

CONTROL YOUR PAIN REDISCOVER YOUR SMILE

INTRATHECAL DRUG DELIVERY
FOR MANAGING CHRONIC
REFRACTORY CANCER PAIN



This brochure is intended for patients who are not controlling their pain with opioid treatment (200mg daily morphine equivalent) or cannot tolerate opioid side effects.¹⁻³

Medtronic
Further, Together

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IF YOU'RE LIVING WITH CHRONIC PAIN DUE TO CANCER, YOU MAY THINK IT'S A NATURAL PART OF THE DISEASE AND SOMETHING TO BE ENDURED.



You may have tried various **pain medication**, but can't gain control of your pain.



You may have also decided that side effects from pain medications – like nausea, confusion and constipation – must be tolerated.

YOU DON'T HAVE TO LIVE THIS WAY **THERE IS HOPE**

By finding pain relief and reducing side effects, you may feel better.

Intrathecal drug delivery aims to reduce uncontrolled cancer pain while minimising side effects, allowing you to experience each day with improved energy and stamina.^{1,2}

UNDERSTANDING YOUR PAIN

Preventing pain from developing or getting worse is one of the most effective ways to manage it. Your healthcare team's role in managing pain is to listen to your concerns and offer safe solutions. This approach is called palliative care, symptom management or supportive care.

You can play an active role in managing your pain by:

- Being open with your healthcare team about your pain
- Sharing any concerns you have about pain relief options with the team
- Letting the team know if your pain lessens or worsens
- Following the suggested treatment plan

USE THE SCALE TO HELP YOUR HEALTHCARE TEAM UNDERSTAND YOUR PAIN⁴



You will find a daily pain diary report to keep track of your pain at the end of this guide.



**REMEMBER, YOU
HAVE THE RIGHT
TO LIVE WITHOUT
UNCONTROLLABLE
PAIN.**

UNDERSTANDING THE TYPE OF CANCER PAIN

Chronic cancer pain is due to changes to the nerves. Nerve changes may be caused by cancer pressing on nerves, chemicals produced by a tumour or due to cancer treatment.

Chronic cancer pain continues long after the injury or treatment is over, and can range from mild to severe. Chronic cancer pain is also called persistent pain and can be experienced at all times.

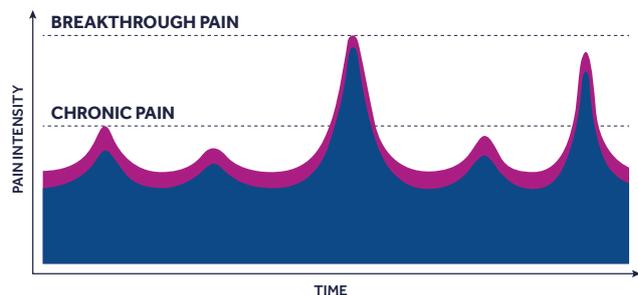
The term refractory cancer pain is used when your pain cannot be controlled by medication anymore or you cannot take the medication due to the side effects.

In addition to persistent pain, you may be experiencing excruciating pain, otherwise known as breakthrough cancer pain because it 'breaks through' the control of your ongoing pain medicine.

Breakthrough cancer pain⁵

- The onset is sudden and reaches a maximum intensity within 1 second to 30 minutes (median of about 3 minutes).
- Averages 4 to 6 episodes per day.
- The median duration of each episode is about 15 to 30 minutes.
- Episodes of breakthrough pain may or may not be associated with a precipitating factor and therefore may or may not be predictable. Precipitating factors can be identified in 55% to 80% of all episodes.

Chronic cancer pain and breakthrough pain



MEDICATION USED FOR CHRONIC CANCER PAIN⁶

The three-step pain ladder (or analgesic ladder) was created by the World Health Organization (WHO) as a guideline for physicians to prescribe analgesic drugs for the management of cancer pain.

