Right Patient. Right Approach. Right Time.

More than a decade of MDT assessment for Procedural Interventions for Intractable Cancer Pain

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BACKGROUND

Many cancer patients will experience pain during their illness. A small proportion benefit from a targeted intervention to control refractory cancer related pain. It is just as important to avoid inappropriate interventions in patients with limited life expectancy as it is to ensure those who might benefit receive timely, appropriate treatment.

Since 2007 the Interventional Cancer Pain Service (ICPS) has offered a multidisciplinary team (MDT) assessment process for patients.

The aim is to ensure that where appropriate patients are offered one of several available procedural interventions, and if not appropriate, patients are reassured that they are not 'missing out' by continuing to receive standard palliative analgesia.

AIM

To analyse the outcomes of the ICPS MDT assessment process over 12 years.

METHODS

Data were collected on 414 patients who were assessed between 2007 - 2019. 13 patients were assessed twice making a total of 427 assessments. The assessment outcomes were categorised into those offered an intervention and those that were not, and the reasons for the decision. Data were also collected on patient demographics and cancer diagnosis.

RESULTS

A total of 427 assessments were undertaken, 206 (48%) in female patients and 221 in male patients. (52%). The average age was 59 years. Patients with lung (including pleural), colorectal, pancreatic, prostate, breast, and cervical cancer accounted for 62 % of the assessments.

As a result of the assessment, 200 interventions were offered (47%), while in 48/427 (11%) the patient was deemed unfit for any intervention. In 154/427 (36%) patients, an intervention was not felt to be in the patient's best interests for a range of reasons, e.g. there were psychosocial concerns, or review from another specialty was required. Figure 1

200 patients were offered an intervention and 154 (77%) accepted the intervention offered. In a very small number of patients the pain improved and the planned intervention was cancelled Figure 2.

Figure 3

The range and number of interventions performed over 12 years is shown in figure 3.

Perhaps most importantly are the reasons why patients are not offered an intervention. The MDT assessment process is thorough involving detailed medical, nursing, physiotherapy and psychology assessments and if on balance an intervention is not thought to be in an individual patient's best interests then this is carefully explained. The reasons why an intervention might not be offered are shown in figure 4 with pain distribution, other specialty review (and possible intervention) more appropriate and significant psychosocial issues accounting for 55% of reasons why patients were not offered an intervention. Figure 4

Figure 4

CONCLUSION

The ICPS offers a holistic assessment process, which ensures not only that patients who have potential to benefit from an intervention are offered this option, but also that patients for whom an intervention has potential to do more harm than good, have this option discounted.

'It is far more important to know the person who has the disease, than what disease the person has.' Hippocrates

REFERENCES

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