With cancer comes a number of other health issues that result from cancer treatment or the malignancy itself. These include chemotherapy-induced nausea and vomiting, fatigue, and venous thromboembolism. Several studies have found that attending to these supportive care issues not only improves the patient’s quality of life—it can also improve survival.

**Intranasal Fentanyl Spray Effective for Breakthrough Cancer Pain**

Patients with advanced cancer often experience breakthrough pain despite their reliance on opioid medications. In a phase II study involving 196 patients, researchers randomized 139 patients with various forms of advanced cancer to intranasal or oral transmucosal fentanyl (Onsolis).

All of the patients had ≥3 weekly episodes of breakthrough cancer pain while taking opioid medications, but ≤4 per day. Participants in this open-label, crossover study were given fentanyl in titrated doses of 50, 100, or 200 mcg in the intranasal form and titrated doses of 200, 400, 600, 800, 1200, or 1600 mcg in the oral transmucosal form. Patients self-reported time to pain relief and pain intensity.

Sebastiano Mercadante, MD, who specializes in palliative care at La Maddalena Hospital in Palermo, Italy, reported that the intranasal spray formulation of fentanyl was preferred by patients and was associated with more rapid “meaningful pain relief,” the primary efficacy measure. Within 5 minutes of administration, 25% of participants receiving the intranasal form reported more than a 33% reduction in pain intensity scores; only 7% receiving the oral form reported similar reductions.

Median time to onset of meaningful pain relief was 11 minutes for those receiving the intranasal fentanyl spray and 16 minutes for those taking the oral transmucosal form. A total of 65.7% of patients experienced faster onset of meaningful pain relief with the intranasal fentanyl spray compared with 50% in the oral group, which researchers said was a significant difference.

Of the 86 patients who tried both forms of fentanyl and completed a survey on their preferences, >75% indicated that they preferred the intranasal form compared with <25% who preferred the oral formulation. According to Dr Mercadante, the nasal route of fentanyl delivery may be more acceptable for patients with xerostomia, a common problem in patients with cancer. This study was supported by the manufacturer of nasal fentanyl spray, Nycomed.

Intranasal fentanyl spray was recently approved in the United States as a treatment for breakthrough cancer pain.

**Palonosetron Effective in Reducing Nausea and Vomiting Associated with High-Dose Chemotherapy and Stem Cell Transplant**

Previous investigations have shown that the second-generation 5-hydroxytryptamine (5-HT3)-receptor antagonist palonosetron (Aloxi) can improve emesis and nausea control in patients with chemotherapy-induced nausea and vomiting (CINV). Italian researchers sought to determine whether adding a second dose of palonosetron 48 hours after the initial dose would increase control over nausea and vomiting.

The researchers studied results in 60 patients with a median age of 45 years; the group included 32 men and 28 women with various cancer diagnoses, such as lymphoma, myeloma, sarcoma, acute leukemia, and breast cancer. Each patient was receiving multiple-day high-dose chemotherapy. Thirty patients were given .25 mg of intravenous palonosetron plus a 30-minute, 8-mg infusion of dexamethasone prior to the first infusion of high-dose chemotherapy. Another group of 30 patients received a second dose of the anti-CINV regimen 48 hours later.

In both groups, 98% of patients had complete control of emesis, and only 28% of study participants reported moderate nausea. A trend for increased control of delayed nausea was seen in the patients who received the second dose, with 77% of patients in this group having less delayed nausea compared with 53% in the single-dose group (P<.06). Investigators also observed fewer instances of nausea-related effects negatively impacting daily activities after 120 hours, based on the Functional Living Index-Emesis survey. The median score for patients in the double-dose group was 55.3 compared with 40.9 for the single-dose group (P<.01). Antonio Pinto, MD, of the National Cancer Institute in Naples, Italy, stated in a press release, “The administration of the second dose minimized the negative effects of nausea in the delayed phase, thus leading to a significant amelioration of patient’s quality of life in the overall period.”

Palonosetron had already been demonstrated to be highly effective in preventing CINV in patients receiving single-day highly or moderately emetogenic chemotherapy. Few treatments have been effective in preventing CINV in patients undergoing multiple-day chemotherapy, and this study suggests that palonosetron may be an effective option for these patients.

Pain Increases Likelihood of Malnutrition and Poor Performance Status

In a poster presented at the ECCO 15th – ESMO 34th Joint Congress, Mohandas K. Mallath, MD, and colleagues from the Department of Digestive Diseases and Clinical Nutrition, Tata Memorial Centre, Mumbai, India, noted that cancer pain is an important independent risk factor for poor performance status in newly diagnosed patients and significantly associated with malnutrition.

