CONVEGNO REGIONALE AIOM FRIULI VENEZIA GIULIA:
SIMULTANEOUS CARE NELLA CURA DEI TUMORI: PERCORSI ED INTEGRAZIONE CON IL TERRITORIO

Terapia del BTcP

Luca Miceli

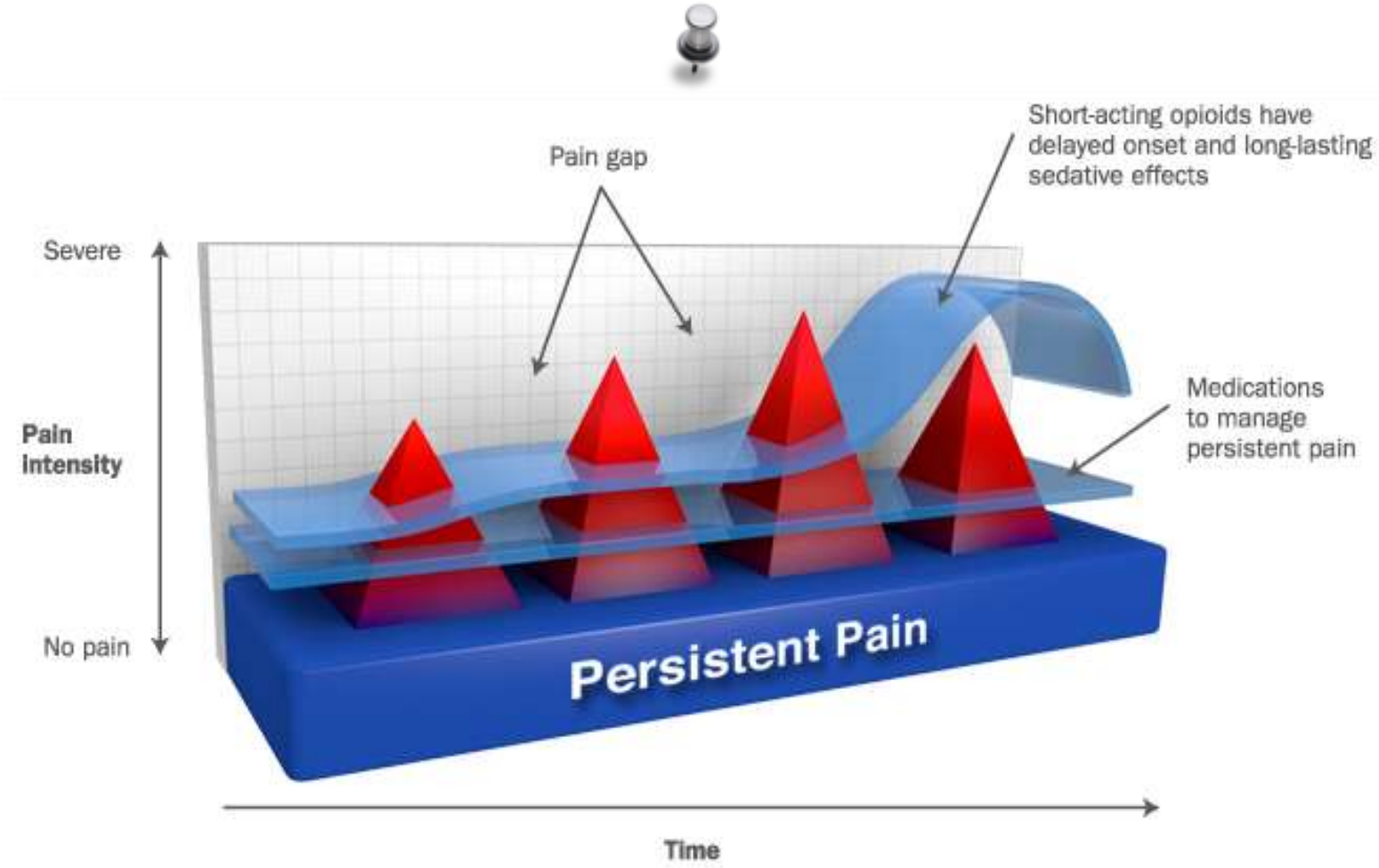
Medicina del Dolore

IRCCS CRO Aviano

DEFINIZIONE DI DEI (DOLORE EPISODICO INTENSO)

