



Cancer pain

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Pain is the most feared symptom in cancer patients, and treatment can be a challenge. Results of a recent systematic review showed that the overall prevalence of pain for all cancer types is more than 50%. Moreover, studies have identified that as many as one in every two cancer patients do not receive adequate analgesia. Cancer survivorship is increasing due to advances in diagnosis and treatment; as a result, patients now experience pain syndromes such as post-mastectomy pain and chemotherapy-induced peripheral neuropathy. Furthermore, cancer pain has a large psychosocial impact, not only on the patient but also on relatives and friends who witness the suffering.

The editors of *Cancer Pain* attempt to cover all these issues by providing a broad overview of the subject. The basic science behind cancer pain is covered in the first third of this book, and different treatments are then explored, particularly opioids. The last third comprises chapters on the psychosocial impact of cancer pain and spiritual care, and the focus of the final chapter is on future challenges and areas of research.

There is an abundance of information in these pages, and the book is certainly up-to-date. Each chapter begins with a short abstract and concludes with key points that allow the reader to quickly scan the chapter and glean the important details. Some chapters, especially the basic science ones, are comprehensive yet quite compact; thankfully they come with an extensive reference list.

Opioids remain the mainstay of cancer pain treatment, and in the chapter on this topic, one of the editors has

written an informative overview. An entire chapter is dedicated to the concept of opioid-induced hyperalgesia, which is described in detail. Other chapters focus on breakthrough pain, neuropathic pain, non-pharmaceutical treatments, and new advances in pain treatment.

It is well known that there is a link between mood and chronic pain; this is especially important for cancer pain. The chapter on spiritual care and cancer pain offers sound explanations for various issues that can arise with the patient and advocates how the clinician should approach these concerns. It maintains that the “three levels of spiritual care are...attention, openness, and attentiveness”, which can build between the patient and clinician. This chapter was fascinating to read, particularly with its emphasis on encouraging the clinician to treat the whole patient, not just the symptoms.

The chapter on preclinical models for cancer pain may be of interest to readers with a focus on basic science. It is useful to understand how different pain syndromes are reproduced in a laboratory and then translated to the clinical setting. It was also interesting to read how scientists have developed behavioural methods for testing pain in different models of cancer, such as the automatic von Frey apparatus and the tail-flick test. My one objection to this chapter is the colour photo of mice undergoing different tests.

There are a few drawbacks to this book. In my view, material covered in a couple of the chapters is beyond the scope of the topic, in particular, information included in the chapter, “Recent Advances in Cancer Treatment”. First, the title is a bit misleading since chemotherapy is the only form of cancer treatment discussed. Admittedly, there is an informative overview of the different mechanisms and targets used by chemotherapeutic agents, and the use of colour figures is helpful. Nevertheless, the chapter does not

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address the impact these new agents will have on cancer pain.

As an interventional pain specialist, I found the chapter concerning interventional techniques in cancer pain to be a disappointment. In the introduction of the chapter, the author rightly states that increased cancer survivorship has resulted in fewer neuroablative procedures being performed. Even so, much of the chapter is devoted to describing celiac and splanchnic plexus neuroablative injections, whereas only three paragraphs are devoted to

neuraxial techniques. Continuous epidural or intrathecal infusions are not uncommonly performed for these patients and do not require specialist knowledge and equipment.

Cancer Pain has its flaws, but overall, the book would be useful to have on the shelf for reference. It provides a thorough overview of the field and serves to highlight the need for a better understanding of this subject.

Conflicts of interest None declared.