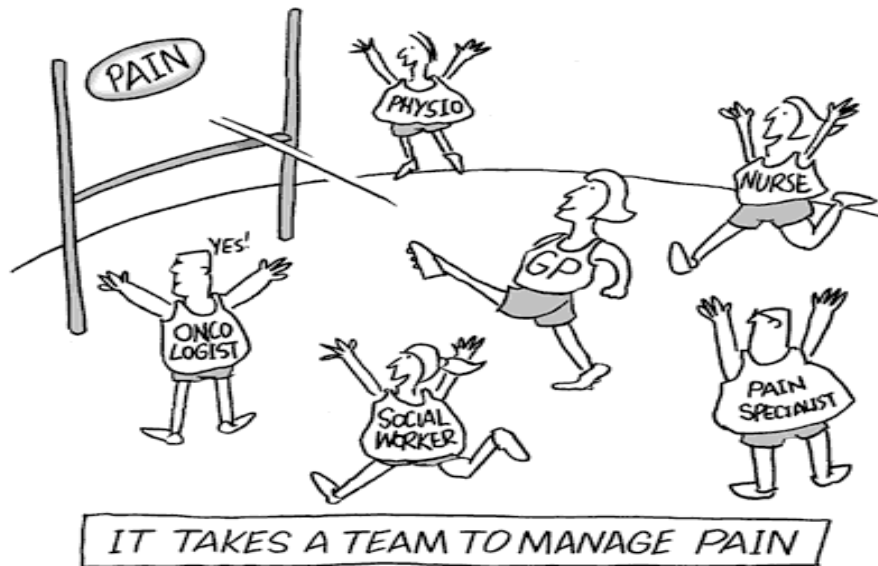




August Is Palliative Care and Cancer Pain Awareness Month



What Is Palliative Care?

Palliative care is a growing research area that focuses on improving the quality of life of all people living with cancer, and their families. It is the control of pain, of other symptoms, and of psychological, social and spiritual problems. The field of palliative care was once thought to exist only to provide comfort to those in the end stages of cancer, but now has broadened to include all the aspects of coping with cancer over the entire length of care. This shift in point of view is due in part to medical advances that have resulted in more people living with and surviving cancer.

The focus of care is on the patient and family -- rather than the disease. Care can be given at home, but some cancer centers actually have special palliative care teams. The team usually has professionals with extra training in cancer and hospice care. Members may include a doctor, chaplain, social worker, nurses, physical therapists, a dietitian, pharmacist, and breathing (respiratory) therapist. The palliative care team works with the patient's doctor to develop treatment plans, manage pain and other symptoms, give emotional support and help deal with end of life issues.

Hospice care is an example of palliative care. Hospice services are available to persons who can no longer benefit from specific cancer treatment; the typical hospice patient has a life expectancy of 6 months or less. Hospice programs provide services in various settings: the home, hospice centers, hospitals, or skilled nursing facilities. Patients' families are also an important focus of hospice care, and services are designed to provide them with the assistance and support they need.

One important part of palliative care is pain control. Cancer-related pain is a major problem for cancer patients. More than half of all cancer patients have significant pain.

What Is Cancer Pain?

Having cancer does not always mean having pain. For those with pain, there are many different kinds of medicines, ways to receive the medicine, and non-medicine methods that can relieve the pain you may have. You should not accept pain as a normal part of having cancer.

Fear of having pain is very common in people with cancer. Pain may improve with treatment, healing and time. If pain persists, it's important to realize that most of the time it can be relieved. Only you know how much pain you have. Telling your doctor and nurse when you have pain is important. Pain is easier to treat when you first have it. It may get worse if you wait, and it may take longer, or require larger doses, for your medicine to give you relief. Also, pain can be an early warning sign of the side effects of the cancer or the cancer treatment. Together — you, your nurse, and doctor — can talk about how to treat your pain.

