

TARGET AUDIENCE

This educational activity is intended for clinicians who manage patients with cancer.

PURPOSE

To educate clinicians who treat oncology patients about current treatment modalities in order to optimize cancer pain management.

NEEDS STATEMENT

Cancer pain is commonly caused by the primary disease, secondary manifestations such as infection, or oncologic treatments. Pain is a frequent presenting symptom affecting more than 9 million cancer patients worldwide, including over 75% of patients with metastatic or advanced disease, and approximately 30% to 50% of those undergoing active treatment. Cancer survivors may continue to experience persistent pain, most often resulting from neuropathic conditions. The majority of patients with advanced disease experience pain at levels that, if insufficiently treated, severely impacts quality of life. In the United States, because cancer is responsible for up to 30% of deaths in certain demographics, cancer pain represents a large-scale public health concern.

Despite the availability of many effective therapies, cancer pain remains undertreated in a significant number of patients. Pharmacotherapy is the mainstay of treatment for the majority of patients. Factors that need to be considered when selecting a pharmacotherapeutic pain management regimen include type and severity of pain to be treated, ease of agent administration and duration of action, potential side effects, and medication formulation. Gaining a more thorough understanding of pain mechanisms, current pain management strategies, and future directions can assist all oncology clinicians in promoting better quality of life and optimal functioning among patients who experience cancer pain.

LEARNING OBJECTIVES

Upon completion of this activity, participants should be able to:

- Review the mechanisms and causes of cancer pain.
- Explain medical history and physical assessment findings that suggest the presence of neuropathic pain and develop a plan of care.
- Describe the variables that must be considered in the selection of an initial opioid for cancer pain management.
- Discuss a rational basis for opioid rotation in patients who receive opioid analgesics for cancer pain management and who experience intolerable side effects.
- Discuss new treatment for cancer pain management.

FACULTY & DISCLOSURE STATEMENTS

The Postgraduate Institute for Medicine has a conflict of interest policy that requires course faculty to disclose any real or apparent commercial financial affiliations related to the content of their presentations/materials. It is not assumed that these financial interests or affiliations will have an adverse impact on faculty presentations; they are simply noted here to fully inform participants.

Perry G. Fine, MD, is Professor of Anesthesiology, and attending physician in the Pain Management Center at the University of Utah in Salt Lake City. He has no financial interest/relationship or affiliation to disclose.

Christine Miaskowski, RN, PhD, FAAN, is Professor and Chair in the Department of Physiological Nursing at the University of California in San Francisco. She disclosed a financial interest/relationship or affiliation in the form of: Grants/Research Support: Endo Pharmaceuticals, Janssen, and Purdue; Consultant: Endo Pharmaceuticals, Janssen, Merck, Ortho-McNeil, and Purdue.

Judith A. Paice, PhD, RN, FAAN, is a Research Professor of Medicine in the Division of Hematology/Oncology and Director of the Cancer Pain Program at Northwestern University, Feinberg School of Medicine in Chicago, Illinois. She disclosed a financial interest/relationship or affiliation in the form of: Consultant: Abbott Laboratories, Endo Pharmaceuticals, Janssen, and Purdue.

MEDIA

Monograph Supplement

METHOD OF PARTICIPATION

There are no fees for participating and receiving CE credit for this activity. During the period of November 15, 2004, through November 15, 2006, participants must 1) read the learning objectives and faculty disclosures; 2) study the educational activity; 3) complete the post-test by recording the best answer to each question in the answer key on the evaluation form; 4) complete the evaluation form; and 5) mail or fax the evaluation form with answer key to the Postgraduate Institute for Medicine. A statement of credit will be issued only upon receipt of a completed activity evaluation form and a completed post-test with a score of 70% or better. Your statement of credit will be mailed to you within 3 weeks.

CONTINUING NURSING EDUCATION

CNA/ANCC

This educational activity for 1.4 contact hours is provided by the Postgraduate Institute for Medicine. The Postgraduate Institute for Medicine is an approved provider of continuing education by the Colorado Nurses Association (CNA), an accredited approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation.



California Board of Registered Nursing

The Postgraduate Institute for Medicine is approved by the California Board of Registered Nursing, Provider Number 13485, for 1.4 contact hours.

DISCLOSURE OF UNLABELED USE

This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by FDA. The Postgraduate Institute for Medicine, Health Management Solutions, Inc., and Endo Pharmaceuticals do not recommend the use of any agent outside of the labeled indications.

The opinions expressed in the educational activity are those of the faculty and do not necessarily represent the views of the Postgraduate Institute for Medicine, Health Management Solutions, Inc., or Endo Pharmaceuticals. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings.

DISCLAIMER

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patient's conditions and possible contraindications on dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.

Release date: November 15, 2004 • Expiration date: November 15, 2006
Estimated time to complete activity: 70 minutes