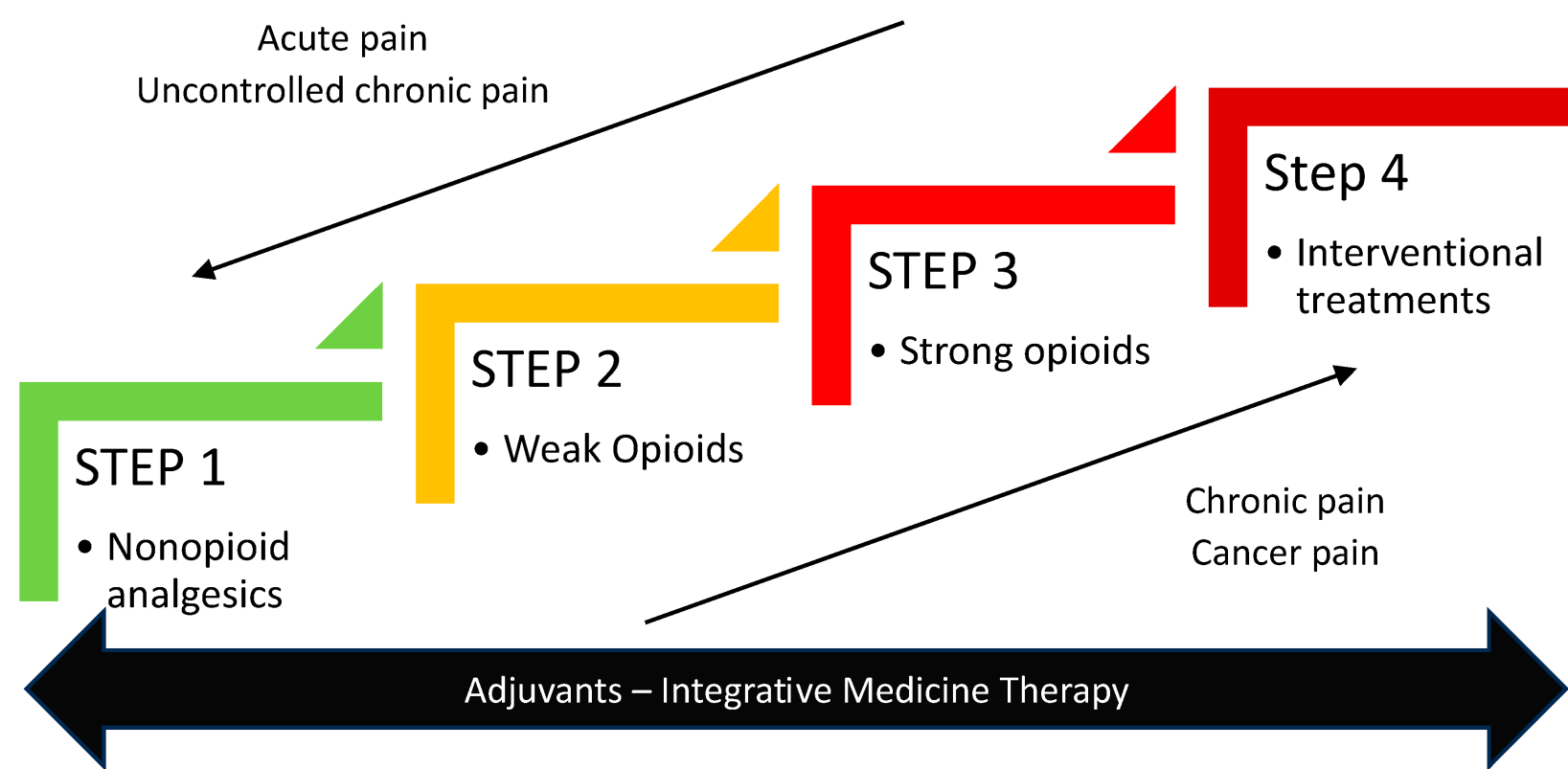


Practice Characteristics of an Outpatient Pain Medicine Clinic at a Large Cancer Center; a Retrospective Review

Presenter: Tyson Jergensen, MD

Background

- Increased cancer survival with pain in 55% of patients undergoing cancer treatment, 66% of patients with advanced disease, and 39% of patients after curative treatment
- WHO analgesic ladder reserves interventional treatments for after failure of medication management

