

## 5<sup>th</sup> World Congress on **Cancer Therapy**

September 28-30, 2015 Atlanta, USA

### Assessment and treatment of cancer pain: Our experience in Serbia

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**Introduction:** Aristotle wrote, “The aim of the wise is not to secure pleasure, but to avoid pain”. Despite significant medical, pharmacological and technological advances in the area of cancer pain assessment and management, up to 90% of patients with advanced cancer experience pain significant enough to require further intervention. Hospices are considered as leaders in cancer pain management.

**Methods:** The Edmonton Classification System for Cancer Pain (ECS-CP) is an instrument developed with the primary aim to predict response to treatment in patients with advanced cancer. It has gone through several stepwise and systematic validation studies, although its clinical application is still limited. In the first version of the ECS-CP (1989), named the Edmonton Staging System for Cancer Pain (ESS), patients with advanced diseases were categorized into three groups with good, intermediate or poor prognosis for pain treatment. This depended on their scores on seven domains: mechanism of pain, incident pain, previous narcotic exposure, cognitive function, psychological distress, opioid tolerance and history of drug or alcohol abuse.

**Results:** According to a large European study from 2008, in which Serbia participated, it is reported that pain was not adequately treated in 36% to 82.3% of patients. Cause of cancer related pain is most often related to the growth of the tumor, metastases, or pressure onto surrounding nerves, as well as to iatrogenic consequences of neurotoxic drugs. In 70-90% of patients in our country, cancer pain was treated with pharmacotherapy based on a triple therapy regimen defined by WHO.

**Discussion:** Treatment of cancer related pain should follow a multimodal approach. Concept of total pain (physical, psychological, social and emotional aspects of the patient) needs to be respected. Evaluation of pain intensity is necessary before choosing therapy. This can be achieved with the use of pain classification scales such as the Edmonton Classification System for Cancer Pain (ECS-CP).

**Conclusion:** In certain number of patients even intensive pharmacotherapy cannot provide adequate pain management, demanding non-pharmacologic methods of treatment. Therefore, optimal pain management and development of standardized methods of cancer pain assessment is of utmost importance.

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