"Esacerbazione transitoria del dolore che avviene sia spontaneamente
sia in seguito a prevedibili o imprevedibili fattori scatenanti,
a fronte di un dolore di base adeguatamente controllato
da un trattamento ATC (around the clock)"
Davies 2009- Zeppetella 2011

SAO e ROO


Pain gap
Short-acting opioids have delayed onset and long-lasting sedative effects
Severe
Pain intensity
No pain
Medications to manage persistent pain
Persistent Pain
Time

Classificazione dei tipi e sottotipi di BTcP con riferimento ai meccanismi patogenetici

Tipi di BTcP	Sottotipi
• **BTcP idiopatico o spontaneo:** non correlato a un fattore scatenante e pertanto imprevedibile	
• **BTcP incidente:** correlato a un fattore scatenante che è identificabile, per cui è in qualche modo prevedibili	• **BTcP incidente volontario:** dovuto a un atto scatenante volontario (es.: camminare) • **BTcP non volontario:** dovuto a un atto scatenante non volontario (es.: tossire) • **BTcP procedurale** correlato a interventi e manovre terapeutiche e assistenziale (es.: cura di una ferita)

The management of cancer-related breakthrough pain: recommendations of a task group of the Science Committee of the Association for Palliative Medicine of Great Britain and Ireland European Journal of Pain 2009; 13(4):331-8

Terapie del BTcP

Oral Transmucosal Lozenge

Effervescent Buccal Tablet

Sublingual Fentanyl

Intranasal Fentanyl Spray

Fentayl Pectin Nasal Spray

EJP
European Journal of Pain

ORIGINAL ARTICLE

Breakthrough cancer pain: The importance of the right treatment at the right time

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Conflicts of interest
PO'H an independent healthcare writer and consultant was commissioned by KH UK to co-author the manuscript and remunerated for his input. SM is consultant for the following companies: Teva, Molteni, grunenthal, Mundipharma, Angelini, Kyowa Kirin and Takeda.

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Abstract

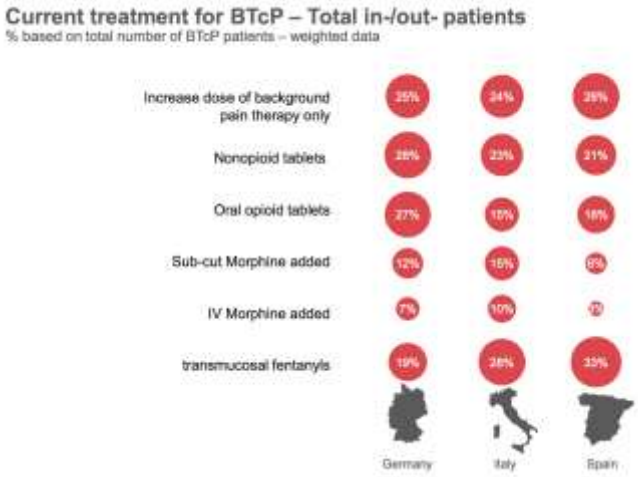
Background: Confusion remains over the definition of breakthrough cancer pain (BTcP) potentially leading to delayed diagnosis and treatment.

Methods: An on-line survey was conducted in four EU countries among relevant healthcare professionals and cancer patients diagnosed with BTcP. The roles of healthcare professionals (HCPs) were examined and their knowledge and use of available medications recorded. Patients were questioned on how BTcP affected their lives and on the medications they had received/were receiving.

