

# Supportive and Palliative Care Poster Discussion Session

Dorothy Keefe

Adelaide

Australia

# Disclosure slide

- As listed in the program
  - Grants/Research support:
    - Merck, Pfizer, Entera, Helsinn
  - Honoraria/Consultation fees:
    - Merck, Novartis, Pfizer, Helsinn, Mundipharma, Teva, Soligenix
  - Relationships with companies that work in field of Mucositis and Supportive Care

# Supportive Care

- Three big topics:
  - Nausea and vomiting
  - Oral Mucositis
  - Pain
- Three important Asian Countries:
  - Japan
  - India
  - Taiwan



# Supportive Care Makes Excellent Cancer Care Possible

- It is all about the patient
- It is holistic
  - We don't just care about one symptom (or just the tumour), we care about the whole patient
- Near enough is NOT good enough
  - We strive for perfection
    - So the fact we are pretty good at anti-emetic use is not enough!



# The multicenter, prospective observational study of the 5-HT<sub>3</sub> receptor antagonist and dexamethasone as prophylaxis of chemotherapy induced nausea and vomiting (CINV) in moderately emetic chemotherapy (MEC) for solid tumors

T. Hayashi, R. Matsui, T. Seto, K. Suzuki, T. Takiguchi,  
M. Nishio, T. Koike, Y. Kogure, N. Nogami, K. Fujiwara,  
H. Kaneda, T. Harada, S. Shimizu, M. Kimura,  
H. Kenmotsu, M. Shimokawa, K. Goto

