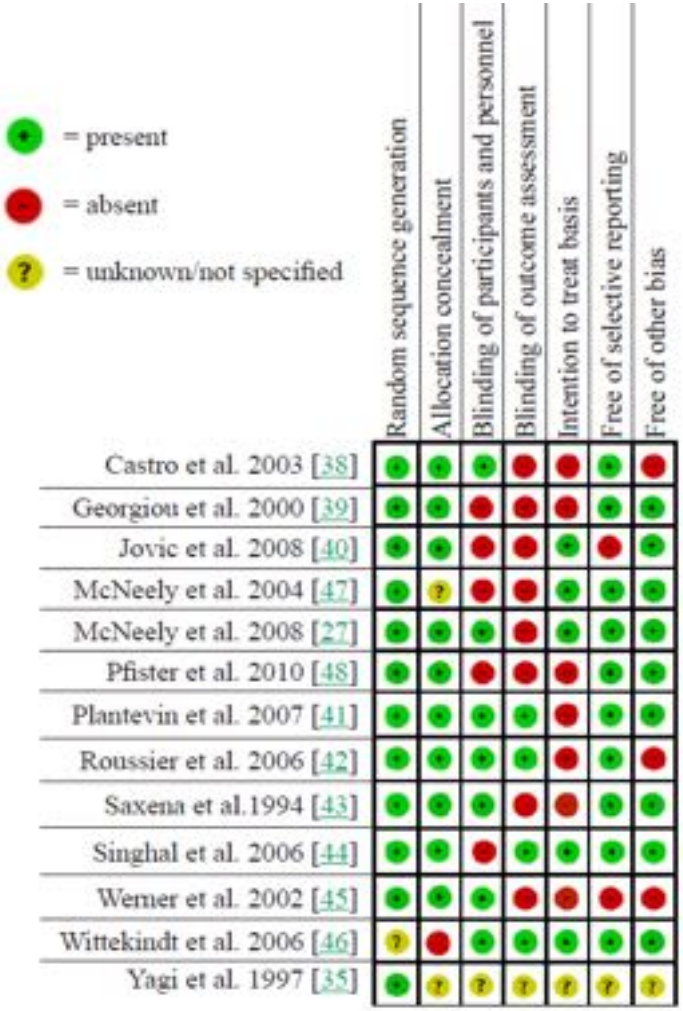
Figure 3 Correlation between pain intensity (BPI-average pain intensity) and anatomic sites.

JOMR eJOURNAL OF ORAL & MAXILLOFACIAL RESEARCH

Pharmacological and Other Interventions for Head and Neck Cancer Pain: a Systematic Review

J Oral Maxillofac Res 2012 (Oct-Dec)

Patrick B. Trotter[1], Lindsey A. Norton[1], Ann S. Loo[1], Jonathan I. Munn[1], Elena Voge[1,2], Kim W. Ah-See[3], Tatiana V. Macfarlane[1]