LADDER 1

Non-opioid analgesic
(with or without
adjuvant)

LADDER 2

Opioid for mild to
moderate pain
(with or without
level 1 regimen)

LADDER 3

Opioid for moderate
to severe pain
(with or without
level 1 regimen)

If you present with pain that is unlikely to be handled at a given level of analgesia, then a higher level of analgesic will be prescribed by your physician.

IS TARGETED DRUG DELIVERY AN OPTION FOR YOU?

Ask yourself the following questions:



Does my pain persist even though I'm taking opioids for moderate to severe pain medication as directed?



Are the opioids I'm taking for moderate to severe pain causing intolerable side effects such as feeling lethargic, vomiting, confusion, severe constipation or changes your mood?

If you answered 'yes' to one or both of these questions, talk to your clinician about intrathecal drug delivery therapy.

Example of opioids for moderate to severe pain:

- Morphine
- Meperidine
- Hydromorphone
- Fentanyl
- Methadone

SIDE EFFECTS OF PAIN MEDICATION USED FOR CHRONIC CANCER PAIN⁷

Opioids are the mainstay of treatment for chronic cancer pain. In clinical practice, overall pain reduction with limited side effects is the main goal of your physician.

Side effects of opioids are common. Medication may cause:



NAUSEA AND VOMITING (THROWING UP) IS EXPERIENCED BY UP TO 40% OF PATIENTS



CONSTIPATION (DIFFICULTY EMPTYING THE BOWELS/POOING) IS A VERY COMMON SIDE EFFECT



SEDATION OR DROWSINESS

Your physician can prescribe laxatives to help with this condition.



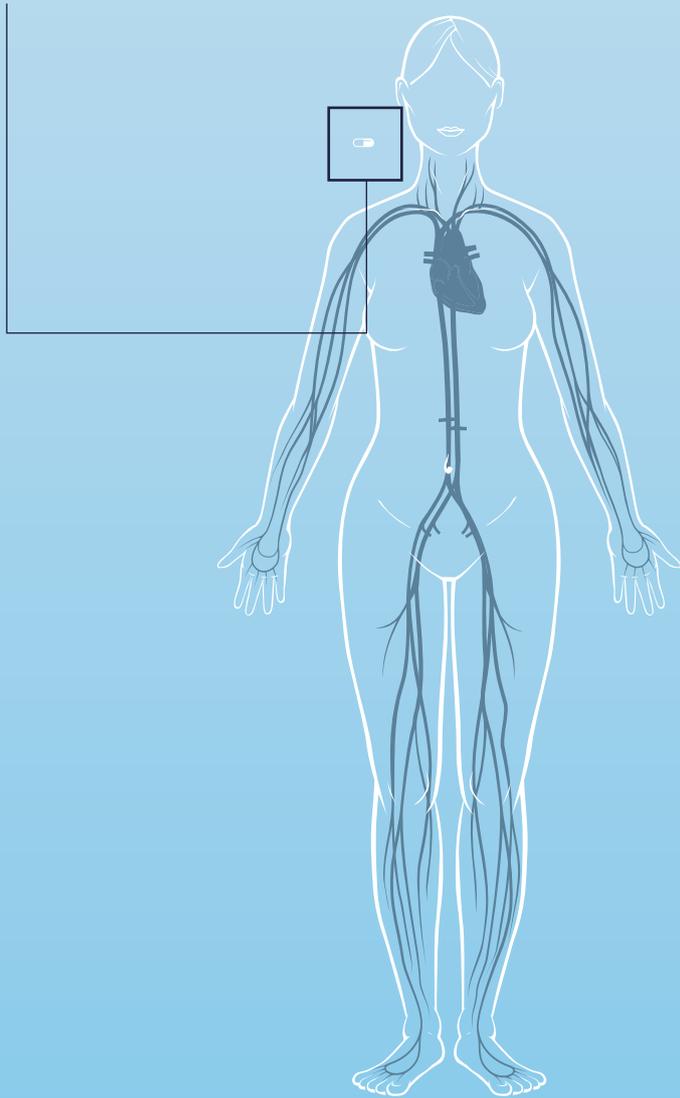
Tell your healthcare team right away if you have any of these side effects with medication used for chronic cancer pain:

- Confusion or if you start seeing and hearing things that are not really there
- A skin rash
- Trouble breathing

WHAT IS INTRATHECAL DRUG DELIVERY?