Results: There was a 'time lag' of 58 and 13 weeks in Germany and Spain respectively between the initial diagnosis of BTcP and its treatment. Four in ten oncologists across the four countries considered themselves not fully confident in their choice of the appropriate therapy. A quarter of patients in Germany, Italy and Spain and four in ten in France were treated only with increased dosages of the therapy already prescribed for their background pain – often morphine. Almost another quarter received morphine in addition to their treatment for background pain. Oncologists indicated a need for faster-acting treatments revealing a potential lack of awareness of rapid onset oral opioids and patients expressed a desire for more effective pain relief and better psychological support.

Conclusions: There is a need for a universal definition of BTcP to facilitate earlier and more accurate diagnosis. It is essential that BTcP is treated immediately on diagnosis with therapies that more closely mirror its temporal characteristics to ensure that patients' desire for more effective pain relief is fulfilled.

Significance: Many cancer patients suffered episodes of BTcP needlessly over many months due to missed diagnosis. Even after diagnosis, many physicians were not fully confident in their choice of 'rescue' therapy which perhaps is not surprising given the very low level of awareness of treatment guidelines, both national and international.



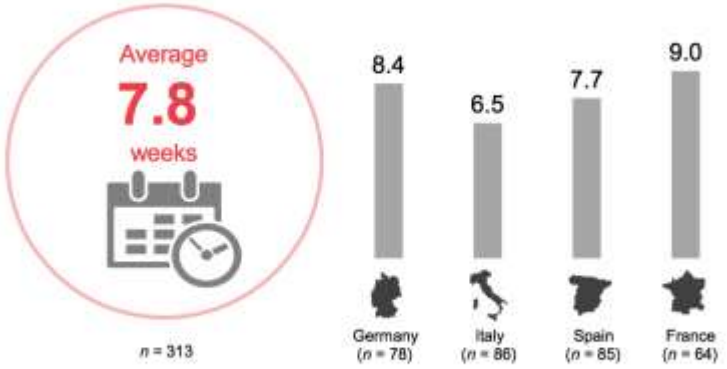


Figure 3 Average duration of treatment with any fentanyl preparation (weeks). All physicians were asked for how long in their clinical experience would breakthrough cancer pain patients being treated with pain relief therapy on each of a list of therapies. The figure reveals that the average time of treatment with fentanyl preparations was 7.5 weeks.

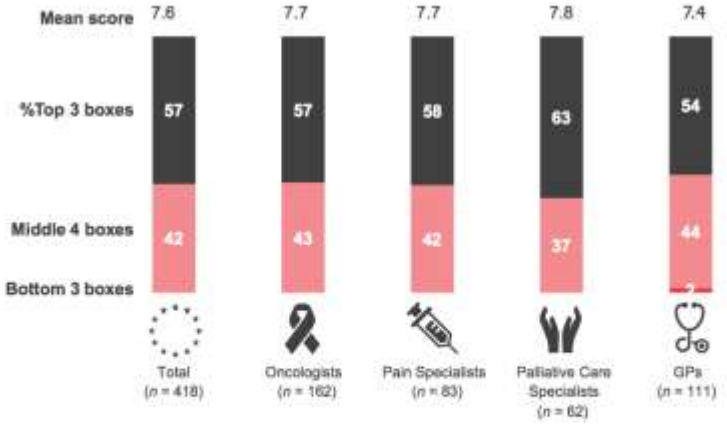
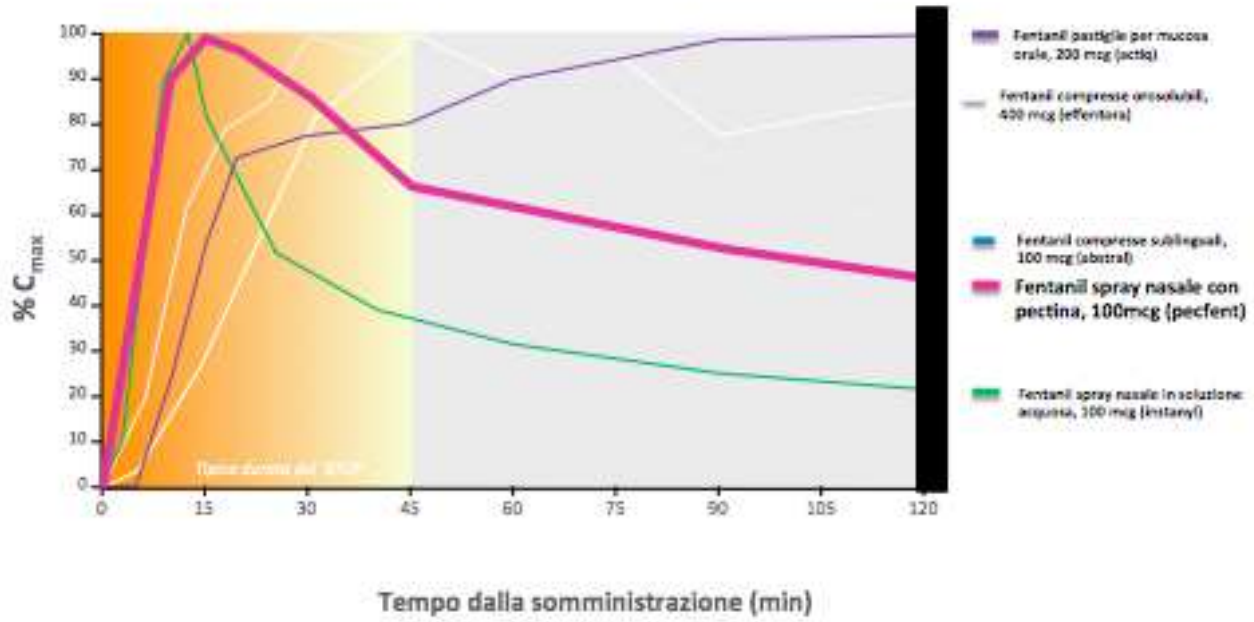


