

**Abstracts of the
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SUPPORTIVE CARE IN CANCER



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to have adequate relief of pain. Significantly 23(37.7%) patients were advised for change in analgesic therapy & break through pain analgesic. Some common adverse drug reactions of analgesics were also observed. Patients experienced more relief of pain with combination analgesics than to single analgesic. The data obtained are interpreted with the WHO pain rating scale. It is observed that apart from the analgesic regimen, adjuvant therapy was common in treating pain. This study would be of help to manage the pain by exact combination of analgesics in different strength and could also help to improve the patient comfort.

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Analgesia With Device For Sensory Restoration.

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Background: Cancer pain relief has still some problems. In the attempt to contribute solving them, we have presented data on the usage of the new device which was designed for sensory system restoration with transcutaneous electrical stimulation; its analgesic activity was accidentally noted in some patients (pts).

Methods: Our preliminary trial was conducted in 34 pts (men 16, women 18; mean age 55.3) who had various nosologic forms of malignancies with chronic pain syndromes. As was verified, the origin of pain was caused by generalized cancer process (tumor growth and/or remote metastases) in all cases. The pts were administrated analgesic drugs with WHO recommendations but they continued to suffer from pain. After signing the informed consent these pts received additional therapeutic course which consisted of 10...15 procedures. For the results of this treatment to assess pain intensity (PI) and pain relief (PR) were recorded. PI was evaluated with categorical rating scale (CRS), its range varied from 0 ("no pain") up to 10 ("pain as bad as I can imagine"). PR was rated using 5-point scale; its range was from 0 ("none") to 4 ("complete").

Results: The average baseline CRS score was 6.1. In 23 pts of 34 (67,6%) good results were achieved: CRS < 3 and PR 3...4 with reduction of drug usage. 8 pts (23.5) had moderate results: CRS 3...5, PR 2; in 3 pts the results were bad (CRS > 5, PR 0...1). Besides pain relief depressive symptoms were regressed in 17 of 26 pts who had such disorders; this anti-depressive action was confirmed with both clinical observation and data on routine HAM-D scale ($\geq 50\%$ declining).

Conclusion: The new device is useful in cancer pain relief as a part of comprehensive therapeutic program. Its exact position here will be established in the randomized placebo-controlled study that is being conducted now.

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Methadone And Cardiotoxicity.

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Background: Methadone is a synthetic opioid typically applied to treat heroin addiction, but increasingly used nowadays for pain treatment in patients with advanced stage diseases, particularly in oncologic patients. As consequence, reports of adverse effects related to methadone have markedly increased during the last years, particularly cardio toxic effects unrelated to other opioids have been reported.

Method: We performed a Medline search utilising the words "methadone and adverse effects, QT, bradycardia and Torsade de Pointes". Articles relating to cardio toxic effects were selected, and when judged appropriate, specific references not found among the articles of the first search but cited in them were also included.

Results: we found 5 laboratory studies, 13 case reports publications avec 42 patients in total, two retrospective studies, two cross-sectional studies and one prospective study.

Conclusions: Methadone may induce QT prolongation, sinus bradycardia and TdP. It is not possible to determine a threshold methadone dose for risk of cardiotoxicity, but it is associated to high doses of methadone, QT interval prolongation > 500 msec and to the presence of concomitant risk factors for TdP. We propose that before starting methadone the presence of other risk factors of TdP must be assessed and a baseline EKG should be performed. Prospective studies with larger sample size of patients with chronic pain are required to clarify the relevance of methadone related cardio toxicity in the palliative care setting.

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Radiotherapy And Bisphosphonates For The Palliative Treatment Of Bone Metastases In Breast Cancer (Experience Of One Radiotherapy Center).

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Objective: Bone metastases represent the most frequent site of metastatic spread for woman with breast cancer treated in our hospital. The aim of the study was to assess the results of palliative radiotherapy in breast cancer patients also receiving bisphosphonates for the treatment of bone metastases.

Methodology: From January to December 2005 69 patients with breast cancer had received irradiation for bone metastases in our Radiotherapy Department. All patients received