When pain is not treated properly, you may be:

- Tired
- Depressed
- Angry
- Worried
- Lonely
- Stressed

When cancer pain is managed properly, you may:

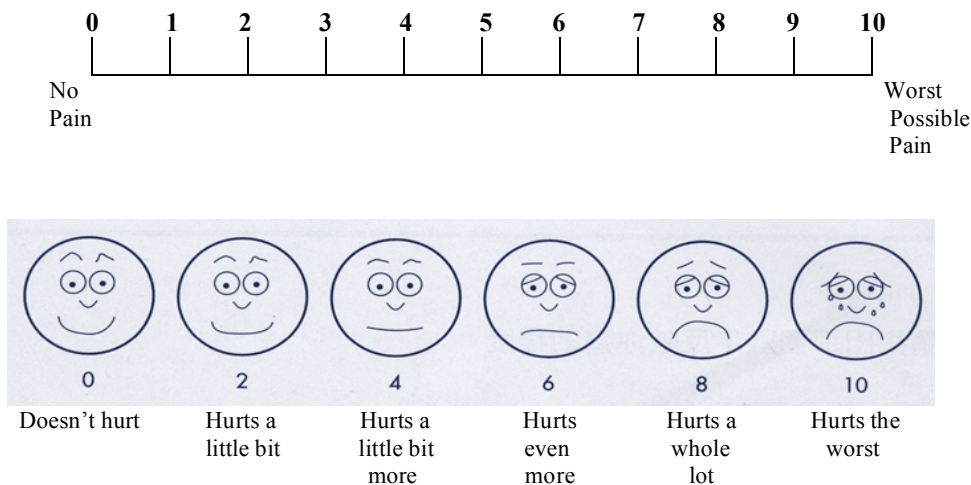
- Enjoy being active
- Sleep better
- Enjoy family and friends
- Improve your appetite
- Enjoy sexual intimacy
- Prevent depression

How is Cancer Pain Treated?

To treat pain it must be measured. Pain levels are measured after starting cancer treatment, when pain is reported, and after starting any type of treatment for pain. To help your healthcare team treat your pain, communication is important. Only you know how much pain you feel. At The Cancer Institute of New Jersey (CINJ), your healthcare team will ask you these questions that will help decide how to manage your pain. Two examples of pain scales follow:

- Pain Score: You will be asked to describe the pain intensity using a pain score.

"On a scale of zero to ten, where zero means no pain, and ten equals the worst possible pain, what is your current pain level?"



If you have pain, the healthcare team at CINJ will then ask you to:

- Show exactly where the pain is on your body or on a drawing of a body and where the pain goes if it moves.
- Rate the highest amount of pain gets using the pain score.
- Tell what level of pain is acceptable to you.
- Describe the quality of pain. Does it prick, burn, throb, pull, or ache? Is it sharp?
- Describe when the pain occurs and how long it lasts.
- Explain what makes the pain better or worse.

Your healthcare team will then ask if things like heat, ice, massages, or relaxation help relieve the pain. You will also be asked if the pain has made you unable to do your normal daily activities.

After you answer all of the questions about your pain, your healthcare team may need to gather more information about what is causing it. You may be examined or asked to have an X-ray or a scan of the areas where you hurt. Since pain can be caused by many things, such as tumor in the bones or tumor pressing on a nerve, it is important for the doctor to find out the reason for your pain. Your healthcare team will combine the information they have gathered and plan with you how to make you more comfortable.

What is Used to Treat Cancer Pain?

Medicines are one of the most common ways to control your pain. Most pain from cancer can be simply treated using medicines taken by mouth. The doses of these medicines often need to be changed to make you feel better. Pain medicines can be divided into three groups:

1. The first group is for mild pain.
 - You may have used some of these medicines in the past for problems such as headaches or sore muscles. Aspirin, Tylenol® and Advil® belong to this group.
2. The second group of medicines is for more severe pain.
 - You may have heard them called narcotics or opioids.
 - Examples include codeine, oxycodone, morphine, and hydromorphone.
 - Many patients are afraid to take opioids because they think they may become "hooked" or addicted. This problem is very rare, occurring in about 1 in 10,000 patients. If you are worried about addiction, talk to your doctor, nurse, or pharmacist.
 - Patients also worry about using strong pain medicines too soon. They fear that if the pain really gets bad, there may not be a medicine to use later to control it. In fact, it is best to treat your pain when it begins, even if strong medicines are needed. This will make it easier for the doctors to control your pain later.
 - Some patients also worry about side effects of medicines. Some side effects are very common but can be treated. These include sleepiness, nausea, and constipation. You should tell your doctor, nurse, or pharmacist if you are having these problems.
3. The third group is usually used to treat other medical problems, but is also effective for treating cancer pain.
 - For example, if you describe your pain as burning or tingling, you may have an injured nerve. Medicines used to treat depression (such as antidepressants) or seizures (anticonvulsants) may be helpful for this kind of pain.



