

PALLIATIVE CARE TIPS

Issue # 26 (Vol 1)

Alysa Fairchild, MD and Don Yee, MD, Radiation Oncologists, Cross Cancer Institute, Yoko Tarumi, Editor Palliative Care Consultant, Royal Alexandra Hospital - (Collect them all) (December 2006)

Radiotherapy in Palliative Care: Bone Metastasis & the RAPRP

The Problem

- Painful bone metastases are the most common indication for palliative radiation (RT)
- ~ 50% of all cancer patients develop metastases, and about half of those will be bone metastases (BM)
- In 50 – 75%, BM are symptomatic
- Analgesics alone are often poorly effective at the incident pain commonly associated
- Median survival, for all histologies, once BM are diagnosed is 7.2 months
- Common complications of BM, other than pain, include fracture and hypercalcemia

How Much RT is Enough?

- Aims of RT: typically to decrease pain, increase quality of life and function
- Over the last 2 decades, >20 randomized controlled trials have compared higher to lower doses of RT for BM, many investigating single RT treatments
- Regardless of number of treatments, overall response is ~60-70%, with ~30-40% having complete resolution of pain in the treated site by 4 weeks
- Median duration of response is 12-24 weeks
- Due to absence of objective data indicating single treatments are less efficacious, it is generally accepted that the higher re-irradiation rate following single treatments is due to a lower threshold of oncologists to retreat

Side Effects

- Side effects are generally mild and self-limited, and depend on the area treated
- ~30% of patients experience temporary 'flare' reaction, (worsening of symptoms following RT), which can be treated symptomatically with analgesics or steroids
- Toxicity and quality of life are thought to be equivalent for different doses of RT
- Data on risk of fracture and spinal cord compression after RT are contradictory

Key Point

- *A patient with known malignant disease and new onset back pain should be considered to have spinal cord compression until proven otherwise by MRI (entire spine), especially if associated with neurologic symptoms or decreased ambulation*

Referral Information

- The Rapid Access Palliative Radiotherapy Program (**RAPRP**) was established in 2006, in part to pilot a clinic devoted to treatment of patients with BM
- Patients who are appropriate candidates for a single RT treatment will be seen in consultation and complete RT all in one day, within a brief time of referral
- Interdisciplinary assessment and access to research studies will be available
- The weekly Wednesday clinics will begin **Jan 3, 2007**.
- **To refer, call 780-432-8816.**
- RAPRP members are also available for CME events such as presentations

Helpful References

1. Palliative Care Tips, www.palliative.org, 'FAQ's on Radiotherapy'.
2. Samant R, Gooi ACC. Radiotherapy basics for family physicians: Potent tool for symptom relief. Can Fam Physician 51:1496-1501, 2005.

REMEMBER: For referrals, questions, or telephone consultations call 496-1300 weekdays and weekends