The authors conducted a prospective observational audit of 1191 patients seen at their clinical nutrition service in 2008. Patients were interviewed by research dieticians using a structured questionnaire, and several data variables were collected from each patient. The researchers assessed malnutrition through the subjective global assessment (SGA), with SGA-A indicating well-nourished, SGA-B indicating mild or moderate undernourishment, and SGA-C indicating severe undernourishment. Performance status was assessed using the eastern cooperative oncology group (ECOG) scale, and an ECOG score of 0 or 1 was considered good performance status, whereas a score between 2 and 4 indicated poor performance status. Pain was evaluated using a visual analogue score; 0 indicated no pain; 1 to 3 signified mild pain; 4 to 6, moderate pain; and 7 to 10, severe pain. A multivariate analysis was performed to identify independent risk factors for poor performance status.

Dr Mallath and colleagues found that 75% of patients had mild or moderate pain on initial evaluation. They also found a highly significant association between pain scores and malnutrition indicators such as SGA scores, serum albumin levels, and body mass index. A multivariate analysis revealed poor performance status was significantly associated with SGA-B, SGA-C, pain scores, older age, male sex, and the presence of moderate or severe anemia; mild anemia (hemoglobin, 10-12 g/dL) was not found to be an independent risk factor of poor performance status.

Based on these findings, the authors concluded that pain is an important contributor to cancer-related malnutrition at initial presentation and an important independent risk factor for poor performance status in newly diagnosed patients. Because pain is significantly associated with malnutrition, Dr Mallath and colleagues stressed the importance of quantifying and treating cancer pain in everyday practice and during clinical trials. To locate this poster, visit www.poster-submission.com/visitor/pstlist.


How Do Patients Perceive Oral Oncology Drugs?

Although standard chemotherapeutic agents are frequently administered intravenously, oral agents are becoming more prominent. In a poster presented at the ECCO 15th – ESMO 34th Joint Congress, B. Homet Moreno, MD, and colleagues from the Department of Medical Oncology, Hospital “12 de Octubre,” Madrid, Spain, outlined the results of a study that sought to assess patient opinions on both oral and intravenous (IV) cancer treatments.

A total of 190 patients were enrolled in the study and completed a survey in which they were asked to compare differences in preference, tolerance, and effectiveness between oral and IV chemotherapy. Of these patients, 70% (n = 133) were women with a median age of 60 years at diagnosis (range, 28–91 y). The majority (50%) had gynecological tumors, with 90% of these being breast cancer; 30% had gastrointestinal cancer, 18% had lung cancer, and 2% had other neoplasms.

The survey revealed that the majority of patients preferred oral therapy over IV administration (76% vs 20%, P <.001). However, 60% considered IV chemotherapy to be more effective; 11% chose oral therapy, and 29% found both equally effective (P <.001). Patients generally tolerated oral therapy better than IV chemotherapy (64% vs 36%, P <.001). The most common adverse event with oral therapy was diarrhea compared with vomiting for IV treatments.

Dr Homet Moreno and colleagues concluded that the study demonstrates a patient preference for oral therapy, which is generally tolerated better, but patients do not perceive oral treatments as being equally effective as their IV counterparts. The study did not address whether any differences in the perception of efficacy might have to do with poorer compliance with oral treatment regimens. Clinicians prescribing oral therapies should consider discussing the efficacy of these drugs with their patients and the importance of taking the drugs as prescribed. To view this poster, visit www.poster-submission.com/visitor/pstlist.


Supportive Care

Cancer Pain (CME)

http://tiny.cc/g7nFB

The Cleveland Clinic Center for Continuing Education provides on-demand Webcasts from the 10th Annual Pain Management Symposium, along with an opportunity to earn one AMA PRA Category 1 Credit. The presentation consists of two Webcasts: “Chronic Cancer Pain: A New Disease,” and “Interspinal Drug Delivery: A New Algorithm.” Speakers discuss emerging therapies in pain management and state-of-the-art interventional techniques, providing physicians with a better understanding of the causes of chronic cancer pain and management with intrathecal analgesics.

Aloxi

http://tiny.cc/RdoMZ

Eisai Corporation of North America and its partner, Helsinn Healthcare SA, dedicated a section of the Aloxi.com Website exclusively for physicians and nurses that discusses chemotherapy-induced nausea and vomiting (CINV) and treatment with Aloxi (palonosetron). They offer downloadable PDFs of materials to give to patients as part of the Stay Strong Patient Support Program, list phase III clinical trials of Aloxi, provide links to CMS coding and reimbursement forms, and will soon be providing a downloadable formulary letter.