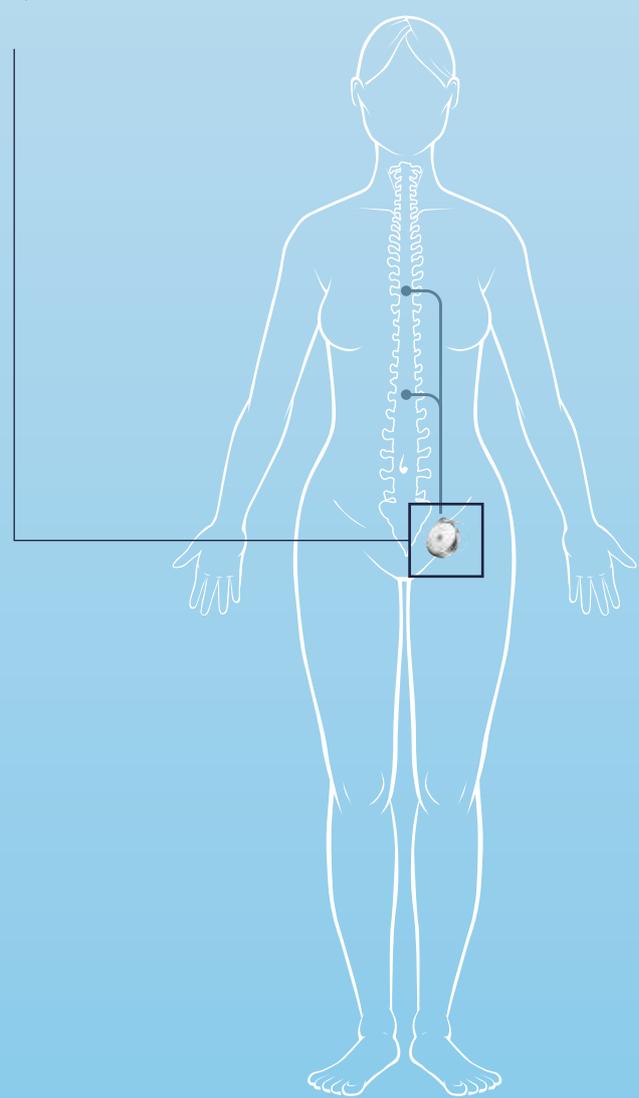
ORAL:

Systemic delivery through the circulatory system



INTRATHECAL:

Targeted delivery of the drug directly to the cerebral spinal fluid



Intrathecal drug delivery therapy has been developed to be effective directly where it needs to be without having the full dose of the drug circulating your blood stream.

INTRATHECAL DRUG DELIVERY THERAPY DELIVERS PAIN MEDICATION DIRECTLY TO THE FLUID AROUND THE SPINAL CORD, CALLED THE INTRATHECAL SPACE, VIA A PROGRAMMABLE DRUG INFUSION SYSTEM.

Your programmable drug infusion system will be continuously working in order to deliver very small amounts of medication to ensure round-the-clock control of your pain.

The pump is implanted, so you can move freely and return home with your loved ones after the procedure.

The pump will need to be refilled with medication on a regular basis. Your physician will also assess your pain level and adjust the medication you are receiving if needed.

In the event of breakthrough pain, you will be able to use an external remote control called myPTM™ to deliver an extra dose of medication to relieve your pain when you need it the most.



Delivers a liquid form of medicine directly to fluid around spinal cord.



