Symptom Management in Oncology

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Pain

- Acute, chronic, breakthrough, refractory, neuropathic
- Up to 75% of patients with cancer report having pain (NCCN, 2019)
- Can be caused by the cancer, treatment, surgery, compounding pre-existing factors
- Evaluate and treat underlying cause if possible
  - Mucositis, bone pain, pathological fractures, bowel obstruction, nerve pain
- Consider interventional consult if pain is likely to be relieved with nerve block
  - Pancreas/upper abdomen with celiac plexus block
Pain

• Mild pain – Consider non opioids and adjuvant treatments unless otherwise contraindicated

• Moderate to severe cancer pain – non-opioids and adjuvant therapies with short acting opioids as needed

• NCCN recommendations (NCCN, 2019)
  • Oxycodone IR 5 mg
  • Hydrocodone/acetaminophen 5/325 mg
  • Hydromorphone 2 mg PO
  • Morphine IR 5-7.5 mg
  • If more than 3-4 doses are needed daily, consider addition of long acting opioid
Neuropathy

- Peripheral neuropathy can occur from cancer, cancer treatment, or both

- Chemotherapy agents known to cause chemotherapy induced neuropathy
  - Carboplatin, cisplatin, oxaliplatin, paclitaxel, docetaxel, vincristine, revlimid

- Recommended treatment with SNRI’s and anticonvulsants (NCCN, 2019)
  - Can be used alone, but frequently used as adjuvant with opioid management
  - Duloxetine 20-30mg daily; increase to 60-120mg daily
  - Venlafaxine 37.5mg; increase to 75-225mg daily
  - Gabapentin 100-300mg Q HS; Max dose 3600mg in 2- divided doses
Anorexia

- Involuntary loss of appetite that is reported in up to 80% of patients with late stage cancers (NCCN, 2019)
- Can cause distress to family and caregivers
- Treat reversible causes; early satiety, nausea, vomiting, pain
- Consider appetite stimulants
  - Megace, corticosteroids, cannabinoids
- Dietary consult and supplemental nutrition
Nausea and Vomiting

- Chemotherapy induce nausea and vomiting (CINV) or radiation induced emesis

- Risk of CINV lasts 3-4 days after treatment; although some underlying nausea can linger for multiple weeks

- One of the most feared SE of treatment

- Incidence reported as high as 80% of patients at some point in their treatment (NCCN, 2019)

- Anticipatory, acute, delayed, breakthrough, refractory
CINV

- Patient receiving chemotherapy with moderate – to – high emetic risk usually receive emesis prevention prior to treatment

- Recommendations for breakthrough N/V (NCCN, 2019)
  - Ondansetron 4-8mg q 6 hrs
  - Prochlorperazine 25mg PO or supp
  - Dronabinol 5-10mg 3 times daily
  - Olanzapine 5mg daily not to exceed 5 days
  - Lorazepam 0.5-2mg q 6hrs
Diarrhea

- Patient undergoing high-dose chemotherapy and patients undergoing radiation therapy to the abdominal or pelvic areas are more susceptible

- If infectious source is ruled out, treat with loperamide and diphenoxylate/atropine (NCCN, 2019)
Mucositis

- Can occur anywhere in the GI tract, oral mucositis usually most distressing
- Occurs in about 40% of patients secondary to chemotherapy and almost 100% of patients receiving radiation for head and neck cancer (NCCN, 2019)
- Can result in anorexia, dehydration, weight loss, and malnutrition
- Good oral hygiene and consistent use of oral rinses with baking soda or salt are recommended for prophylaxis
- Can be difficult to treat
  - Viscous lidocaine, orabase, topical doxepine, compounded rinses, oral adhesive gels
Complementary therapies

- Acupuncture (NCI, 2019)
  - Multiple studies showing benefit for n/v
  - Mixed results for hot flashes, fatigue, numbness, neuropathy, and nausea
  - Generally safe, avoid during nadir

- Essential Oils (NCI, 2019)
  - May help nausea, anxiety, insomnia
  - Generally safe, but lavender and tea tree essential oils have been found to have effects similar to estrogen and also block or decrease the effect of androgens. Avoid use in patients with ER/PR+ cancers.
Immunotherapy

- Side effects of immunotherapy (irAEs) differ from standard chemotherapy
- Amplifying the immune system can cause inflammatory conditions that mimic autoimmune disorders
- Can be asymptomatic to life threatening
- Corticosteroids are mainstay of treatment
irAE’s

- Myalgias
  - Mild to moderate, continue therapy, and treat pain

- Hypothyroidism
  - Monitor and treat with levothyroxine, consider endocrinology evaluation

- Pneumonitis, colitis
  - Hold treatment and treat with corticosteroids, may require hospitalization

- Rash/Pruritis
  - Mild-moderate, continue immunotherapy, treat with oral histamines, and topical steroids
  - Severe, hold treatment, oral antihistamines, and corticosteroids
References


