

ESMO Clinical Practice Guidelines

Cancer Pain and Breathlessness Clinical Case Presentation

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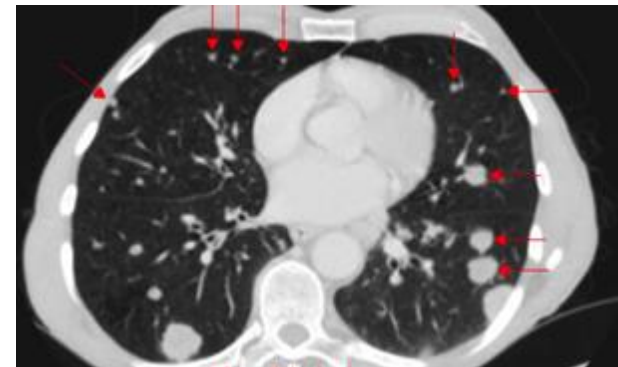
Disclosures

Florian Scotté has no disclosure related to the topic

Introduction

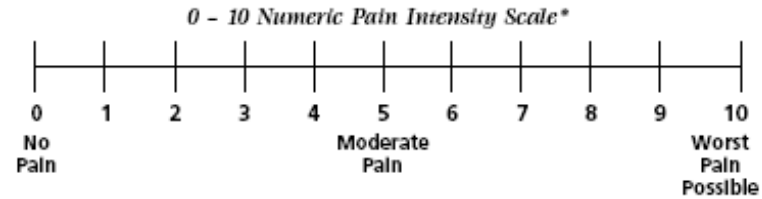


- Patient 39 year-old, lives alone, housekeeper
- Comorbidities:
 - Alcohol consumption (3l/d)
 - Tobacco consumption (> 60 P/y)
 - Other addiction ?
 - Peripheral neuropathy (alcohol)
- Squamous cell carcinoma of the tongue with pulmonary metastasis
- Treatment: Cisplatin + Cetuximab



Case Situation

- Pain Severity:
 - Visual Numeric Scale (8/10)
 - Uncontrolled with 500 µg/h Transcutaneous Fentanyl
- Pain Location: Tongue, Chest
- Dyspnoea:
 - Limited for short efforts
 - Difficulties to speak: orthopnea
 - 2 – 3 weeks evolution
- Hospitalised in Supportive Care Unit for Assessment



Q1: Dyspnoea First Step Assessment?

1. Standard RX
2. CT Scan with injection
3. PET Scan
4. Thoracoscopy
5. Bronchoscopy
6. No assessment

Vote

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Q2: Pain Management?

1. No change: transcutaneous fentanyl 500 µg/h
2. transcutaneous fentanyl 500 µg/h + PCA bolus
3. Rotation to PCA
4. Rotation to oral Oxycodone + PCA bolus
5. Rotation to Oral Oxycodone + short acting oxycodone
6. Rotation to long acting opioid + transmucosal fentanyl

Vote

Q2: Pain Management?

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3. **Rotation to PCA**
4. Rotation to oral Oxycodone + PCA bolus
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Q3: Possible Aetiologies for Breathlessness ?

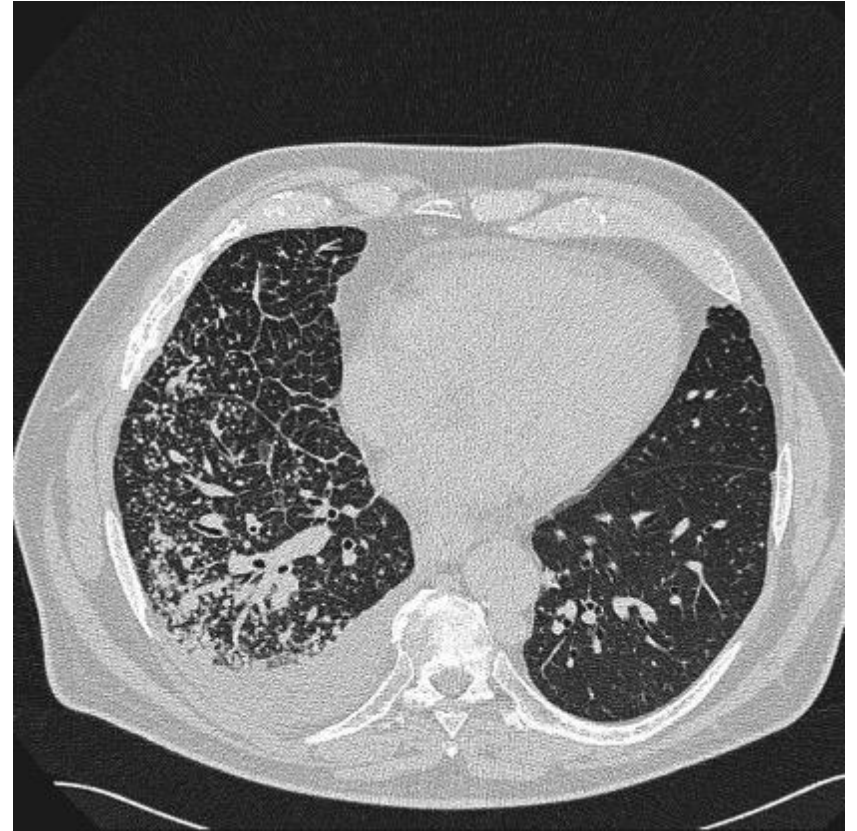
1. Cancer (metastasis, effusion)
2. Cancer Treatment (pulmonary toxicity)
3. Supportive Treatment (overdose)
4. Comorbidities (pulmonary embolism)
5. Dust allergy
6. Psychiatric disorders

