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Current status of intrathecal therapy for cancer pain

It is estimated that each year in Ontario, Canada more than 1,600 cancer patients experience refractory pain at the end of life, even when they are given maximal opioid and non-opioid pain therapy. Intrathecal drug delivery systems may be used to manage such refractory or persistent cancer pain. Nonetheless, there is no definitive evidence that intrathecal treatment of refractory cancer-related pain is superior to other modalities. In this abstract we investigated and reviewed the benefits, harms and cost-effectiveness of intrathecal therapy compared with current standards of care for adult patients with chronic cancer pain. Current evidence could not establish the benefit, harm, or cost-effectiveness of intrathecal drug delivery systems compared with current standards of care for managing refractory cancer pain in adults. Moreover, the optimal timing of implantation, selection of intrathecal medication and specific strategies for dosing and administration has not been well defined. The available evidence showed that patients may have fewer drug side effects with intrathecal drug delivery systems, but they did not have less pain. We also found that routine pain management costs less than intrathecal drug delivery systems, unless the patient uses the system for 7 months or more. The latter is an important notion, since the increase in cancer survivorship will prompt the need for long-term management strategy for chronic cancer pain rather than the existing short-term palliative care approach.

Biography

Hossam El Beheiry has obtained his Anesthesia FRCPC Specialty Certificate in Anesthesia in the year 1994. In 1990, he completed his PhD from the Department of Pharmacology and Therapeutics, the University of British Columbia, Canada. He has also spent a year as a Fellow in Clinical Pharmacology at the University of British Columbia. He is a trained Neuroanesthesiologist at the University of Toronto, Toronto, Ontario, Canada. He has authored many publications in Opioid Pharmacology and Regional Anesthesia including complications of regional nerve blocks.

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