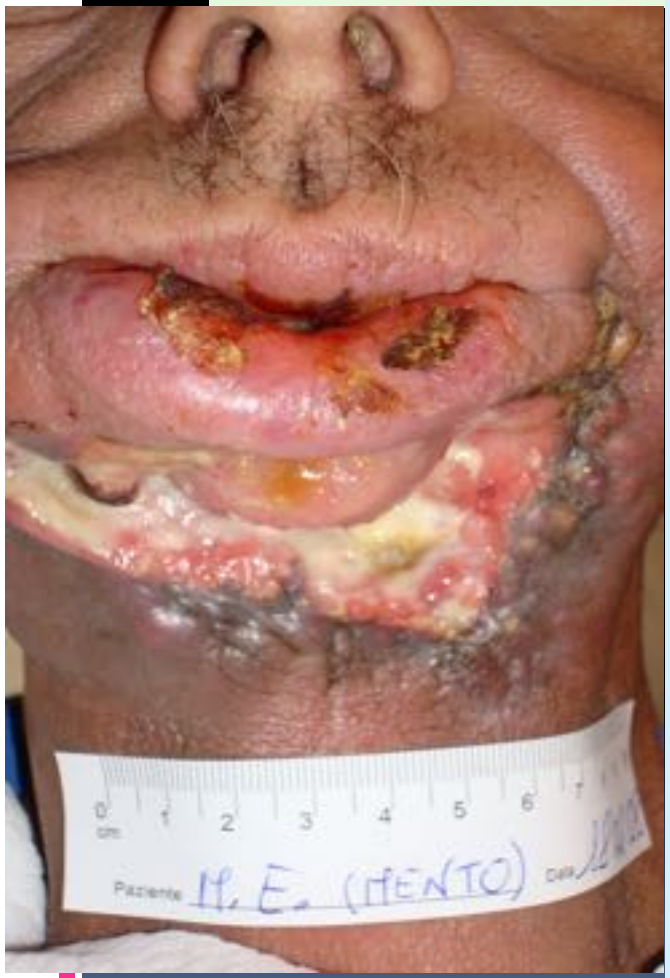


Quale EBM sul testa collo?

Dal gel di cisplatino/epinefrina alla morfina epidurale. Dal fentanyl ev al blocco del nervo mandibolare all' agopuntura

The current recommendation to follow is the WHO pain ladder and this recommendation will stand until further studies of a higher standard are conducted.

Back therapy plus break therapy plus topical therapy



Terapia antalgica di fondo:

- pompa s.c.c. con 4 fl morfina 10mg+ midazolam 5 mg (per sedazione notturna)
- Fentanyl TTS 100 mcg /hr ogni 72 hr

Terapia locale :

- **morfina topica** sospesa dopo 48 ore per bruciori, impossibilità al mantenimento "in situ"
- Ha proseguito con sola Idrofibra+ argento
- Mantiene **sciacqui con morfina solfato** con discreto beneficio, ma di breve durata

Perché morfina topica? Rationale

- In ulcere non molto estese non c' è assorbimento sistemico (NNN : "non sense-neoangiogenetic network")
- "sparing-effect" su oppiacei sistemici
- Azione sulle diverse componenti del dolore ("dressing change", "incident")
- Stabilità a diverse concentrazioni in gel (0,08%-0,1%-0.3%)

Zeppetella G, Ribeiro MDC Journ Pain Symptom Manage 2004,2005

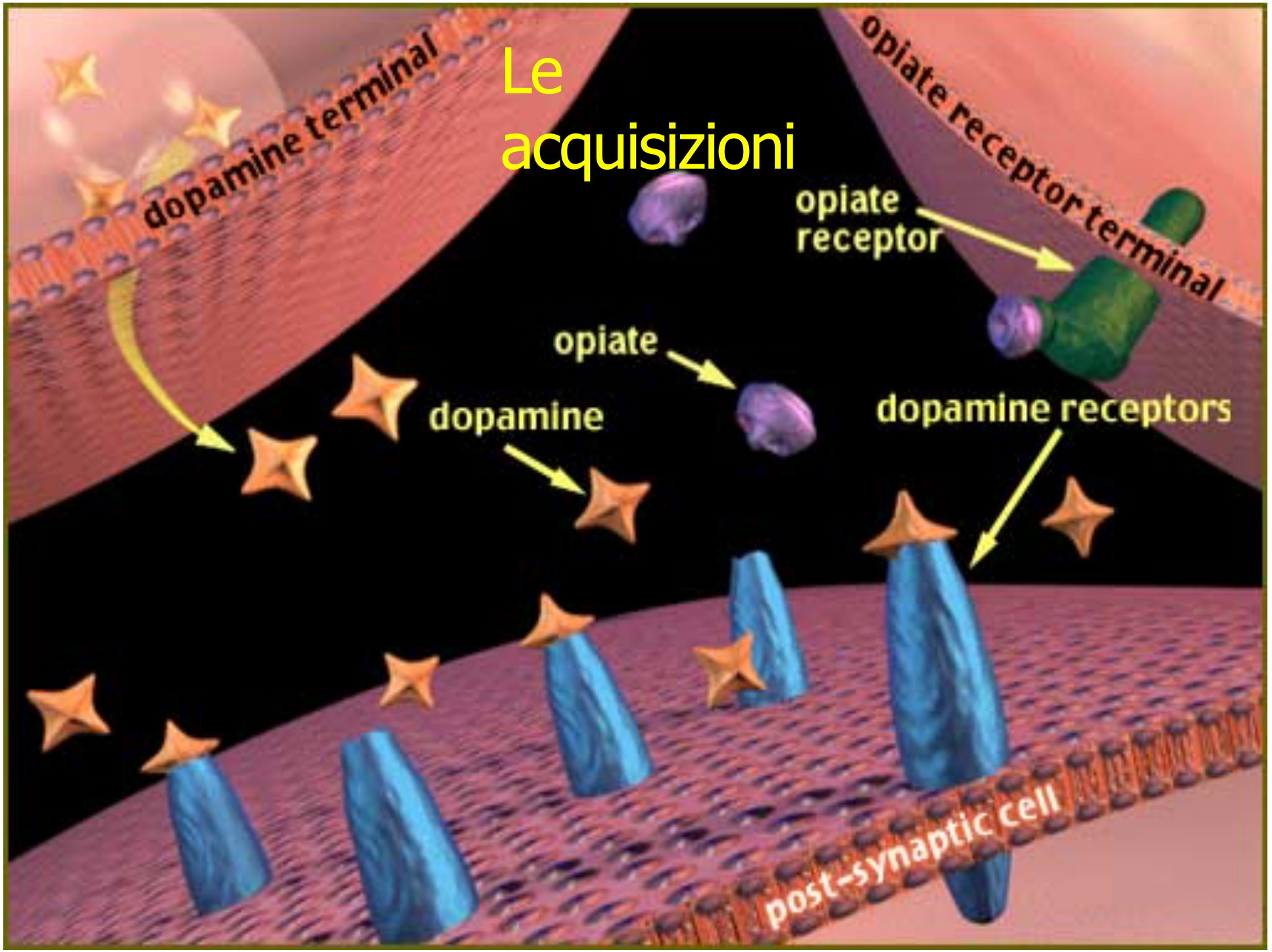
- Documentata esposizione recettoriale **μ-δ-κ** nei tessuti danneggiati
- >> rilascio oppioidi endogeni da cellule del sistema immunitario nel sottocute infiammato perilesionale
- Trasporto assonale sino a terminazioni

