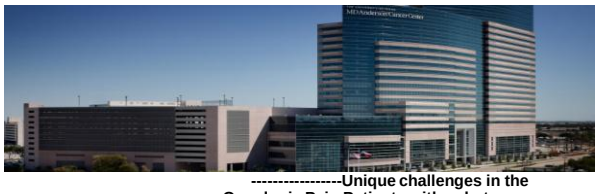


THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

----------Unique challenges in the Oncologic Pain Patients with substance use disorders

Joseph A. Arthur, MD
Assistant Professor
Dept. of Palliative, Rehabilitation& Integrative Medicine
Univ. of Texas MD Anderson Cancer Center

JAArthur@mdanderson.org

Cancer patients and the Opioid Crisis

Identifying and assessing the risk of opioid abuse in patients with cancer: an integrative review

At least 1 in 5 patients with cancer might be at risk for opioid use disorder

Opioid-associated deaths in patients with cancer: A population study of the opioid epidemic over the past 10 years

- Duke University
- Retrospective review of death certificates from National Center for Health Statistics (2006-2016)
- Cancer
  - 0.5 to 0.7 opioid deaths per 100,000 people ($p < 0.001$)
- Non-cancer
  - 5.3 to 9.0 opioid deaths per 100,000 people ($p<0.001$)

Opioid-related death is 10 X less likely to occur in cancer patients versus the general population.

- **Limitations**
- Competing risk for death
  - Coding conflict when opioid OD and cancer co-occur.
- No differentiation between
  - nonprescription versus prescription opioids
  - intentional versus accidental OD

Study	Institution	Type of study	UDS ordering process	# of patients	UDT ordering rate	Abnormality rate
Barclay et al. 2014	Univ. of Virginia	Retrospective	Per clinic policy	114	40%	46%
Childers et al. 2014	Univ. of Pittsburg	Retrospective	per clinician discretion	323	4%	56%
Rauenzahn et al. 2017	Virginia Commonwealth University	Retrospective	Per clinician discretion	204	40%	70%
Arthur et al. 2016	Univ. of Texas MD Anderson Cancer Ctr	Retrospective	Per clinician discretion	1058	6%	54%
Koyyalagunta et al. 2018	Univ. of Texas MD Anderson Cancer Ctr	Retrospective	Per clinician discretion	8,727	2.4%	58%

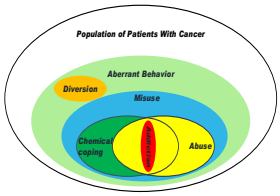
- Barclay et al. Screening for substance abuse risk in cancer patients using the Opioid Risk Tool and urine drug screen. Support Care Cancer 2014
- Childers et al. Chronic Pain and Risk Factors for Opioid Misuse in a Palliative Care Clinic. *The American journal of hospice & palliative care*. 2014.
- Rauenzahn et al. Urine drug screen findings among ambulatory oncology patients in a supportive care clinic. Support Care Cancer 2014
- Arthur et al. Frequency, Predictors, and Outcomes of Urine Drug Testing Among Patients With Advanced Cancer on Chronic Opioid Therapy at an Outpatient Supportive Care Clinic. Cancer 2016
- Koyyalagunta et al. Compliance with Opioid Therapy: Distinguishing Clinical Characteristics and Demographics Among Patients with Cancer Pain. Pain Medicine, 2018

How does the Opioid Crisis affect Palliative Care?