What are Some Other Ways to Control Cancer Pain?

Treatments such as radiation therapy and chemotherapy can reduce pain by shrinking some tumors. This relieves pressure on bones, nerves, or other parts of the body. For some types of pain, your doctor may suggest a nerve block to help you feel better. A nerve block blocks or deadens the nerve so you do not feel the pain. If this is needed, a specially trained doctor will use a needle to place medicine directly near a nerve.

There are other simple treatments that do not involve medicines. These include activities which some feel as enjoyable, such as:

- listening to music
- receiving a back rub
- taking a warm bath
- or even watching television.

You can ask your healthcare team to teach you about other methods that do not involve medicines and that you can use on your own. Your family can help you with these, too.

Supportive Care Trials at The Cancer Institute of New Jersey

Supportive care is a term that refers to treatments used to eliminate or reduce symptoms that interfere with the quality of your life. The aim of supportive care is to provide you with the best quality of life possible, so that you are able to participate in your treatment and do the things that bring you pleasure and happiness. More simply, the goals of supportive care are to maximize comfort and eliminate suffering.

Supportive care trials examine and address the long- and short-term physical, emotional, spiritual, practical, social and financial effects of cancer and its treatment among survivors of cancer. At CINJ, our Supportive Care trials (also called Quality of Life trials) explore ways to improve comfort for cancer patients. If you are interested in participating in a supportive care trial, you can call The Cancer Institute of New Jersey at 1-866-654-9898. Follow the prompts to leave a message if the operators are busy.

If you would like further information about clinical trials (available in New Jersey) please call toll-free **New Jersey Cancer Trial Connect at 1-866-788-3929** or visit the Web site at www.njctc.org. For additional information about nationwide cancer trials, you can call the **National Cancer Institute at 1-800-4 CANCE**R or visit their Web site at www.cancer.gov.

Expert Advice from The Cancer Institute of New Jersey

Michael P. Kane, RPh, BCOP, an Oncology Board Certified Pharmacist, leads the pain initiative at CINJ, **CAMPain: The Cancer Institute of New Jersey Alliance for the Management of Pain**. Along with the support and guidance of physicians, nurses, social workers and patients, the CAMPain group strives to make the achievement of our patient's pain management goals the mission of every staff member. The Symptom Management and Supportive Care Tumor Study Group, who oversees the activities of CAMPain, considers palliative care a priority for patients and their families to achieve the best possible quality of life. Here are his thoughts on cancer pain:



“CINJ is committed to the prevention, identification and management of pain as an essential component of providing compassionate medical care. Optimal pain management improves patients' ability to cope effectively with cancer and its treatments, and enhances patients' quality of life. CINJ recognizes that the individual who is experiencing pain is the best person to identify and evaluate their pain. Early recognition and assessment of pain by patients, their healthcare team, and their caregivers are the critical first steps in optimizing pain relief tailored

to each individual's pain experience. CINJ employs a multidisciplinary approach in providing pain relief through pharmacological and non-pharmacological treatment strategies that spans the continuum of care. CINJ is committed to the ongoing education of the clinical staff, patients, and their supportive others to ensure optimal pain management for each patient.”

Where Can I Find Further Information?

Cancer Care, Inc., National Office
1-800-813-HOPE (1-800-813-4673)
<http://www.cancercare.org>

Cancer.Net
<http://www.cancer.net>

Cancer Survivors Network
<http://www.acscsn.org>

Cancer Survivorship Research
<http://cancercontrol.cancer.gov/ocs/>

National Cancer Institute
1-800-4-CANCER (1-800-422-6237)
<http://www.cancer.gov>

National Center for Chronic Disease Prevention and Health Promotion
800-311-3435
www.cdc.gov/nccdphp

National Coalition for Cancer Survivorship (NCCS)
1-877-NCCS-YES (1-877-622-7937)
<http://www.canceradvocacy.org>

National Institute of Health
301-496-4000
www.nih.gov

The American Cancer Society
1-800-ACS-2345
www.cancer.gov