Coggeshall RE *Brain Research* 1997

Truong W *Ann Neurol* 2003

Hassan AHS *Neuroscience* 1993

Le acquisizioni



C'è abbastanza EBM?

0031-6997/03/5501-1–20$7.00
PHARMACOLOGICAL REVIEWS

Pharmacol Rev 55:1–20, 2003

Vol. 55, No. 1
301021/1039462
Printed in U.S.A

Topical and Peripherally Acting Analgesics

JANA SAWYNOK

Department of Pharmacology, Dalhousie University, Halifax, Nova Scotia, Canada

Topical opioids appear to have a locally rather than systemically mediated effect when applied to inflamed tissues. Numbers were small and caution should be exercised in drawing conclusions. There was insufficient evidence to support a recommendation.

. Con qualche contraddizione….

TOPICAL OPIOIDS

A small evidence base has suggested that topical opioids may be an effective local analgesic when applied to inflamed tissues. Four small RCTs involving the use of topical morphine (three trials, n = 33) or diamorphine (one trial, n = 13) were identified.

One RCT showed a dose response relationship for topical morphine. Pain relief from 0.2% morphine hydrochloride mouthwash on oral mucositis was greater than 0.1% strength mouthwash ($p = 0.023$). Both opioid strengths were more effective in relieving pain than placebo ($p = 0.006$). Time to good (≥ 50%) pain relief following 0.2% morphine hydrochloride mouthwash was 28 ± 12 minutes and duration of pain relief was 216 ± 25 minutes.[133] 1-

Another small RCT (n = 5) compared single dose application of morphine sulphate 0.1% in Intrasite gel to placebo for the relief of pain from sacral sores (non-necrotic and not infected). Pain scores measured on VAS (0-100mm) was 47 ± 11 for placebo and 15 ± 11 for morphine ($p < 0.01$).[134] 1-

In a further study on hospice patients with non-necrotic, non-infected skin ulcers, morphine or its metabolites were undetectable systemically after applying morphine 10 mg in Intrasite gel daily in five out of six patients. In one patient (ulcer 60 cm^2) bioavailability was approximately 20% compared to subcutaneously administered morphine. Different carrier gels may influence the degree of opioid absorption.[135] 1-

Thirteen hospice inpatients with stage II or III pressure ulcers were randomised to receive either 0.1% diamorphine in Intrasite gel or placebo for local pain relief. Only seven patients (54%) completed the study. Six of these had improved pain scores at one hour ($p = 0.003$, four were pain free) and at 12 hours ($p = 0.005$, three were pain free) with diamorphine 0.1% gel. No patients were pain free during the placebo phase.[136] 1-

Cerchietti LC, Navigante AH, Korte MW, Cohen AM, Quiroga PN, Villaamil EC, et al. Potential utility of the peripheral analgesic properties of morphine in stomatitis-related pain: a pilot study. Pain 2003;105(1-2):265-73.