1. Opioids: mainstay of cancer pain Rx (~75-80% on opioids)
2. Early referrals (~ 15-20% early disease or NED)
3. Changing patient population
   - ⬆Cancer survival rates and longevity (NED)
   - ⬆Stable disease

     >>>>>more patients on opioids>>aberrant opioid use
4. Increased family/ friend exposure to the opioids
   - 55% nonmedical opioid use= friend/family free
   - 15% nonmedical opioid use = friend/family (bought or stolen)
5. Legal liabilities and regulatory scrutiny

Figure 1. Spectrum of Aberrant Opioid-Related Behavior



Arthur & Nat. Safe Opioid Use: Management of Opioid-Related Adverse Effects and Aberrant Behaviors. Hematol Oncol Clin North Am. 2018

MDACC Supportive Care Opioid Safety Program

- A standardized program to manage patients receiving opioid therapy.
- *Helps address nonmedical opioid use in our patients.*

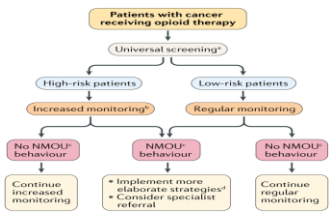
Goals

- Assist clinicians in their opioid prescribing practices

Safeguard legitimate access to opioids** ⟷ ***Mitigate aberrant opioid use

↓

Patient safety



Arthur & Bruera. Nat Rev Clin Oncol. 2018

Initial visit (screening)

- Screen ALL patients
  - Clinical interviews
  - Risk screening tools:
    - CAGE-AID questionnaire
    - Screener and Opioid Assessment for Patients with Pain(SOAPP)
  - Prescription Drug Monitoring Programs (PDMP)
  - Informed consent
    - potential adverse effects, risks, benefits, and alternatives
- Opioid management plan (Treatment agreement or contract)
  - defines goals of therapy, how opioids will be prescribed and taken
  - duties an expectations of both parties
- Opioid education material on safe use, storage and disposal

Follow up visit (monitoring)

- **Routine assessment of the 4 A's of pain management outcome:**
  - **Analgesia, Activity, Adverse effect, Aberrant behavior**
- **Prescription Drug Monitoring Programs (PDMP)**
  - **Every state in the US has an operational PDMP***
- **Urine drug testing (UDT)**
- **Behavior patterns: "Red flags"**
  - Early refills, lost or stolen medications, 'doctor shopping', etc
- **Others (e.g. pain medication diaries, pill counts)**

Once aberrant behavior is diagnosed…

- Have an open and non-judgmental discussion, communicating concerns about patient safety.
- Decrease the time interval between follow-ups for refills,
- Limit the opioid quantity and doses at each visit
- Set boundaries or limitations
- Taper off strong opioid analgesics if possible.
- Consider referral to specialist clinicians

The Compassionate High Alert Team (CHAT)

CHAT Team Members

A palliative care physician and 2 or more of the following:

- Nurse
- Pharmacist
- Social work
- Psychologist/ counselor
- Patient advocate
- +/- legal representative and security

A Team Approach

- Huddle to review the case, derive strategies, and formulate a plan
- Collectively meet and have a "chat" with patient during the clinic visit
- Debrief after the patient visit
- Encounter= compassionate, supportive and nonjudgmental
- Emphasis is on patient **safety**
- **Documentation** is key

A Team Approach

- **Pharmacist**
  - Patient education on meds
  - Helps interpret UDS results
  - Monitors the PDMP database
- **Counselor/ Psychologist**
  - patient/ family counselling
  - emotional support
  - non-pharmacologic/ coping techniques
- **Patient Advocate**
  - Patient support
  - Assists with documentation,
  - hospital guidelines and rules

- **Physician**
  - Determines and approves the need for CHAT team approach
  - formulates final treatment plan
  - reinforces education on opioid safety and guidelines

- **Social Worker**
  - assesses patient, family/caregiver needs,
  - provides counselling,
  - facilitates logistical issues,
  - explores available community resources
  - community support groups & services

Benefits of the Opioid Safety Program

Clinical staff

- Care is now standardized
  - *Use of a common smart phrase in the EHR*
- Harmony among clinicians
- Support available to team members
- Less care provider stress

Patients

- Increased patient understanding of the process
- Increased patient compliance
- Fewer missed clinic appointments for opioids
- Decreased early refills