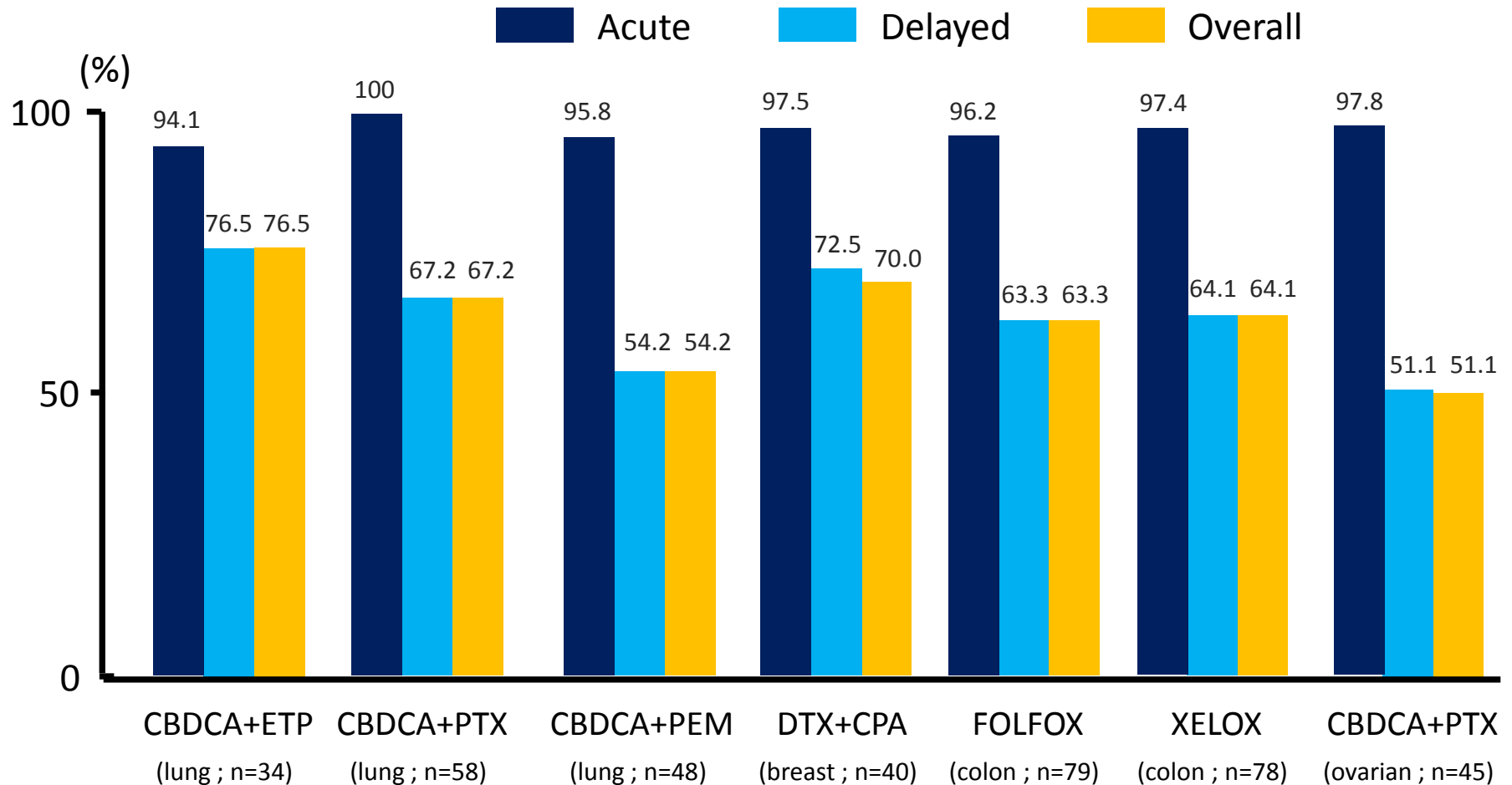
# Rationale

- We are still seeing quite a bit of vomiting with guideline-driven prophylaxis
- HEC regimens are eligible for triple therapy
  - AC has been moved from MEC to HEC
- Do other regimens need to move?

# Antiemetic classification

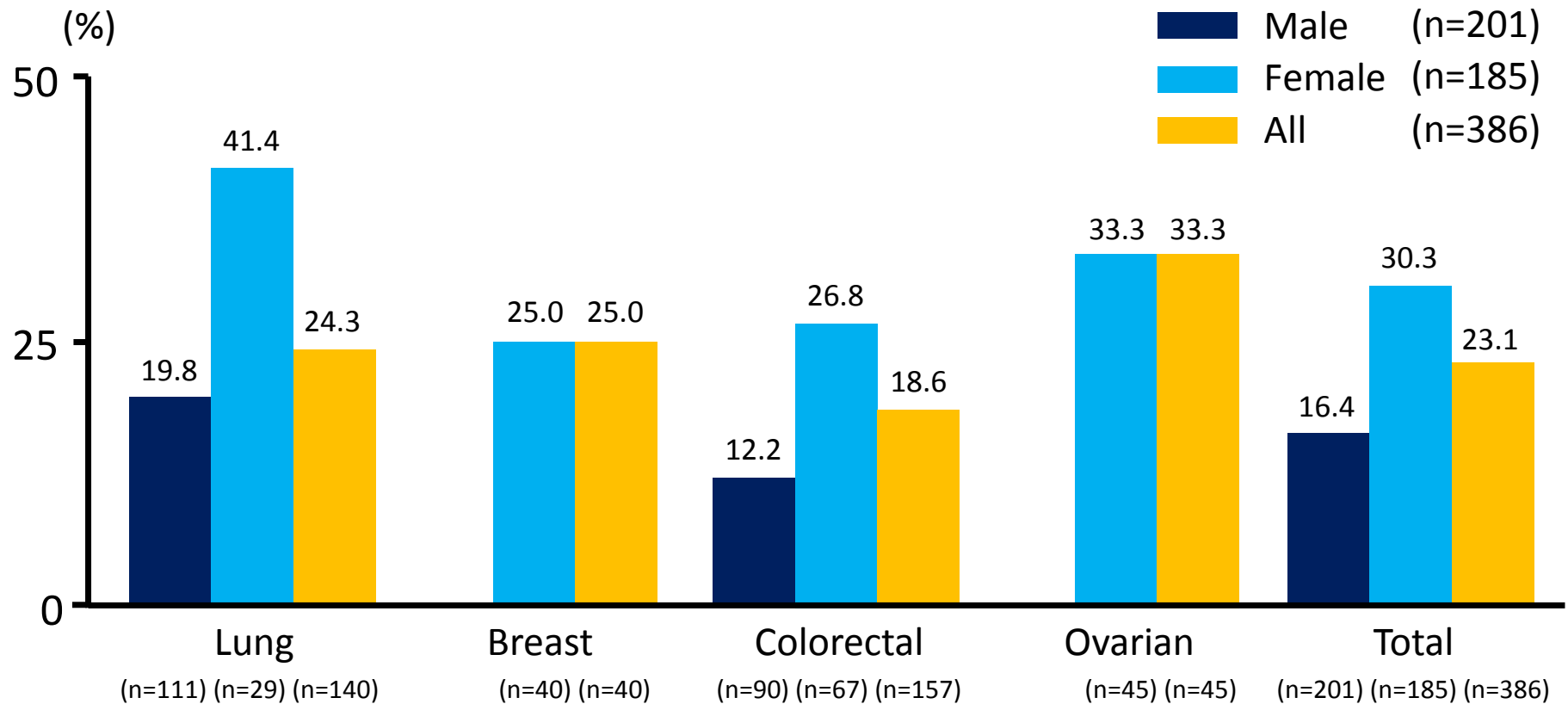
- High (>90%)
  - Moderate (30-90%)
  - Low (10-30%)
  - Minimal (<10%)
- 
- Is this still the best separation?
    - A drug with an 80% chance of inducing vomiting would surely benefit from triple therapy