Vote

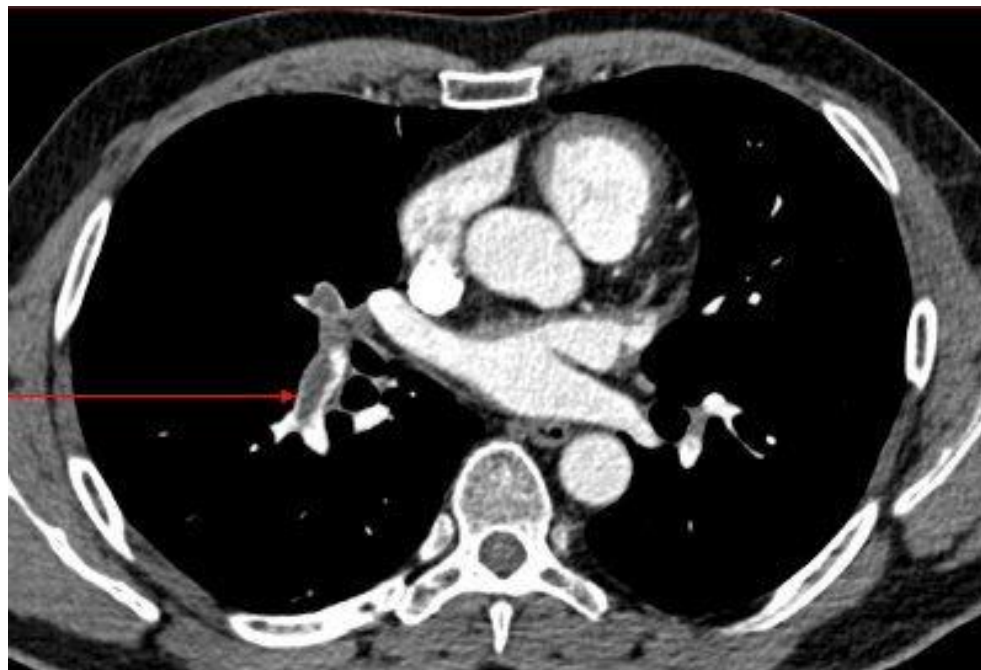
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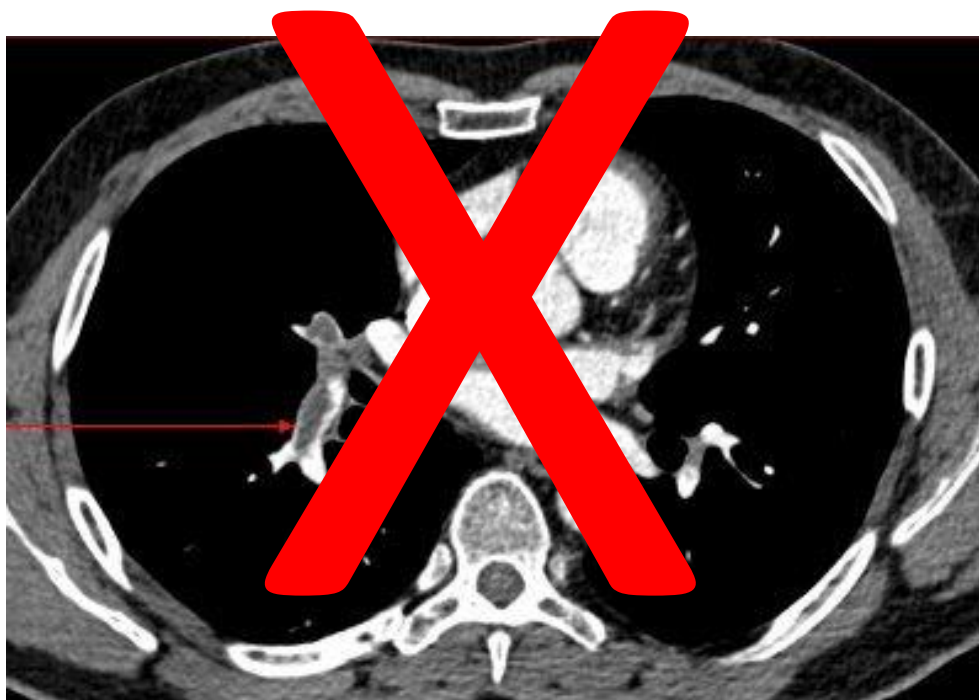
Cancer