Figure 4 Level of confidence in selecting the most appropriate therapy. All physicians responded to the question of how confident they felt in selecting the most appropriate therapy to manage patients with breakthrough cancer pain (on a scale of 1 = 'not at all confident' to 10 = 'extremely confident'). Over half (56%) rated their confidence either 8, 9 or 10 (Top 3 box) with palliative care specialists being the most confident.

Farmacocinetica delle formulazioni transmucosali di fentanyl (ROO) indicate per il Dolore Episodico Intenso



Gatti A et al. Adv Ther. 2012 May;29(5):464-72.
Rauhaus L et al. Support Care Cancer 2012;20:665-73.

Linee guida

TERAPIA DEL DOLORE IN ONCOLOGIA

Edizione 2016

Qualità Globale delle evidenze GRADE	Raccomandazione clinica R28	Forza della raccomandazione clinica
Moderata	*L'utilizzo del fentanyl transmucosale nel controllo del dolore episodico intenso rispetto alla morfina dovrebbe essere preso in considerazione. Non vi sono al momento evidenze di letteratura sufficienti ad orientare nella scelta della formulazione di fentanyl.* Nei confronti con la morfina la rapidità d'azione pare significativamente migliore, a fronte di un non aumentato rischio di effetti collaterali. Non vi sono al momento evidenze in letteratura sufficienti a orientare la scelta della formulazione di Fentanyl. (Vedi paragrafo 21).	**Positiva debole**
Bassa	*L'utilizzo del fentanyl transmucosale nel controllo del dolore episodico intenso rispetto al placebo deve essere preso in considerazione. Non vi sono al momento evidenze di letteratura sufficienti ad orientare nella scelta della formulazione di fentanyl* Nel confronto con il placebo l'efficacia del farmaco è significativamente migliore, senza una presenza di effetti collaterali maggiori. Non vi sono al momento evidenze in letteratura sufficienti a orientare la scelta della formulazione di Fentanyl. (vedi paragrafo 21)	**Positiva forte**

E' raccomandabile la titolazione della rescue dose di fentanyl transmucosale nel trattamento del dolore episodico intenso?

Qualità dell'evidenza SIGN	Raccomandazione clinica R29	Forza della raccomandazione clinica
A	L'utilizzo della titolazione della rescue dose di fentanyl transmucosale nel trattamento del DEI dovrebbe essere presa in considerazione (15-19).	**Positiva debole**

E' raccomandabile l'utilizzo della morfina o di altri oppioidi nel trattamento del dolore episodico intenso?