# Complete response rate over time, by chemotherapy regimen and disease





# Emetic event rate during the overall phase by gender



# Risk factors

Factors	Comparison	Univariate		Multivariate		
		OR	[95%CI]	p value	OR	[95%CI]
<b>Nausea</b> in delayed phase						
Gender	Male vs Female	0.473	[0.315-0.711]	<0.001		
Age	≥65 vs <65	0.510	[0.339-0.766]	0.001	0.523	[0.343-0.797] 0.003
Drinking habit	Yes vs No	0.562	[0.376-0.843]	0.005	0.655	[0.427-1.007] 0.054
Smoking habit	Yes vs No	0.744	[0.493-1.124]	0.160		
Pregnancy associated vomiting	Yes vs No	3.061	[1.619-5.787]	0.001		
<b>Vomiting</b> in delayed phase						
Gender	Male vs Female	0.426	[0.258-0.702]	0.001	0.474	[0.283-0.793] 0.005
Age	≥65 vs <65	1.016	[0.626-1.650]	0.948		
Drinking habit	Yes vs No	0.535	[0.327-0.875]	0.013	0.521	[0.254-1.068] 0.075
Smorking habit	Yes vs No	0.689	[0.413-1.151]	0.155		
Pregnancy associated vomiting	Yes vs No	1.351	[0.686-2.660]	0.384		

# What does this tell us?

- We are pretty good at acute emesis prophylaxis and not very good at delayed
- Women do worse than men
- We still haven't got nausea fixed

# Guideline Adherence by prescribers

- Patchy
- Varies across the World
  - Possibly better in certain parts of Asia than in certain parts of Europe, according to the two big studies,
  - But I would question the PRACTICE findings re compliance



# What should we do next?

- The study conclusion was that for the 2 least successful regimens (and for all women) we should be considering HEC/triplet prophylaxis and studying its effect
- That is a reasonable conclusion
- But we still need to work on nausea and delayed emesis across the board

***“A RANDOMISED CONTROLLED CLINICAL  
STUDY EVALUATING ROLE OF HONEY FOR  
PROPHYLAXIS & TREATMENT OF MUCOSITIS  
IN HEAD & NECK CANCER PATIENTS  
RECEIVING CHEMORADIATION”***

All India Institute of Medical Sciences, Jodhpur.