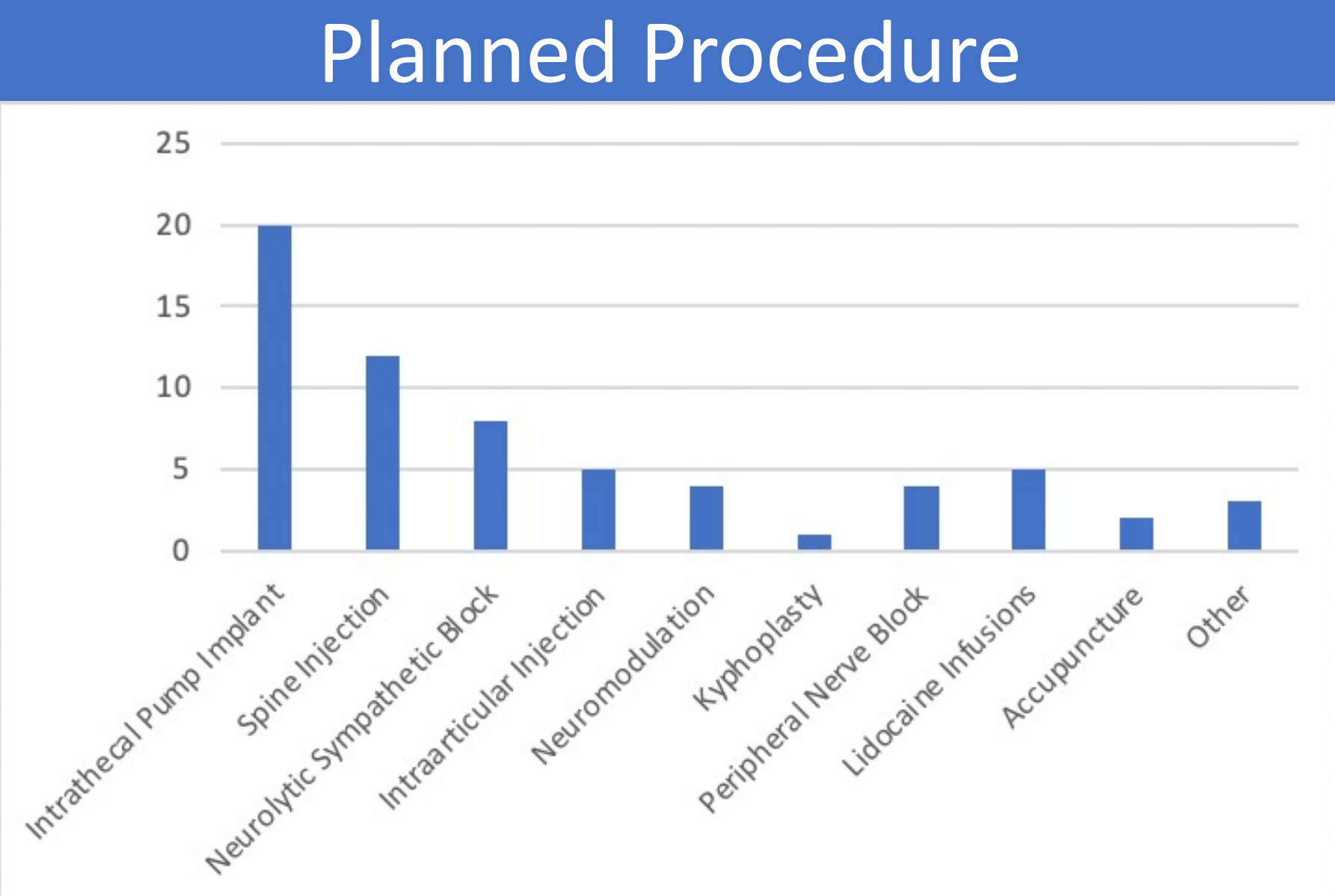
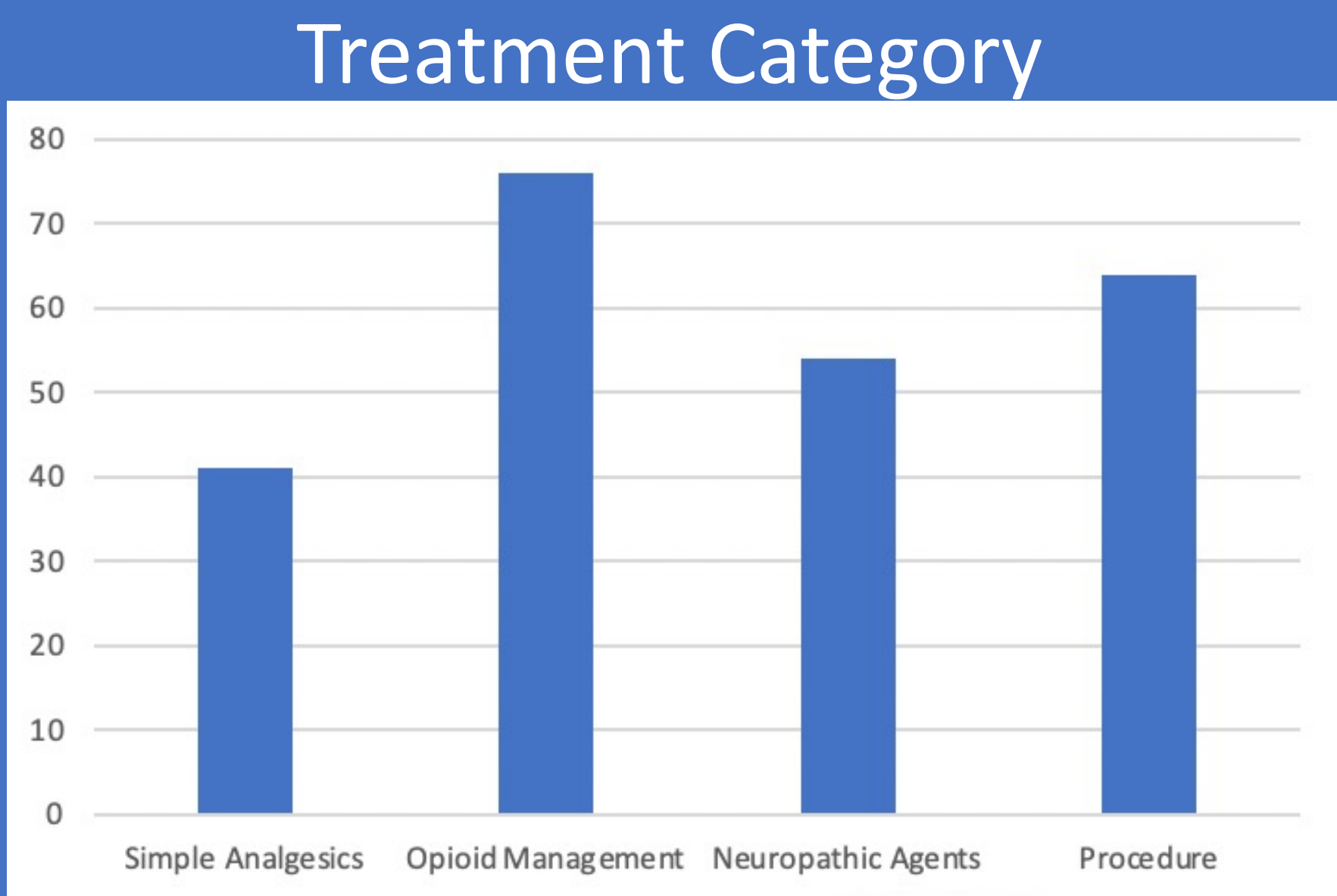