Requires 300x lower morphine equivalent dose than oral morphine to be effective.⁸



Expected to produce fewer side effects as compared to oral administration of morphine.^{1,2}



PATIENT TESTIMONY

SOPHIE RECEIVED AN INTRATHECAL DRUG DELIVERY SYSTEM TWO YEARS AGO

When did you discover your cancer?

Six years ago, I was diagnosed with a rare type of cancer called pseudomyxoma peritonei. It is an aggressive cancer that causes abdominal and pelvic pain.

I have been through several rounds of chemotherapy to control the disease's progression. My medical oncologist prescribed oral and patch morphine to control my pain.

In a sense I was lucky, as I didn't have many of the side effects that others have had with those medications, but two years ago, my pain couldn't be controlled with medication any more even though I had a high dose.

How was the intrathecal drug delivery programme brought to your attention?

My medical oncologist referred me to a pain specialist. The specialist proposed a programmable drug infusion system to reduce my pain.

What was your first impression?

I was impressed by the size of the pump and the fact that a catheter would be inserted directly into my spine. Thinking about it, I've already

been through several surgeries to remove part of my intestine and to implant a port catheter for the chemotherapy. So if I got through those interventions, I could certainly support the implantation of a drug infusion system to relieve the refractory pain I was suffering.

The medical team explained the whole implantation process step by step. After talking it through, I was reassured about the intervention and receiving a programmable drug infusion system.

Was your family involved in this choice?

I discussed it with my husband and kids, and decided that it was for the best. Anyway my quality of life was seriously impacted by the pain, so I had nothing to lose!

How were your first days after receiving the pump?

I had to stay in the hospital for a few days for the doctor to adjust my medication dosage. Unfortunately, I had some side effects due to leakage of fluids around the spine that caused headaches. It was temporary and disappeared after a couple of days.

How do you feel now with the pump?

It took me a few days to adjust to the pump and feeling comfortable with it. But what a change! I could barely enjoy being out of the house before the infusion system placement. Now the pain is very well controlled and I can walk again, drive my car and go to places I like with my family and friends – it's like living again. I can even go on holiday.

I have been trained to use my remote control to get additional bolus when needed. Now, I can better anticipate when pain is coming and use the remote control right away when I feel pain resurging. I don't take any additional painkillers – my infusion system has it under control.

Now the infusion system is a part of my life. Every month I have to go back to the hospital so it can be refilled. I've even taken my family with me so they can understand what I am going through.



**NOW, I ONLY
HAVE BENEFITS.
I HAVE GAINED
MY LIFE BACK.**



SynchroMed™ II
Programmable Drug Infusion System

YOUR HEALTHCARE TEAM

	Name	Office phone number	Out of hours phone number
Refill nurse			
Palliative care			
Social worker			
Dietician			
Home care			
Spiritual care			
Physical therapy			
Occupational therapy			
Psychologist or psychiatrist			
Pain specialist			

APPENDICES

Disclaimer

This information is designed to help you learn more about intrathecal therapy. It is intended to provide you with helpful information it is not intended to be medical advice and should not be used as an alternative to speaking with your doctor. Be sure to discuss questions specific to your health and treatments with a healthcare professional. For more information, please speak to your healthcare professional. If you experience any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet.

Brief statement

See the device manual for detailed information regarding the instructions for use, the implant procedure, indications, contraindications, warnings, precautions, and potential adverse events.

Credit

We would like to extend our gratitude to Sophie for sharing her story and life experience with the SynchroMed™ II pump. Photography: RouleMarcel.

Programmable Drug Infusion System team contact details

Name: _____

Title: _____

Phone Number: _____

Location: _____

References

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Cancerologie
de l'Ouest
Paul Papin



**WOULD I
DO IT AGAIN?**
YES, BUT I
WOULD DO
IT EARLIER!

Sophie has benefitted from TDD for
refractory cancer pain for 2 years

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