*By- Dr. Saurabh Samdariya,  
final year Senior Resident*

# Rationale

- We are still not very good at managing oral mucositis (OM)
- Pain is a big component of OM
- So is infection
- Honey has a track record in burns, oral infections and surgical wound healing

# Honey in Oral Mucositis

- Meta-analysis by Cho (2015)
- 9 studies, but only 2 were RCTs (1 versus placebo)
- 476 patients
- Honey reduced OM and reduced weight loss
- No change in microbial colonization nor pain
- Small numbers so more work needed



# OBJECTIVES



*To evaluate the effect of honey on oral mucositis in HNC patients receiving CRT.*

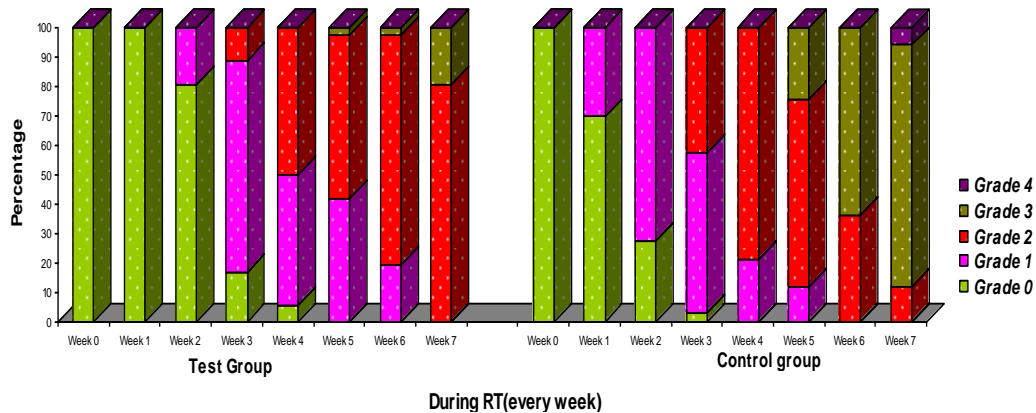
*To study anti-microbial property of honey.*

*To study the effect of honey on nutritional status of head & neck cancer patients*

## TREATMENT PLAN :

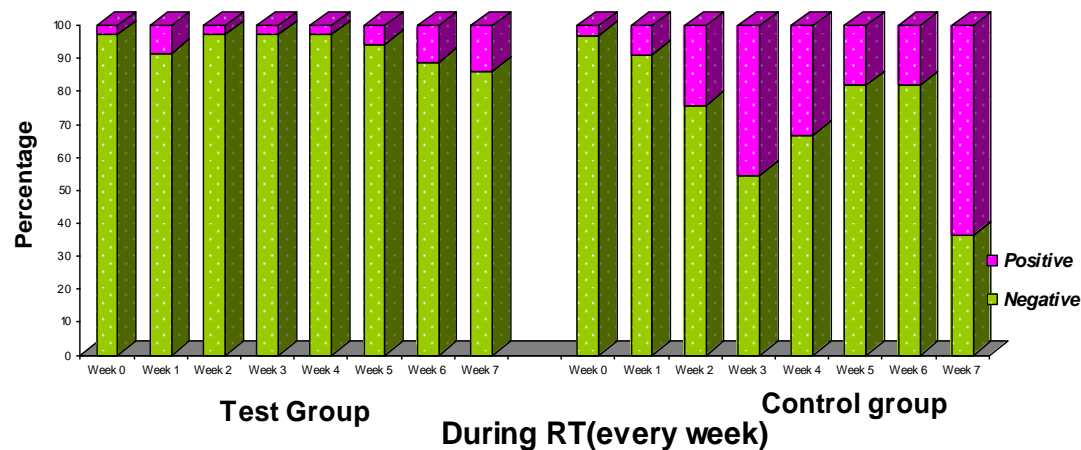
- **Ethical approval & consent .**
- **Oral & dental prophylaxis.**
- Definitive CRT - 66–70 Gy dose by conventional fractionation using telecobalt gamma rays & standard 2-D RT plans.
- concurrent cisplatin 40 mg/m<sup>2</sup>/week.
- **20 ml of honey 15 minutes before, 15 min after & 6 hours after radiation therapy.**
- to rinse honey on oral mucosa & then to swallow slowly to smear it on the oral & pharyngeal mucosa & swallow it thereafter.
- **Topical treatments.**
- Analgesic-**WHO analgesic ladder.**
- Antibiotics & antifungal agents were prescribed whenever infection was documented.
- 2 groups (test: 36 patients, control 33 patients). Test patients received honey, while controls didn't.