The Oncologist®

Symptom Management and Supportive Care

Outcomes of a Specialized Interdisciplinary Approach for Patients with Cancer with Aberrant Opioid-Related Behavior

Joseph Arthur,[a,c] Tonya Edwards,[a,c] Suresh Reddy,[a] Kristy Nguyen,[a] David Hui,[a] Sriram Yennu,[a] Minkyong Park,[b] Diane Liu,[b] Eduardo Bruera[a]

[a]Department of Palliative Care and Rehabilitation Medicine, [b]Department of Biostatistics, University of Texas MD Anderson Cancer, Houston, Texas, USA

[c]Contributed equally

Disclosures of potential conflicts of interest may be found at the end of this article.

Key Words. Interdisciplinary approach • Team • Intervention • Opioids • Cancer • Aberrant behavior

Abstract

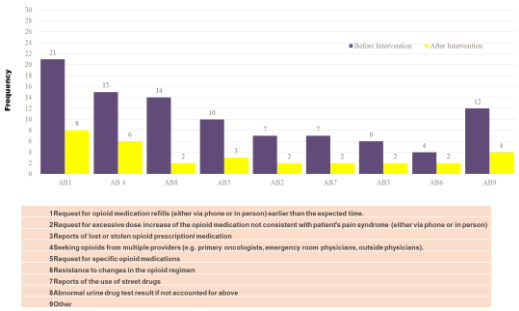
Background. Data on the development and outcomes of effective interventions to address aberrant opioid-related behavior (AB) in patients with cancer are lacking. Our outpatient supportive care clinic developed and implemented a specialized interdisciplinary team approach to manage patients with AB. The purpose of this study was to report clinical outcomes of this novel intervention.

Materials and Methods. The medical records of 30 consecutive patients with evidence of AB who received the intervention and a random control group of 70 patients without evidence of AB between January 1, 2015, and August 31, 2016, were reviewed.

Results. At baseline, pain intensity ($p = .002$) and opioid dose 0.4 postintervention ($p < .0001$). The median morphine equivalent daily dose decreased from 165 mg/day at the first intervention visit to 112 mg/day at the last follow-up ($p = .018$), although pain intensity did not significantly change ($p = .984$). "Request for opioid medication refills in the clinic earlier than the expected time" was the AB with the highest frequency prior to the intervention and the greatest improvement during the study period. Younger age ($p < .0001$) and higher Edmonton Symptom Assessment System anxiety score ($p = .005$) were independent predictors of the presence of AB.

Conclusion. The intervention was associated with a reduction in the frequency of AB and opioid utilization among patients with

Frequency of aberrant behaviors before and after the specialized interdisciplinary team approach



1 Request for opioid medication refills (either via phone or in person) earlier than the expected time.
2 Request for excessive dose increase of the opioid medication not consistent with patient's pain syndrome (either via phone or in person)
3 Reports of lost or stolen opioid prescription/ medication
4 Seeking opioids from multiple providers (e.g. primary oncologists, emergency room physicians, outside physicians).
5 Request for specific opioid medications
6 Resistance to changes in the opioid regimen
7 Reports of the use of street drugs
8 Abnormal urine drug test result if not accounted for above
9 Other

Number of aberrant behaviors per month per patient before and after the intervention

Aberrant behaviors per month per patient	N	Median (range)	Mean (SD)	p-value
Before intervention	30	**3** (1- 6)	**3.2** (1.2)	<0.0001
After intervention	23	**0.4** (0-3)	**0.8** (0.9)	

	Number of patients, n (%) N=30		
Response	1st month* (n=23)	2nd month* (n=22)	3rd month* (n=16)
Complete	11(**48**)	15 (**68**)	14 (**88**)
Partial	8(35)	7 (32)	2 (13)
Stable	3(13)	0 (0)	0 (0)
Worse	1(4)	0(0)	0 (0)