Zeppetella G, Paul J, Ribeiro MDC. Analgesic efficacy of morphine applied topically to painful ulcers. J Pain Symptom Manage 2003;25(6):555-8.

Ribeiro MDC, Joel SP, Zeppetella G. The bioavailability of morphine applied topically to cutaneous ulcers. J Pain Symptom Manage 2004;27(5):434-9.

Flock P. Pilot study to determine the effectiveness of diamorphine gel to control pressure ulcer pain. J Pain Symptom Manage 2003;25(6):547-54.

J Clin Oncol. 2014 May 20;32(15):1571-7.

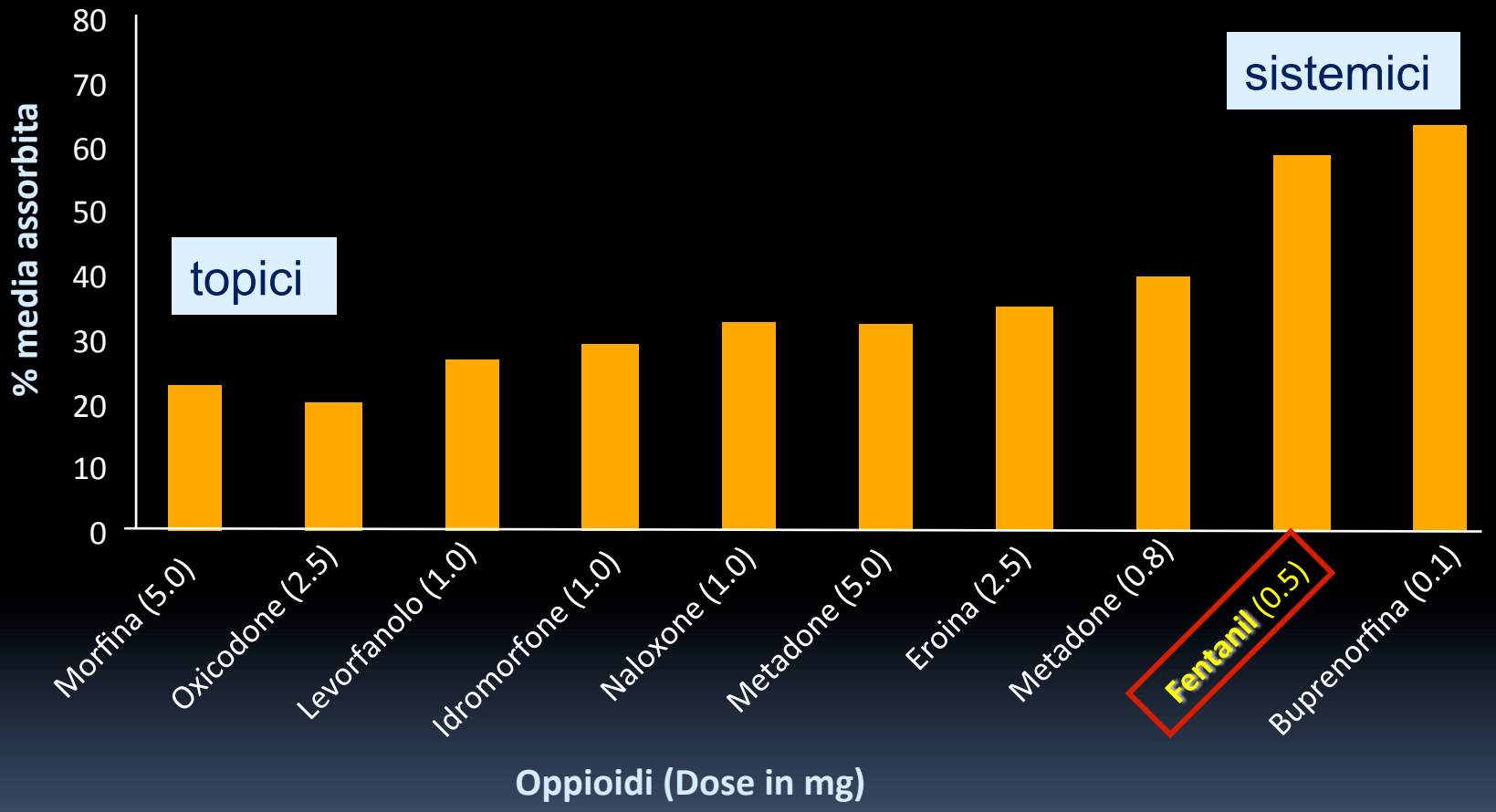
Doxepin Rinse Versus Placebo in the Treatment of Acute Oral Mucositis Pain in Patients Receiving Head and Neck Radiotherapy With or Without Chemotherapy: A Phase III, Randomized, Double-Blind Trial