# RESULTS



Honey significantly reduced incidence of mucositis in test group patients. Additionally it also reduced mucositis associated pain, oral cavity infections. Patients in test group also maintained their weight during RT course.

Most common side effect of honey was mild nausea, which was insignificant between both groups and managed with 5HT3 blockers.



# ***DISCUSSION***

- prospective study evaluating honey for oral mucositis during concurrent CRT.
- Our ***results were encouraging.***
- Honey delayed the onset & reduced the severity of radiation mucositis.
- It also reduced RT interruptions, Ryle's tube insertions & resulted in good analgesia.
- ***Majority of the patients maintained pre-RT weight.***
- Fact that most common oropharyngeal infection is candida in patients receiving RT was confirmed.
- It eliminated potentially pathogenic microbes from oral cavity, which confirmed its antimicrobial action.

# ***CONCLUSION***

Honey was effective in reducing mucositis resulting from CRT in HNC patients.

It is simpler, safer & less expensive than other interventions.

Special attention to RT planning & adequate oral care are essential in preventing mucositis and dysphagia.

Further multi institutional randomised controlled studies are necessary to confirm the role & define the optimal dosage and concentration of prophylactic honey in the management of this morbidity.

Topical honey application for acute skin toxicity of radiation also merits additional study in this context.

# Questions raised

- Moderate sample size but not all analyzed
- Side effects of honey down-played

# Sounds perfect...

- No placebo, so not really sure what we are dealing with
- Weight gain is not surprising given the calories
- Is there any way to quality-control the honey?
- How did it reduce skin toxicity when given orally?



- The full published results of this study will be awaited with interest
- Definitely worth further study because if it is a real effect then we should be using it!

Poster: 378PD



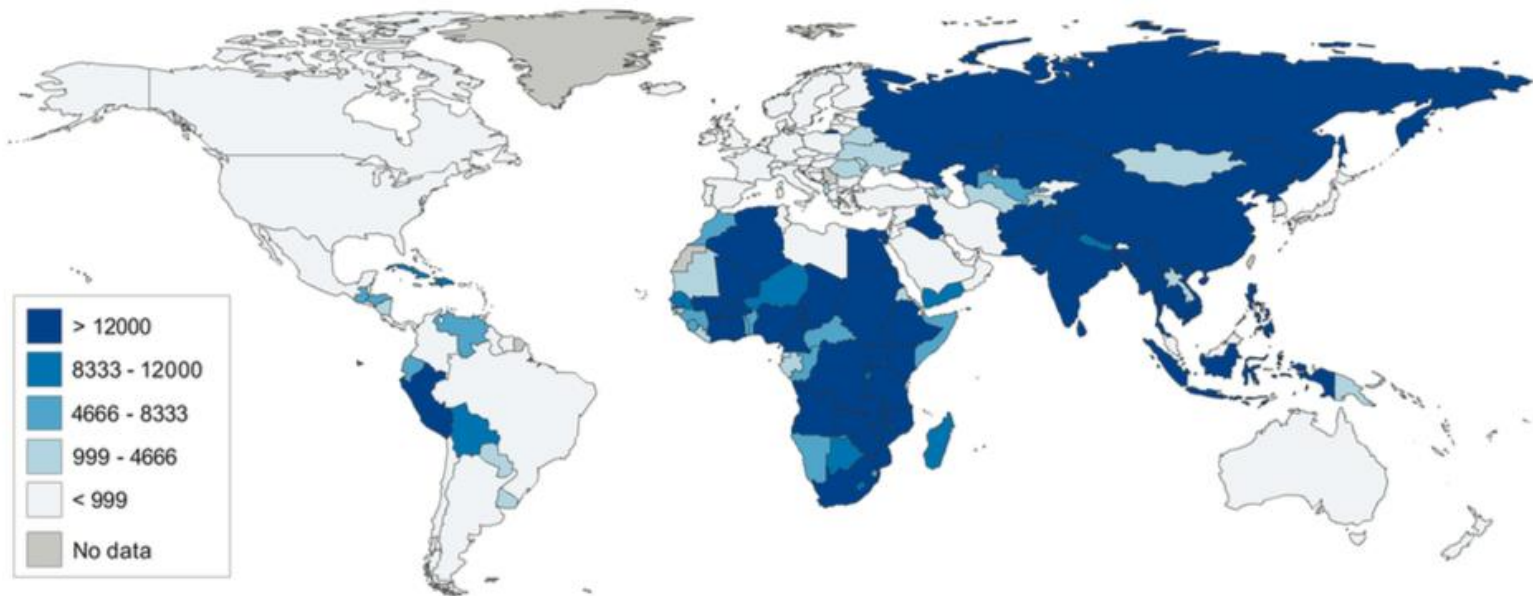
# Impact and Predictive Factor of Undertreatment of Analgesic Drugs in Outpatients with Cancer: A Nationwide of Clinical Pain Survey in Taiwan

