

CANCER PAIN MANAGEMENT APPROACH CONSIDERING POTENTIAL DRUG INTERACTIONS IN PATIENTS RECEIVING ORAL ANTITUMOUR TREATMENT

Diez-Fernández R, Fernández-Fraga F, Moreno-García M, Molina-García T

Hospital Pharmacist. Pharmacy Department. Hospital Universitario de Getafe (Madrid). Spain

BACKGROUND

Cancer pain management is a recurrent topic in many oncology pharmacies. Drug to drug interaction with patient current drugs, together with other parameters, is routinely assessed by pharmacists in order to obtain maximum efficacy with tolerable side effects.

OBJECTIVES

We aim to evaluate drug-to-drug potential interactions with analgesics for mild to moderate pain in patients receiving cancer oral treatment.

MATERIALS and METHODS

Retrospective study from January to December 2019

All cancer patients treated with oral antineoplastic drugs at an Oncology Pharmacy Unit were included in the analysis.

Analgesics for mild pain (acetaminophen, NSAIDs) and mild to moderate pain (weak opioids) were included, according to ESMO Clinical Practice Guidelines for management of cancer pain in adult patients (Fallon et al, 2018).

For each patient, drug-to-drug interactions for 17 analgesics were evaluated using Lexicomp® database:

Risk
A (no interaction)
B (no action needed)
C (monitor therapy)
D (modify regimen)
X (avoid combination)

RESULTS

N=541

46 drugs

All patients had their potential drug-to-drug interactions checked in order to assess available options in analgesia.

Most patients (**88%**) had a **potential clinically significant interaction** between his treatment and, at least, one of the analgesics studied.

X **78%** of patients had at least **one analgesic contraindicated** due to potential interaction.

- **100%** had metamizol (dipyrone) contraindicated (as it increases the myelosuppressive effect of the oncology drug).
- **0.9%** had a weak opioid contraindicated (as it enhances depressive effect in the central nervous system).

D **19%** of patients, it would be necessary to **modify treatment**

C **20%** an appropriate **monitoring plan** should be implemented



CONCLUSIONS

Most cancer patients receiving anticancer oral drugs could have clinically relevant potential drug-to-drug interactions with drugs used for analgesia for mild and mild-moderate cancer pain.

Oncology pharmacists should be aware of this and routinely check for potential interactions with anticancer treatment and analgesics, as part of their pharmaceutical care protocols, in order to define options for cancer pain control.