

RESEARCH COMMUNICATION

Clinical Observations on Safety and Efficacy of OxyContin® Administered by Rectal Route in Treating Cancer Related Pain

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Abstract

Objective: To determine the efficacy and adverse reactions of OxyContin® administered by rectal route in advanced cancer patients. **Methods:** Patients were enrolled into this study in which OxyContin was administered by the rectal route. The visual analogue scale (VAS) was applied to score pain intensity, separated into five degrees. National Cancer Institute-Common Toxicity Criteria (NCI-CTC) were adopted to record the side effects. **Results:** VAS scores were 10 before treatment, and decreased to 5-6 after OxyContin application by the rectal route. The main side effects were constipation, flatulence and fatigue, with no elevation of transaminases and creatinine. **Conclusion:** OxyContin administered by rectal route is safe for advanced cancer patients with satisfactory pain control effects, thus deserving further clinical observation.

Keywords: Cancer pain - safety - efficacy - OxyContin® - rectal route

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Introduction

OxyContin®(Oxycodone Hydrochloride Prolonged-release Tablets) is an opioid analgesic effective for the relief of moderate to severe (visual analog scale VAS) score of postoperative (Morrison et al., 1971; Takki et al., 1973; Korttila et al., 1980; Nuutinen et al., 1986; Kalso et al., 1991) and cancer pain (Beaver et al., 1978; Kalso et al., 1990; Leow et al., 1992; Glare et al., 1993). Although oral route of administration is preferred for the management of cancer pain, alternative routes are considered where this is impossible, for example, when patients have disease of the upper gastrointestinal tract, dysphagia, nausea, or vomiting. Apart from parenteral drug administration, opioid through rectal route is a commonly used alternative method for drug delivery for a local or systemic effect.

Clinical impression and anecdotal reports suggest at a 30mg oxycodone suppository available as oxycodone pectinate in a fatty-base provides pain relief for up to 8h (Twycross, 1989; Dunlop, 1992). The use of oxycodone suppositories (30mg) at 4h intervals has also been reported to provide adequate pain relief with minimal side effects (Stathers et al., 1963). Compared with intravenous administration, rectal oxycodone provided analgesia of much longer duration, without increase in incidence and severity of side effects (Leow et al., 1985).

The aim of this study was to determine the efficacy of pain control and adverse reactions of OxyContin®(Oxycodone Hydrochloride Prolonged-release Tablets) administered by the rectal route in advanced cancer patients.

Materials and Methods

Patients who were enrolled in this study should have pathologically diagnosed with advanced or metastatic cancer and with cancer pain. The causes of pain were bone pain, visceral pain and soft tissue invasion. Previous treatment could include non-opioid drugs or weak opioids. The rectal administration of OxyContin®(Oxycodone Hydrochloride Prolonged-release Tablets, Mundipharma (China) Pharmaceutical Co.,Ltd.) started at 10mg every 12 hours, if pain control was not satisfactory, dose escalation of OxyContin was 10mg every time.

Evaluation Criteria

Pain intensity: Using crossed Records Act (Visual Analogue Scale VAS), to score pain intensity, a horizontal line marked score 0 to 10 from left to right of equal segments: score 0 defines no pain; 1-3, mild pain; 4-6 moderate pain, 7-10 severe pain.

Side effects: Nausea, vomiting, dizziness, constipation and other treatment related side effects were evaluated according to National Cancer Institute-Common Toxicity Criteria(NCI-CTC) (Kaba et al., 2004).

Results

Two patients were enrolled into this study, one (registration number of Affiliated Jiangsu Cancer Hospital of Nanjing Medical University was 217201) was pathologically diagnosed with metastatic gastric cancer bone and lymph nodes metastases, the other (registration

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number of Affiliated Jiangsu Cancer Hospital of Nanjing Medical University was 216787) was advanced lung cancer with liver,bone and lymph nodes metastases.VAS scores both were 10 before OxyContin application by rectal route, and decreased at 5-6 after application. The main side effects were constipation flatulence, and fatigue, with no elevation of transaminases and creatinine.

Discussion

Pain is one of the most common symptoms associated with cancer. Pain is defined as “a sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage” (Classification of chronic pain). A recent survey reported that 82% of patients with cancer experience pain and that at least 61% experience “very distressing” pain(Costantini et al.,2009). In patients with cancer, pain results directly from the tumor in about 80% of cases, primarily from anticancer treatments in 17%, and from causes unrelated to cancer or its treatments in 3% (Foley KM.,2004).In addition,this is one of the symptoms patients fear most. Unrelieved pain denies them comfort and greatly affects their activities,m otivation,interactions with family and friends,and overall quality of life.