Chan-Keng Yang, Wen-Chi Chou, Wen-Chi Shen, Jen-Shi Chen, Kuan-Der Lee, Chia-Jui Yen, Pang-Yu Lai, Yu-Yun Shao, Wen-Li Hwang, Tzeon-Jye Chiou, Yung-Chuan Sung, Kun-Ming Rau, Yu-Min Liao, Cheng-Shyong Chang, Ming-Fang Wu, Ming-Yang Lee, Ming-Sun Yu, Ta-Chih Liu, Ruey-Kuen Hsieh on behalf of Taiwan Society of Cancer Palliative Medicine



# Rationale

**UNTREATED DEATHS IN PAIN IN 2010.** Source: [www.GAPRI.org](http://www.GAPRI.org)



**PAIN & POLICY  
STUDIES GROUP**



SINGAPORE  
2015

**ESMO** ASIA

**18-21 DECEMBER  
SINGAPORE**



# Background and Methods

- Background:
  - This study is part of multi-center clinical survey on satisfaction of pain management in patients with cancer in Taiwan.
  - The purpose was to explore the impact of QoL and factors relevant to undertreatment of analgesic agents in outpatients with cancer.
- Methods:
  - The outcome questionnaire was based on the Brief Pain Inventory (BPI).
  - The BPI asked patients to rate their current pain intensity and also pain in the last 7 days at its worst, least, and average.
  - Patients were also asked to rate the extent to which their pain interfered with 7 QoL domains, and to rate the satisfaction of pain control to the physician and the analgesic drugs.
  - The pain management index (PMI) was computed by subtracting the pain level from the analgesic level.

# Results

- A total of 2,652 outpatients with cancer were enrolled.
- 62.6% patients had ever pain within last week at the time of assessment.
- 32.4% patients was the negative PMI. Patients with negative PMI score had significant poor outcome at all of 7 QoL domains (all p values < 0.001) and also had a significantly higher scale toward dissatisfaction of pain control to the physician (1.92 vs 1.73, p =0.038) and to the analgesic drugs (1.96 vs 1.77, p = 0.039).
- Gender (female vs male: 55.9% vs 75.7%, OR 0.41, p <0.001), primary tumor site (breast vs hematology: 45.5% vs 66.1%, OR 0.43, p <0.001), cause of pain (noncancer-related vs cancer-related: 58.1% vs 72.5%, OR 0.51, p <0.001) and hospital locations (south Taiwan vs north Taiwan: 76.5% vs 56.4%, OR 2.52, p<0.001) were independent variables that predicated patients with positive PMI.

