



Improving Quality of Life Through Pain Control

Valerie Burger, RN, MA, MS, OCN®, and James T. D'Olimpio, MD, FACP, FAAHPM

The pancreas is an externally excreting gland located in the abdominal cavity behind other organs. Difficulty palpating and viewing the pancreas often contributes to late diagnoses of tumors. In advanced disease, episodes of unmanaged pain have a negative impact on patients and family members and may affect many areas of well-being. Palliative care assists oncologists as well as patients and families with legitimate options for treating advanced disease, relieving symptom burdens and improving quality of life.

Valerie Burger, RN, MA, MS, OCN®, is the assistant vice president of the Cancer Service Line and James T. D'Olimpio, MD, FACP, FAAHPM, is the director of Supportive and Palliative Oncology, both at the Montefiore Cancer Center for the North Shore-Long Island Jewish Health System in New Hyde Park, NY. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the authors or editorial staff. Burger can be reached at vburger@nshs.edu, with copy to editor at CJONEditor@ons.org.

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Pancreatic cancer is the fourth leading cause of death in the United States and was responsible for an estimated 43,920 new cases of cancer and 37,390 deaths in 2012 (American Cancer Society [ACS], 2012). Because of the difficulty palpating and viewing the pancreas, a late or advanced presentation is seen in 80% of cases (ACS, 2012); however, even an early presentation is associated with high mortality. Surgical resection of late-stage carcinoma of the pancreas often is not recommended (National Cancer Institute [NCI], 2012). Those factors contribute to the high mortality rate and short life expectancy associated with pancreatic cancer, which has an overall five-year survival rate of 5% (ACS, 2012).

According to the NCI's (2012) PDQ®, patients with pancreatic cancer often are suitable for clinical trials because of their poor response to other treatment options. Patients with pancreatic cancer also have successful palliation of symptoms with standard treatment (NCI, 2012).

Case Study

B.B., a 45-year-old Caucasian man, presented to his physician with abdominal pain and bloating that had been increasing in severity for three months. He lost 15 pounds and had become increasingly depressed. He noticed his eyes had turned yellow and his urine was a dark color. B.B. was a former alcoholic who had been sober for 12 years, but had no other pertinent medical history. B.B. was employed as a systems analyst for a large corporation and responsible for a team of 15 employees. He also was married with two children, aged 9 and 11 years.

After a prolonged hospitalization, B.B. was diagnosed with a stage IV adenocarcinoma of the pancreas with extensive liver metastases and encasement of surrounding blood vessels. B.B. presented with elevated carbohydrate antigen (CA) 19-9 at diagnosis.

Although resection surgery was not an option for B.B., he underwent a stent placement for a blocked bile duct. Because of the positioning of the pancreas

in the abdomen and its proximity to the liver, blockage of bile ducts often occur and result in hepatic symptoms such as jaundice, dark urine, and lethargy. The stent opens up the narrowed area of the bile duct and allows for free flow of bile to aid in digestion and palliating symptoms.

After a successful stenting and improvement in his performance status, B.B. was evaluated for chemotherapy and received a multiple drug regimen that consisted of fluorouracil, leucovorin (folinic acid), irinotecan, and oxaliplatin (FOLFIRINOX). After treatment, B.B.'s tumor markers, carcinoembryonic antigen and CA 19-9, briefly declined; however, after three months, the disease progressed rapidly and he developed extensive clotting in his lower extremities and inferior vena cava. A second-line regimen consisting of gemcitabine and erlotinib was tried; however, it also did not result in benefits.

B.B. developed Trousseau syndrome, which is a manifestation of a hypercoagulable state often associated with a visceral malignancy (Varki, 2007). The hypercoagulability is best treated with supportive care and by eliminating the disease. Trousseau syndrome can be an ominous clinical indicator.

Throughout his treatment course, B.B. was in constant, severe pain. B.B. described his pain as diffused throughout his upper and lower abdomen. To quantify the pain, a numeric scale was used. B.B. rated his pain as 6 out of 10, with several excruciating episodes during the day that he rated as 10 out of 10. Those episodes lasted 1–2 hours and occurred as frequently as 4–6 times per day, particularly in mornings and evenings. With poor appetite, B.B.'s weight continued to decrease; he lost about 20% (40 lbs) of his previous body weight of 180 lbs.