Comorbidity

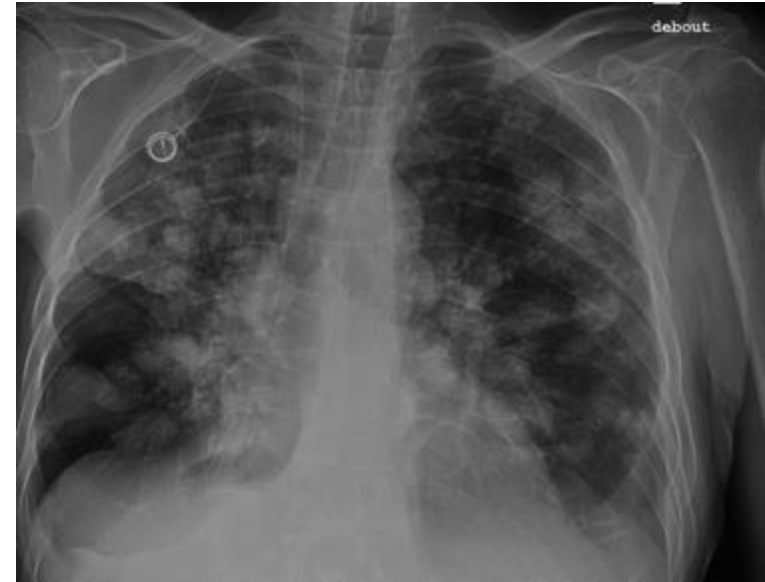
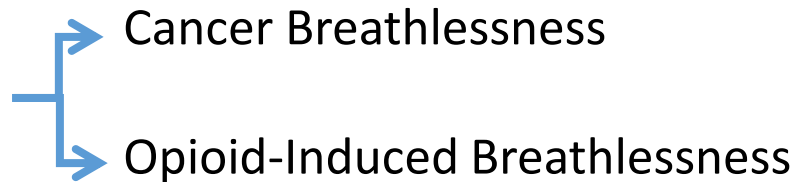


Comorbidity



Evolution

- Comorbidities exclusion
- Chest Drain: Dyspnoea alleviation
- Opioid rotation to PCA: No Pain alleviation
- Uncomplete resolution of dyspnoea



Q4: Management?

1. Drug dose adaptation switch to Methadone
2. Bronchodilators inhaled (small airways)
3. Diuretics and other drugs for heart failure.
4. Steroid drugs
5. AntiCancer Specific Treatment
6. Other...

Vote

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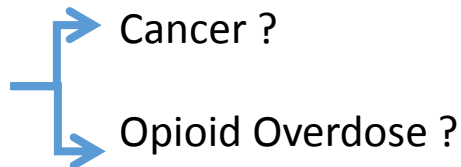
R4: Management?

1. Drug dose adaptation: switch to Methadone ←
2. Bronchodilators inhaled (small airways)
3. Diuretics (lymphangitis).
4. Steroid drugs
5. AntiCancer Specific Treatment
6. Other...



Evolution

- After 5 days on Methadone:
 - Confusion disorders
 - Quick evolution to coma
 - Dyspnoea worsening
- Acute Breathlessness



Q5: Dyspnoea Management ?

In advanced

cancer

1. Sedation
2. ICU
3. Palliative Care Team call
4. Antidote (Naloxone)



R5: Dyspnoea Management ?

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cancer

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R5: Dyspnoea Management ?

In advanced

cancer

1. Sedation

Why not, short bad prognosis but curable cause ?
How to manage sedation ?

2. ICU

Why not but is Cancer Prognosis Adapted to ICU ?
Anticipated Decision (face to face) ?

3. Palliative Care Team call

Probably too late ?
May help team decision and management

4. Antidote (Naloxone)

Probably Yes !
How to manage it ?



R5: Management?

Guidelines ?