Methods

- Retrospective chart review of ten clinic days at the Huntsman Cancer Institute's Pain Medicine outpatient clinic



A cancer pain practice offers a healthy balance of interventional and pharmacologic approaches in a population that is currently underserved.



Results

- 102 patients, 45.1% female
 - Mean age: 56.1 years (SD=14.4)
 - Majority of pain directly related to cancer
 - 27.5% reported pre-existing pain
 - 10.8% used opioids before cancer diagnosis
 - 5.9% had a history of substance use disorder
- Pain was characterized as
 - Metastatic bone disease (52.0%)
 - Neuropathic pain (56.9%)
 - Visceral pain (35.3%)
 - Chemotherapy-induced peripheral neuropathic pain (18.6%)
 - Post-surgical pain syndrome (18.6%)
 - Pain unrelated to cancer (25.5%)
 - Cancer-survivor pain (15.7%)
- Management included
 - Intrathecal pump implant (19.6%)
 - Spine injection (11.8%)
 - Neurolytic sympathetic block (7.8%)
 - Intraarticular injection (4.9%)
 - Neuromodulation (3.8%)
 - Kyphoplasty (1%)
- Opioid management was observed in 75%
 - Median oral morphine equivalent dose was 38mg/day
- Neuropathic medications were recommended in 52%
- 'Over-the-counter' analgesics were suggested in 41.2%

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