# Conclusions

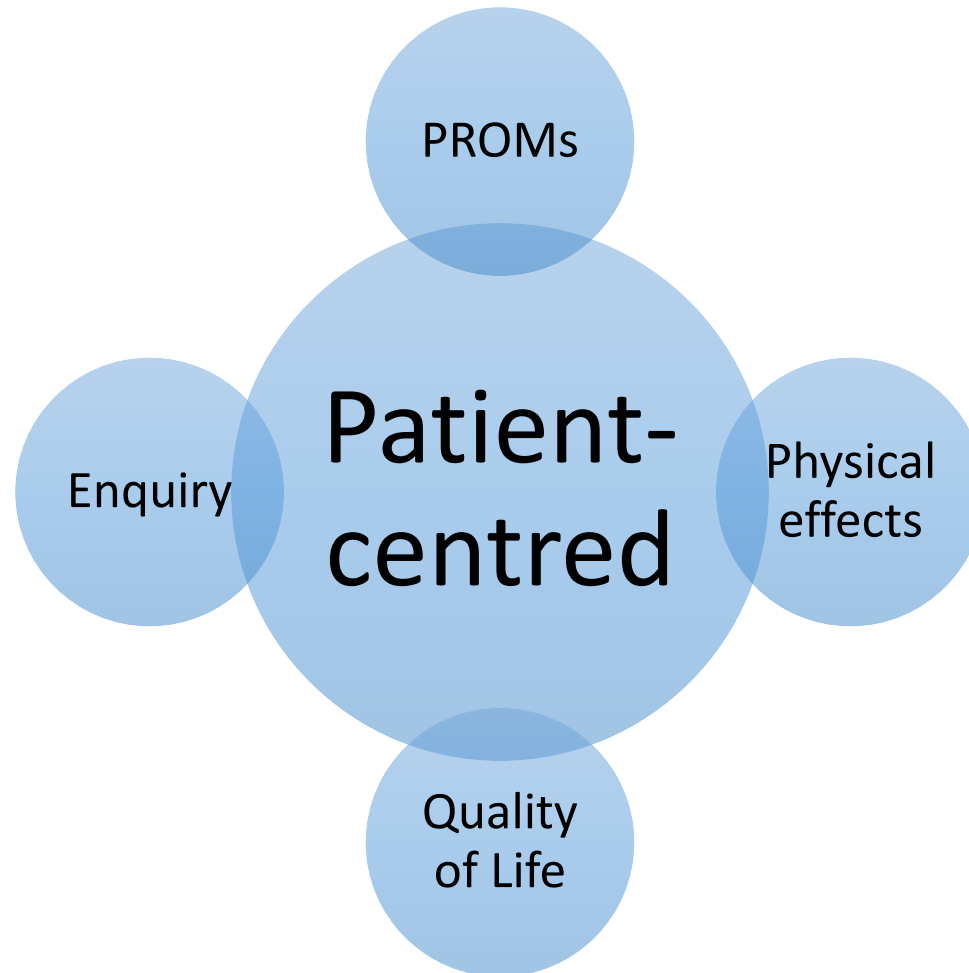
- Patients with negative PMI had significant poor outcome at all of 7 QoL domains.
- Negative PMI with a significantly higher scale toward dissatisfaction of pain control and the analgesic drugs.
- Patients who being female, breast cancer, non-cancer-related pain, and patients at north Taiwan had the lower probability of being a positive PMI.

# What does this show us?

- There is a lot of pain
- A lot of pain is poorly controlled
- Poor pain control reduces quality of life
- There are differences in pain control associated with different social factors, gender and cause of pain
- We still have a long way to go to improve the situation



Put together...      Holistic care



# Finally

- There is still much work to be done to reduce the burden of illness of pain, emesis and oral mucositis in cancer patients
- But these studies each help us to move in the right direction by posing questions that need to be asked
- An excellent set of posters!