

CANCER PAIN

This book is dedicated to patients with cancer pain. The editors will devote their royalty payments to provide free copies for doctors in the developing countries of the world.

CANCER PAIN

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The expression of opinions herein does not necessarily represent the
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MTP PRESS LIMITED

a member of the KLUWER ACADEMIC PUBLISHERS GROUP
LANCASTER / BOSTON / THE HAGUE / DORDRECHT



Published in the UK and Europe by
MTP Press Limited
Falcon House
Lancaster, England

British Library Cataloguing in Publication Data

Cancer pain.

1. Cancer—Palliative treatment
 2. Analgesia
- I. Swerdlow, Mark II. Ventafridda, Vittorio
616'.99'4 RC270.8

ISBN-13: 978-0-85200-990-1 e-ISBN-13: 978-94-010-9139-8

DOI: 10.1007/978-94-010-9139-8

Published in the USA by
MTP Press
A division of Kluwer Academic Publishers
101 Philip Drive
Norwell, MA 02061, USA

Library of Congress Cataloging in Publication Data

Cancer Pain.

Includes bibliographies and index.

1. Cancer—Complications and sequelae.
 2. Intractable Pain.
 3. Analgesia.
- I. Swerdlow, Mark. II. Ventafridda Vittorio. [DNLM: 1. Neoplasms. 2. Pain—therapy. QZ 200 C2153633]

RC262.C29118 1986 616.99'4 86-20994

ISBN-13: 978-0-85200-990-1

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Softcover reprint of the hardcover 1st edition 1987

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Foreword

When the editors asked me to write a foreword to this book I felt very honoured but somewhat embarrassed. I am not a physician but I have spent many years dealing with the organizational problems of the care and assistance of cancer patients who have no hope of recovering.

The Floriani Foundation became active in 1977 with a donation from my wife and myself following a sad family experience. The aim of this Foundation is to assist research, studies and diffusion of information in order to better the quality of life of people suffering from debilitating chronic disease, the most important of which is cancer. In the past the Floriani Foundation has sponsored and organized congresses and meetings on the subject of cancer pain relief. The proceedings of those meetings were published and have reached a limited number of people, mainly specialists in this field.

It is therefore a pleasure to have been able to help the editors of this book which should reach a much wider audience, particularly among those general practitioners in the developed and developing countries who are directly involved in the treatment of these suffering populations. I hope that the information it contains will be useful in offering support to these suffering patients who still receive very little attention from medical practice.

Many people prefer to die at home and their family doctor must have the knowledge and the means of supporting them medically

through the trying last months of life, just as the community must organize to comfort and support them socially and psychologically at this time. Doctors in the more remote countries of the world and even those in peripheral parts of more medically advanced countries may have little access to information about the best methods of providing relief for cancer pain. It is with pleasure that I commend this book which will provide them with that information.

VIRGILIO FLORIANI

Preface

Many, but not all, patients with cancer suffer pain, particularly in the later stages of the disease. In recent years a great deal has been learned about the causes of this pain and about effective methods of relieving it. However, even in the more medically advanced countries of the world, where both methods and knowledge are available, cancer pain is not always satisfactorily dealt with. Many of the developing countries at present have neither adequate agents or knowledge.

The World Health Organization has published a handbook *Cancer Pain Relief* which presents the first international consensus on the subject of relief of cancer pain by drug therapy. Drugs are the mainstay of cancer pain treatment and properly used will effectively relieve 80–90% of cases. The present editors were involved in the preparation of the WHO handbook.

The purpose of the present book is to complement WHO *Cancer Pain Relief* by providing an account of the other modalities – oncological, nerve blocking, neurosurgical – which may help the other 10–20% of patients as well as providing information on terminal care and the care of symptoms other than pain. The present book provides an explanation of the rationale behind the use of each type of treatment, the technical details of the procedures, indications for use, the likely side-effects, selection of patients and selection of techniques.

There already exists a number of books on the treatment of chronic pain and of cancer pain in particular but they are in general too

expensive and too technical to meet the needs of doctors working in rural areas and in the developing countries where, because of financial stringency, there may be limited equipment, drugs, staff and physical facilities.

The simpler measures, particularly drug treatment, should be available to every doctor and clinic in every country. For more specialized treatment the patient should be referred to the local hospital (i.e. the nearest hospital or health centre with surgery and/or oncological facilities).

We have tried to describe in detail all the methods and procedures for pain relief which could be applied by a family doctor or by doctors working in provincial non-teaching hospitals. More specialized techniques which are of value are only mentioned briefly but one or two references are given to authoritative works where further information on them could be obtained if needed. No attempt has been made to be academically comprehensive – methods which we consider to be of no real value or to be experimental have not been included.

We have tried to reach a reasonable compromise between the ideal and the practical. Thus, for example, in the absence of X-ray screening facilities, if paravertebral block would provide relief it is better to carry out a block 'blind' than not to do one at all. With regard to drugs, we have followed the WHO *Cancer Pain Relief* recommendations.

Continuity of care from hospital to home, from early pain management to management of the dying patient, should be available for all patients and should be an integral part of the management of their disease. We must stress that a purely technical approach may not be adequate; better results will always come from the combined care of motivated medical and paramedical staff plus family and friends.

We realize that conditions vary in different countries and the advice given here may need to be modified to suit local conditions.

Medical care is a continuum ranging from complete cure at one end to symptom control at the other. When cure is not possible anticancer palliation should be considered. When palliation is no longer possible, the emphasis moves to control of pain and other symptoms as an end in itself.

For a great majority of cancer patients pain relief may be the only realistic thing to offer.

The authors would be pleased to receive comments from doctors working in different parts of the world.

M.S.
V.V.

Acknowledgements

We are very grateful to Dr Kathleen Foley for considerable help at all stages of the preparation of this book. Without her help it might never have been written. We would also like to thank Dr J. Stjernswärd of the WHO Cancer Unit for his encouragement and support, and Dr Thelma Bates for her constructive comments.

The assistance given to us by the Floriani Foundation in the preparation of this book deserves our profound gratitude. We would also like to express our appreciation of the secretarial work carried out by Sigra Wanda Segre and Signa Miriam Vigotti.

A number of organizations have given their support to the publication of this book which has enabled it to be published at a modest cost and we would particularly like to acknowledge support from Dr Allan J. Miller of Napp Laboratories, Dr Corina Engler of Syntex Ltd and Dr Warwick Buckler of Boots Pharmaceuticals. Our thanks are also due to Dr J. R. Hall of Upjohn Ltd for providing most of the illustrations and to Professor D. Morley for help with the worldwide distribution.

The excellent indexing was carried out by Miss Patricia Cummings ALA to whom we are very grateful.

Finally, we must thank MTP Press (and particularly Mr P. Johnstone) for their cooperation at every stage of the preparation and printing of the book.