

of the medication and reduce the adverse effects. The strict control of the pain can modify the staging, understating, of the esophagitis.

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Fentanyl pectin nasal citrate to control breakthrough pain in procedures

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Purpose. To evaluate and control breakthrough pain (BP) episodes in advanced cancer patients undergoing radiotherapy during proceedings and maneuvers necessary to receive treatment, and assess the ability of Fentanyl pectin nasal citrate (FPNC) to control these episodes.

Patients and methods. Seventeen patients with severe BP associated to routine radiotherapy procedures and maneuvers (simulation, imaging acquisition, treatment delivery with external or brachytherapy), were selected to receive FPNC for pain relief. Most patients (15/17) suffered from bone metastases and showed a low Karnovsky performance status (30–70%). BP intensity was evaluated by Visual Analog Scale (VAS) before and after the procedures that triggered it. All patients described a very high VAS value (9–10) related with the specific procedure. All patients were already receiving an opioid basal treatment at total dose equivalent to 40–80 mg morphine. BP was treated before the specific procedure with a dose of 100–400 µg of FPNC. Data related to tolerance, pain relief, onset of the relief and efficient dose to allow the procedure were collected.

Results. In all patients, BP score was reduced at least to 50% after 13 min (5–30 min) of fentanyl administration. Pain relief started after 7 min (5–15 min) and the duration of the effect permitted the normal procedure development. All patients reported pain control with a dose of 200 µg of FPNC except one patient who required progressive doses till 600 µg. Seven patients reported minor undesirable effects related to the FPNC administration.

Conclusions. Procedures and maneuvers necessary to apply radiotherapy in ACP may provoke in some of them severe BP episodes, so a strong and rapid analgesic is needed. FPNC offers a rapid absorption and pain relief, being particularly efficient and well accepted in these patients. This relief allows the completion of necessary procedures to administrate treatment without adding unnecessary suffering to patients.

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Implementation of the nutrition clinic in a radiotherapy unit

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Introduction. Malnutrition and weight loss are common in patients with cancer (from 8% to 87%) and can lead to negative outcomes. Cachexia and anorexia are their main causes, associated with stage and site – especially aerodigestive tumors. Radiotherapy (RT) can produce an extra deterioration. Nevertheless, almost half of patients with RT receive nutritional assessment. Between late 2012 – early 2013, we have developed a procedure whose objective is to implement a systematic method, by which make individualized decisions, trying to solve nutrition problems and improve outcomes.

Purpose. To provide a description of the process and communicate data and reflections.

Methods and materials. The procedure, inspired in the Nutrition Care Process, consists of three steps: (a) nutritional assessment, (b) intervention and (c) monitoring. We apply the Malnutrition Screening Tool (MST) and Patient-Generated Subjective Global Assessment (PG-SGA) questionnaires to identify the risk and implement a plan. QLQ-c30 form to measure Quality of Life (QoL). Nutrition intervention ranges from counseling (specific leaflets) to providing supplements, medications, tube feeding or referring to other specialists. Monitoring includes follow-up and revising strategies. Nutritional status is re-assessed every 3 weeks after starting RT (weekly in patients at higher risk), at the end and three months later.

Results and reflections. At 2 months, 25 patients have been included. Low risk patients maintained or improved overall QOL. Only 2 patients were classified as high risk. There are no interruptions because of malnutrition. This procedure has been planned to be dynamically carried out, but we find some difficulties: there can be more clinical problems, it takes long or collaboration with other professionals may be difficult.

Conclusions. Malnutrition is common in RT. Suitable screening tools and individualized intervention positively may influence nutritional status, prognosis and QoL. Our workflow allows us to diagnose, treat and monitor patients with cancer and nutritional needs.

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