Qualità dell'evidenza SIGN	Raccomandazione clinica R30	Forza della raccomandazione clinica
D	L'utilizzo della morfina o di altri oppioidi per via orale a rapido rilascio, o della morfina per via parenterale nel controllo del DEI dovrebbe essere preso in considerazione. (25-28)	**Positiva debole**

BMJ Support Palliat Care. 2018 Sep;8(3):241-249. doi: 10.1136/bmjspcare-2017-001467. Epub 2018 Jun 6.

Breakthrough cancer pain (BTcP) management: a review of international and national guidelines.

Davies AN[1], Elsner F[2], Filbet MJ[3], Porta-Sales J[4], Ripamonti C[5], Santini D[6], Webber K[1].

Author information

Abstract

OBJECTIVE: Breakthrough cancer pain (BTcP) is common and has a significant impact on the quality of life of patients with cancer. This review compares current national/international BTcP guidelines in order to identify disparities and priorities for further research.

METHODS: Relevant guidelines were identified using searches of PubMed, the National Guideline Clearinghouse, the internet (commercial search engines), and correspondence with key opinion leaders and relevant pharmaceutical companies. Identified guidelines were compared, using the Association for Palliative Medicine of Great Britain and Ireland recommendations as the 'reference' guideline.

RESULTS: Ten specific BTcP guidelines were identified/reviewed, as well as major international generic cancer pain guidelines. In general, there was good agreement between the specific BTcP guidelines, although there remain some differences in terms of definition, diagnostic criteria and treatment of BTcP. Disparities between the different BTcP guidelines invariably reflect personal opinion rather than research evidence. Generic cancer pain guidelines continue to support the use of oral opioids as rescue medication, while specific BTcP guidelines invariably endorse the use of transmucosal opioids as rescue medication.

CONCLUSION: Current guidelines agree on many aspects of the management of BTcP. However, the evidence to support current guidelines remains low grade, and so more research is needed in this area of care. Moreover, there needs to be an international consensus on the definition and diagnosis criteria of BTcP.

KEYWORDS: breakthrough pain; cancer pain; guideline

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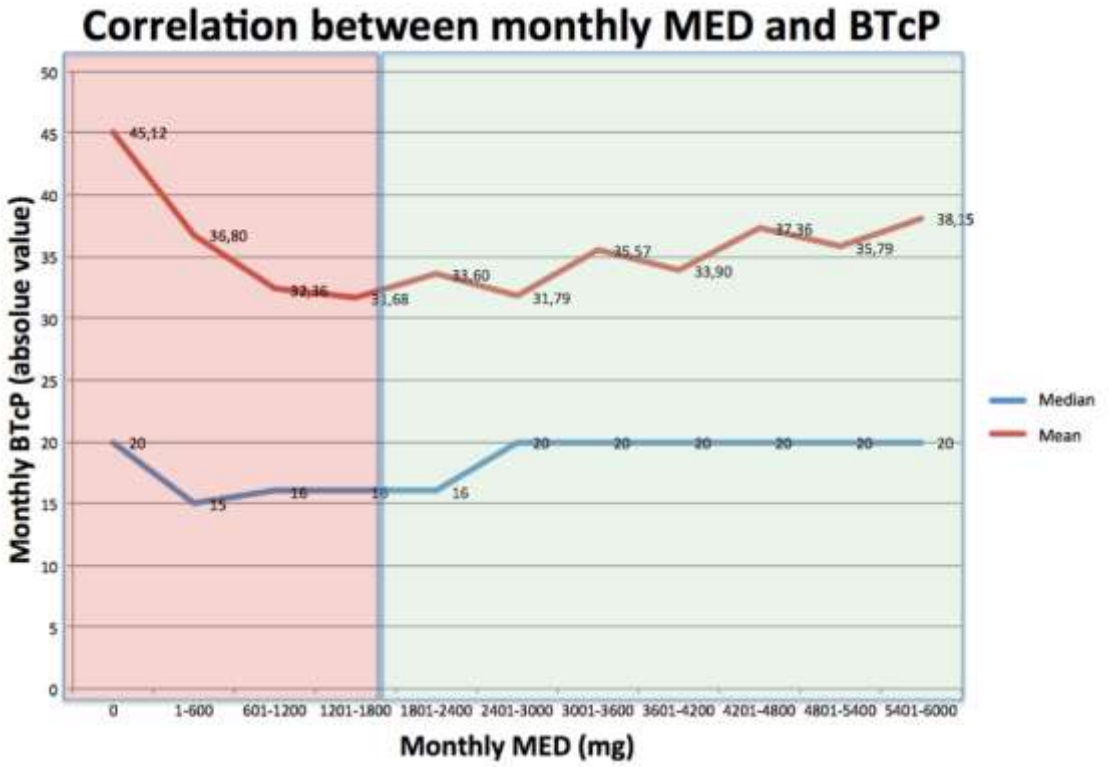
Is the limit of 60 mg of oral morphine equivalent daily dose still actual for the access to rapid onset opioids therapy?