The WHO suggests that patients with be started on acetaminophen or other nonsteroidal anti-inflammatory drug (NSAID).If this is not sufficient,the patients should be escalated to a “weak opioid,”such as codeine, and subsequently to a “strong opioid,”such as morphine. OxyContin is an opioid analgesic effective for the relief of moderate to severe cancer pain (Beaver et al.,1978; Kalso et al.,1990; Leow et al., 1992; Glare et al.,1993). Although oral route of administration is preferred for the management of cancer pain, alternative routes are considered when patients have disease of the upper gastrointestinal tract, dysphagia, nausea, vomiting,etc. Apart from parenteral drug administration, the rectal route is a commonly used alternative method for drug delivery for a local or systemic effect.In this study, pain relief effect in advanced cancer patients was significant when OxyContin was administered by a rectal route. The main side effects were constipation flatulence, and fatigue. There were found no other side effects of morphine-like drugs such as sweating, anxiety, euphoria, confusion, hallucinations, delirium, respiratory depression.

In conclusion, OxyContin administered by rectal in advanced cancer patients was safe ,effective and simple, deserves further clinical observation.

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References

- Beaver WT, Wallenstein SL, Houde R,et al (1978). Analgesic studies of codeine and oxycodone in patients with cancer. II. Comparisons of intramuscular oxycodone with intramuscular morphine and codeine. *J Pharmacol Exp Ther*, **207**, 101-8.
- Beaver WT, Wallenstein SL, Rogers A, et al (1978). Analgesic studies of codeine and oxycodone in patients with cancer. I. Comparisons of oral with intramuscular codeine and of oral with intramuscular oxycodone. *J Pharmacol Exp Ther*, **207**, 92-100.
- Classification of chronic pain. Descriptions of chronic pain syndromes and definitions of pain terms. Prepared by the International Association for the Study of Pain, Subcommittee on Taxonomy. *Pain Suppl*, **3**, S1-226.
- Costantini M, Ripamonti C, Beccaro M, et al (2009). Prevalence, distress, management, and relief of pain during the last 3 months of cancer patients’ life. Results of an Italian mortality follow-back survey. *Ann Oncol*, **20**, 729–35.
- Dunlop RJ (1992). Managing cancer pain. *Curr Ther*, **33**, 33-7.
- Foley KM (2004). Acute and chronic cancer pain syndromes. In: Doyle D, Hanks G, Cherny N, Calman K, eds. Oxford Textbook of Palliative Medicine. 3rd ed. Oxford, UK. *Oxford University Press*, 299–316.
- Glare PA, Walsh TD (1993). Dose-ranging study of oxycodone for chronic pain in advanced cancer. *J Clin Oncol*, **11**, 973-8.
- Kaba H, Fukuda H, Yamamoto S, et al (2004). Reliability at the National Cancer Institute-Common Toxicity Criteria version 2.0. *Gan To Kagaku Ryoho*, **31**, 1187-92.
- Korttila K, Pentti OM, Auvinen J (1980). Comparison of IM lysine acetylsalicylate and oxycodone in the treatment of pain after operation. *Br J Anaesth*, **52**, 613-7.
- Kalso E, Poyhia R, Onnela I’ et al (1991). Intravenous morphine and oxycodone for pain after abdominal surgery. *Acta Anaesthesiol Stand*, **35**, 642-6.
- Kalso E, Vainio A (1990). Morphine and oxycodone hydrochloride in the management of cancer pain. *Clin Pharmacol Ther*, **47**, 639-46.
- Kalso E, Vainio A, Mattila MJ et al (1990). Morphine and oxycodone in the management of cancer pain: plasma levels determined by chemical and radioreceptor assays. *Pharmacol Toxicol*, **67**, 322-8.
- Leow KP, Cramond T, Smith MT (1995). Pharmacokinetics and pharmacodynamics of oxycodone when given intravenously and rectally to adult patients with cancer pain. *Anesth Analg*, **80**, 296-302.
- Leow KP, Smith MT, Williams B et al (1992). Single-dose and steady-state pharmacokinetics and pharmacodynamics of oxy- codone in patients with cancer. *Clin Pharmacol Ther*, **52**, 487-95.
- Morrison JD, Loan WB, Dundee JW (1971). Controlled comparison of the efficacy of fourteen preparations in the relief of postoperative pain. *BMJ*, **3**, 287-90.
- Nuutinen LS, Wuolijoki E, Pentikainen IT (1986). Diclofenac and oxy- codone in treatment of postoperative pain: a double-blind trial. *Acta Anaesthesiol Stand*, **30**, 620-4.
- Stathers DN, Hunnybun J (1963). Oxycodone suppositories in the relief of intractable pain. *Practitioner*, **190**, 779-81.
- Takki S, Tammisto T (1973). A comparison of pethidine, pritramide and oxycodone in patients with pain following cholecystectomy. *Anaesthetist*, **43**, 44-53.
- Twycross RG (1989). The management of pain in cancer. In: Nimmo WS, Smith G, eds. *Anaesthesia*. Oxford: Blackwell Scientific Publications, 1216-29.