Leenstra JL et al

155 patients were randomly allocated to a doxepin oral rinse or a placebo for the treatment of radiotherapy-related OM pain. Patients received a single dose of doxepin or placebo on day 1 and then crossed over to receive the opposite agent on a subsequent day.

Crossover analysis of patients completing both phases confirmed that patients experienced greater mouth and throat pain reduction with doxepin (intrapatient changes of 4.1 for doxepin-placebo arm and −2.8 for placebo-doxepin arm; $P < .001$). Doxepin was associated with more stinging or burning, unpleasant taste, and greater drowsiness than the placebo rinse.

ASSORBIMENTO OROMUCOSALE DEGLI OPPIOIDI..



From Weinberg DS, et al. Clin Pharm Ther 1988;44:337.

cosa dobbiamo fare per il dolore di Mario?

Support Care Cancer (2010) 18:977–978
DOI 10.1007/s00520-010-0855-4

EDITORIAL

Systematic reviews and guidelines for oral complications of cancer therapies: current challenges and future opportunities

Michael T. Brennan · Fred K. L. Spijkervet · Linda S. Elting

therapies. The Surgeon General's report on Oral Health in America estimates that more than 30–35% (400,000 annually) of patients undergoing cancer treatment will develop oral complications [3].

U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General, Executive Summary (2000) Rockville. U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, MD