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Early access to rapid onset opioids therapy in advanced cancer patients can affect their death place?

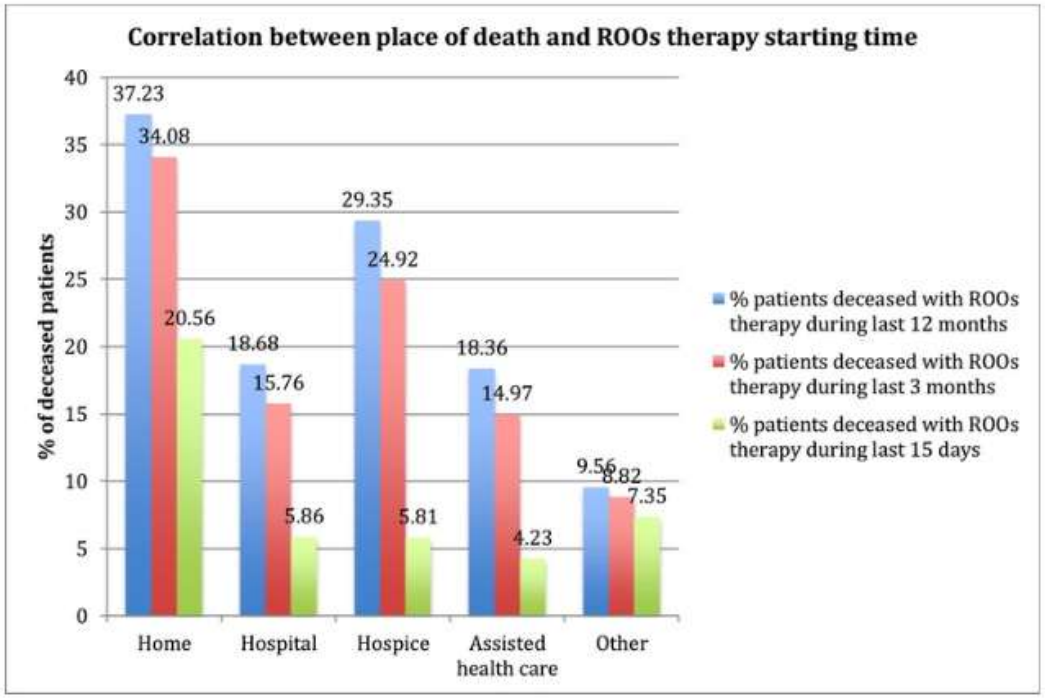

Fig. 1 Correlation between place of death and ROOs therapy starting time.

Take home message

- Cercare il BTcP
- Trattare il BTcP
- Scegliere il farmaco in base alle eventuali controindicazioni più che alle indicazioni
- Rivalutare la terapia analgesica di fondo
- Consultarsi con lo specialista

“L’unico modo di fare un gran bel lavoro è amare quello che fate”
Steve Jobs