

# Understanding Pancreatic Cancer

## Pain and Side Effect Management

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## Disclosure

- I have no disclosures of conflict of interest to make

## Objectives

### Understand:

- Treatments for symptoms and treatment side effects associated with pancreatic cancer
- How to get the symptom treatment you deserve
- Spiritual and emotional health is just as important!
- Role of Palliative Care, Hospice and multi-disciplinary approach in the care of cancer patients and their caregivers/families

## Symptom Management

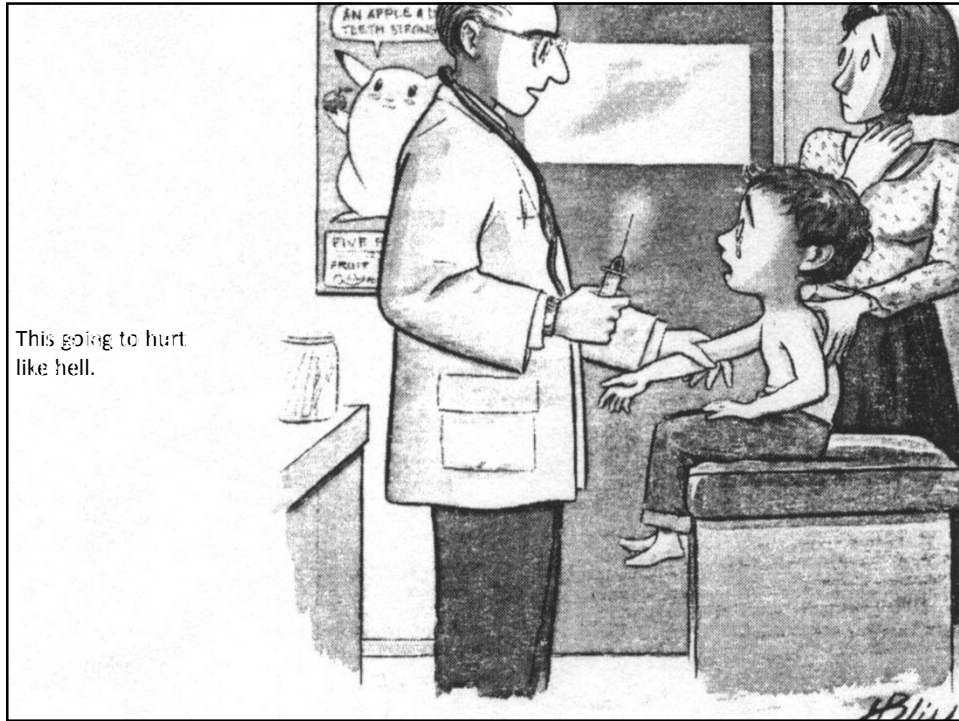
- Palliative Care
- What is Palliative Care?
- Do I need Palliative Care?

## PC definition - CMS

“Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and facilitates patient autonomy, access to information, and choice.” (Federal Register 2008)

## Palliative Care = Symptom Management

- It's never too early!
- Any age; any stage
- Whatever works; whatever helps
- Anticipating needs



# SYMPTOMS

## Pain

- Your first symptoms may have been vague and may not have been painful.
- Pain though, is common in pancreatic cancer and most cancers in general.
- Good news – we can treat it!

## Pain treatment

- Most people with cancer related pain eventually need opioid medication.
- Opioids = morphine, methadone, hydromorphone (“Dilaudid”), oxycodone (“Oxy-Contin” is long-acting/slow-release version), hydrocodone (in “Vicodin”, “Norco”, “Lortab”, along with acetaminophen), fentanyl (“Duragesic” patches, Actiq, Fentora)
- Don’t be afraid of opioids!

## Pain treatment

- When cancer patients use opioids, they do NOT become addicted!
- When opioids are prescribed by trained professionals, they are safe!



## Pain treatment

When cancer pain becomes chronic:

- Long acting opioid scheduled (e.g. every 8 hours or every 12 hours)
- PLUS - short/quick acting opioid as needed; for “breakthrough”
- Long acting opioids: sustained release morphine; sustained release oxycodone; methadone; fentanyl patches

## Pain treatment

- Short/quick acting opioids work for about 2-4 hours usually.
- May be available as pills or liquids.
- Morphine is available in a very concentrated liquid form that can be used even when swallowing is not easy.

## Pain treatment

- Opioids cause CONSTIPATION!
- Always need to take something to PREVENT constipation.
- Usually best to maintain a regimen of moving bowels every 1-2 days.
- Medications for preventing and treating constipation: Senna, docusate (“Colace”), bisacodyl (Dulcolax) – pill or suppository, lactulose, “Mira-lax”
- Fiber, fluids, prunes, other fruits, activity

## Pain treatment

Besides medication:

- Relaxation/meditation
- Guided Imagery
- Biofeedback
- Acupuncture/Acupressure
- Distraction



## Pain treatment

Special procedures:

- Intravenous or subcutaneous continuous infusions of opioid
- Epidural or intra-thecal continuous infusion
- Celiac plexus block

## Nausea

- Might be caused by cancer itself.
- Might be caused by treatment (side effect of chemotherapy).
- Might be caused by stomach or bowel obstruction.