AZIENDA SANITARIA GENOVESE 3

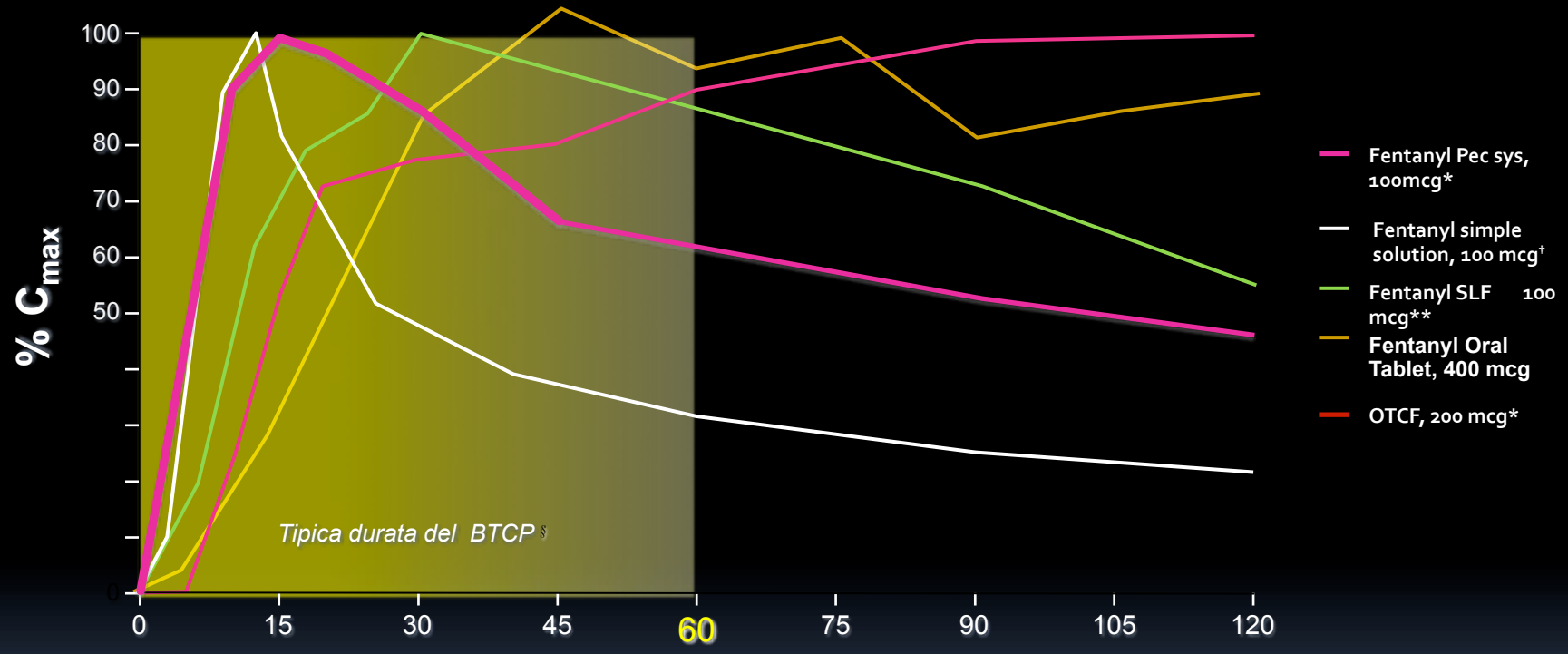
SOMMINISTRAZIONE INTRANASALE: RAZIONALE

- **RAPIDO ASSORBIMENTO:** l'epitelio nasale è altamente vascolarizzato e permeabile ai farmaci lipofili

- Evita il metabolismo di primo passaggio
- Adatta anche in caso di xerostomia o altre affezioni del cavo orale
- Non invasiva
- Facile da utilizzare dal paziente o da chi lo assiste

Dale, Acta Anaesthesiol Scand 2002

Pharmacokinetics: fentanyl in different available formulations



Data coming from different studies , Cmax not coming from direct comparisons

* Fisher, *Int J Clin Pharm Ther* 2010; 48: 138-145.
†Christrup, *Clin Ther* 2008; 30: 469–481.
‡Darwish, Clin Pharmacokin 2006; 45 (8); 843-50.
** Lennernas, Br J Clin Pharmacol; 2004; 59 (2); 249-53.
§ Zeppetella et al. J Pain Symptom Manage 2000; 20(2): 87-92., Portenoy *et al.* J Opioid Manag 2010; 6(2): 97-108.

Support Care Cancer
DOI 10.1007/s00520-011-1124-x

ORIGINAL ARTICLE

Long-term tolerability, efficacy and acceptability of fentanyl pectin nasal spray for breakthrough cancer pain

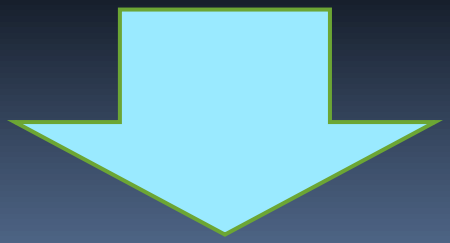
Lukas Radbruch · Luis M. Torres · John E. Ellershaw · Antonio Gatti · Guillermo Luis Lerzo · Julia Revnic · Donald Taylor

Results Four hundred three patients were included in the safety and intent-to-treat analysis (42,227 episodes), 356 entered the treatment phase and 110 completed 16 weeks. Overall, 24.6% of 403 patients reported treatment-related treatment-emergent AEs that were generally mild/moderate and typical of opioids; 20 patients discontinued treatment due to an AE (9 were ADRs). Nasal assessments revealed no clinically significant effects; 94% of FPNS-treated episodes required no additional rescue medication. More than 90% of patients did not have to increase their dose

>90% pazienti no incremento dose

La palliazione non è solo terapia antalgica…

Difficulty swallowing (dysphagia)
Dry mouth (xerostomia)
Mouth sores (mucositis)
Weight loss
Voice changes or voice loss
Changes in appearance/physical deformities
Changes in taste, smell and appetite



anxiety, depression, guilt and low self-esteem

Support Care Cancer (2010) 18:1081–1087
DOI 10.1007/s00520-010-0902-1

REVIEW ARTICLE

A systematic review of dysgeusia induced by cancer therapies

Allan J. Hovan · P. Michele Williams · Peter Stevenson-Moore · Yula B. Wahlin · Kirsten E. O. Ohrn · Linda S. Elting · Fred K. L. Spijkervet · Michael T. Brennan · Dysgeusia Section, Oral Care Study Group, Multinational Association of Supportive Care in Cancer (MASCC)/International Society of Oral Oncology (ISOO)