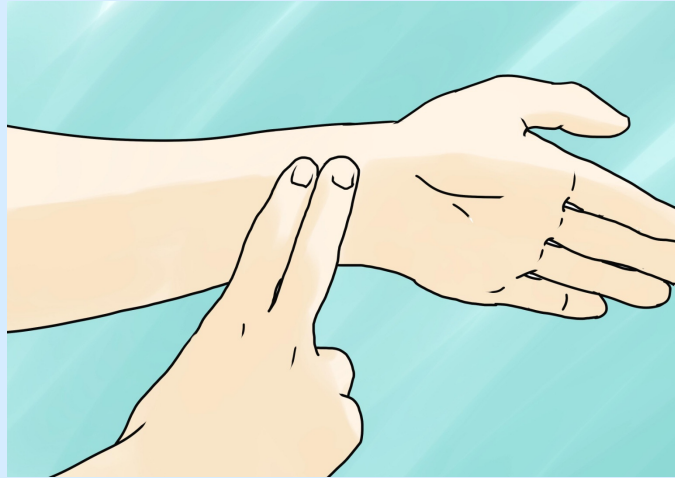
## Nausea

- There are many medications available to treat nausea.
- Sometimes medications are given before and after chemotherapy
- Available in pill, IV and suppository form as well as a few in skin patches

## Nausea

- Acupressure
- Acupuncture without the needles!
- There is some evidence, patient reports that the “P6 point” is effective for treating nausea.
- “Sea-bands”

## Nausea - Acupressure



## Nausea - Acupressure



## Nausea/vomiting – stomach/bowel obstruction

- Sometimes tumor grows and pinches off the stomach or intestine.
- Food and natural secretions cannot go “down” the usual way.
- Even if we don’t eat anything, natural secretions – about a quart a day are produced and have to go somewhere.
- What can’t go down, must come up!
- Usually an operation to fix this is not an option because it would be very complicated and burdensome.

## Obstruction

- “Venting” gastrostomy may be helpful.
- Stomach tube
- Often these types of tubes are placed to feed folks who can’t swallow.
- With stomach/intestine obstruction, they are placed to let the secretions OUT.
- Usually a simple procedure done with a “scope”

## Shortness of breath

- Not extremely prominent in pancreatic cancer.
- But, might occur for various reasons.
- It can be treated – usually with opioid medications.
- Might be related to a large belly due to ascites (fluid build up in the abdominal cavity).
- This can be drained to provide relief.

## Jaundice

- Getting yellow!
- Might be seen in the eyes first
- Due to bilirubin build-up when bile ducts are blocked.
- This does not always happen.
- When it does happen, various procedures can be done to drain the bile with artificial tubes or drains.

## Weight loss, appetite loss

- Many cancer patients lose weight even when they are eating “normal” amounts of food.
- Chemical changes in the body cause changes in metabolism and inefficient use of nutrients.
- Often anorexia (loss of appetite) follows.
- What to do?

## Weight loss, appetite loss

Eat:

- What you want
- When you want
- As often as you want
- As much as you want
- As little as you want

## Weight loss, appetite loss

- What about appetite stimulants?
- Some people want to eat, even though they don't have an appetite.
- First make sure that eating desire is not diminished by nausea, thrush, mouth sores.
- Medications may help increase appetite
- This is a pleasure related intervention.
- Appetite stimulants do not change course of the disease.

## Appetite stimulants

- Megesterol (Megace)
- Dronabinol (Marinol)
- Other "cannabinoids"
- Steroids (e.g. prednisone, dexamethasone)

## Fatigue

- Fatigue is common in many cancers
- Conserve energy
- Some medications help:
- Methylphenidate (Ritalin), modafanil (Provigil), “steroids”
- Sometimes these medications are used when there is sedation caused by pain medications.

## Depression

- Depression can occur in any person – even cancer patients.
- Not all cancer patients are depressed.
- Some signs and symptoms that doctors look for to diagnose depression, are common in cancer patients even when they are not depressed – e.g. changes in energy, sleepiness, appetite.
- If feeling “hopeless”, discuss this with the doctor, nurse or social worker.



## Spiritual care

- Spirituality does not necessarily equal religion/religiosity.
- Faith and religion are a source of strength and comfort for many people, particularly when they are ill.
- Spiritual support can be from a congregation, pastor, etc. Also available through your healthcare institution.
- Do not be afraid to ask.

## Back to Palliative Care

- Care through the continuum of your journey.
- Physicians, nurses, social workers, spiritual counselors, dieticians, physical/occupational therapists, psychologists, child life specialists.
- Hospice does palliative care
- Hospice is an insurance benefit that makes around the clock availability of care possible.
- Can be provided wherever the patient lives.

- Don't be afraid to ask about, or ask for these resources throughout the course of your care.
- You are on a journey and you are not alone!