Table 1 Weighted prevalence of dysgeusia during cancer therapy

	Number of studies (reference)	Mean prevalence (%)	Standard error	95% Confidence interval
During cancer therapy				
Chemotherapy only	5 (von Poznak, Macquat-Moulin, Maisono, Beale, Ohrn)	56.3	0.15	15.0–97.6
Radiotherapy only	5 (Lu, Winter, Kearvall, Hughes, Amosson)	66.5	0.14	26.8–100.0
Radiotherapy and chemotherapy	3 (Fang, Just, Denis)	76.0	0.24	0.0–100.0
After cancer therapy				
Radiotherapy	2 (Lu, Hainsworth)	14.9	0.05	0.0–80.0

REVIEW

VOLUME 7, NUMBER 2 ■ MARCH/APRIL 2009

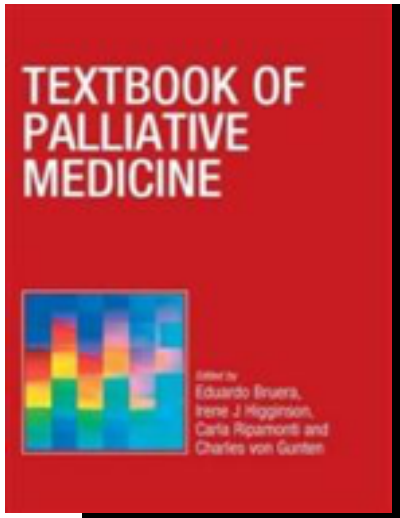
Taste and Odor Abnormalities in Cancer Patients

Jae Hee Hong, PhD, Pinar Omur-Ozbek, PhD, Brian T. Stanek, Andrea M. Dietrich, PhD, Susan E. Duncan, PhD, RD, Yong Woo Lee, PhD, and Glenn Lesser, MD

Definitions of Taste and Odor Disorders

DISORDER	DEFINITION
Taste-related abnormalities	
Ageusia	Absence of taste perception
Hypogeusia	Decreased sensitivity to taste perception
Dysgeusia	Distortion of taste perception
Phantogeusia	Perception of taste (often described as metallic or salty) without an external stimulus
Odor-related abnormalities	
Anosmia	Absence of odor perception
Hyposmia	Decreased sensitivity to odor perception
Dysosmia	Distorted ability to identify odors
Parosmia	Altered odor perception in the presence of another odor
Agnosia	Inability to discriminate perceived odors
Phantosmia	Odor perception without the presence of any odor

Source: Leopold and Holbrook[3] and Leopold[4]



Textbook of Palliative Medicine
Edited by Eduardo Bruera, Irene J. Higginson, Charles von Gunten, and Carla Ripamonti

A Hodder Arnold Publication | 2006 | ISBN: 0340810181

cap 81 Mouth Care p 773-779

F Fusco

Altered taste sensation

" non pharmacological treatment includes mouth care , dental hygiene improvement and dietary advice, the urea content in the diet can be reduced by eating white meats and eggs. This masks the bitter taste of food. Food should be eaten cold or at room temperature."

..Imparare a restare di fronte alla metamorfosi…

“ **la sua voce si è trasformata** e non è più comprensibile. E' diventata simile a quella di un animale..”

“ Come potrebbe essere Gregorio? Se fosse Gregorio, si sarebbe accorto da un pezzo che degli uomini non possono convivere con una bestia simile e se ne sarebbe andato da solo.!..”

“. La grave ferita, di cui soffrì per un mese, parve ricordare anche al padre che Gregorio, nonostante il suo aspetto misero e ripugnante, era un membro della famiglia e non poteva essere trattato come un nemico: il dovere familiare imponeva, al contrario, di reprimere la ripugnanza e di avere pazienza, solo pazienza. “

Io non Sono un elefante! Io non sono un animale!! Sono un essere, umano!!! Un uomo, un uomo!!!! ..

..La gente ha paura di quello che non riesce a capire…

John Merrick (John Hurt) The elephant man 1980