ASCO® Guidelines

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SUPPORTIVE CARE IN CANCER

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AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

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NETWORK ITALIANO CURE DI SUPPORTO IN ONCOLOGIA

Pre-Conversion Assessment

Pain Assessment

Multidimensional pain assessment

Complete at the initial evaluation and periodically based on:

- Worsening pain severity or distress
- Changes in pain characteristics

Pain Pathology

Review pain pathology and other management options:

- Disease modification, non-opioid analgesics, interventional techniques, and non-pharmacologic interventions

Contraindications

Review comorbidities, drug-to-drug interactions, and cumulative adverse effects to identify factors that may indicate or contraindicate specific opioid analgesics or routes of administration.

History

History of opioid analgesic usage

- Adherence, dosage, efficacy, route of administration, and tolerability

History of drug misuse, abuse, addiction, and/or diversion in patients and family members

- Alcohol, opioids, and other drugs

Adverse childhood events

Organ Function

Evaluate for organ dysfunction

- Hepatic or renal

Patients & Caregivers

Assess availability of family members or friends to monitor the patient closely during the first few days after the opioid conversion

Discuss with the patient and their family caregivers the acceptability of different treatments

- Drug, route of administration

This tool is derived from recommendations in *Opioid Conversion in Adults with Cancer: MASCC-ASCO-AAHPM-HPNA-NICSO Guideline*. This is a tool based on an ASCO Guideline and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the guideline and this tool are voluntary.

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Offering Opioid Conversion

Uncontrolled Pain

If pain is uncontrolled despite upward titration of the current opioid analgesic or if the patient cannot tolerate the dose increase of the current opioid, opioid conversion may be offered

If pain is uncontrolled, a change in the opioid route of administration from oral to IV or subcutaneous administration (to enable rapid titration) may be appropriate before changing opioids.

Intolerable Adverse Effects

If intolerable adverse effects, such as itching, nausea, etc., persist despite tapering the opioid analgesic, and/ or if symptomatic management of adverse effects is ineffective or poorly tolerated and pain is poorly controlled, opioid conversion may be offered

Opioid-Induced Neurotoxicity

If signs of opioid-induced neurotoxicity, like allodynia, confusion, excessive drowsiness, hallucination, hyperalgesia, or myoclonus, occur or persist even after the tapering of the current opioid analgesic, opioid conversion may be offered

Pharmacokinetics

If pharmacokinetic factors affect the absorption, metabolism, or excretion of the current opioid analgesic, opioid conversion may be offered

Availability

If there are availability issues or health economic constraints (drug costs), opioid conversion may be offered

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Post-Conversion Assessment

Pain Assessment

- Pain severity rating using a validated scale (includes least & worst pain intensity)
- Pain severity at rest and with movement using a validated scale
- Pain severity rating compared to the patient's personal pain severity goal
- Pain-related functional impacts on daily living activities
- Average number of daily doses of short-acting opioids used for breakthrough pain

Adverse Event Monitoring

- Review adverse effects of pain on mood and sleep
- Adverse effect monitoring includes:
  - New-onset drowsiness or sedation, the influence of the opioid conversion on the number of hours of sleep for 24 hours, and whether apnea or snoring develops or worsens at night
  - New-onset nausea or vomiting
  - New-onset confusion, delirium, and hallucinations
  - Abdominal discomfort, new-onset constipation, and/or stool frequency
  - New onset scratching, pruritus, and/or rash

Dose Adjustments

- Dose adjustments should be made based on pain intensity, physical function, and side effects

Patients & Caregivers

- Ask patients and/or caregivers about missing opioid medications or doses when asked to fill the opioid prescription early or a pill count demonstrates less medication than prescribed.
- Assess the affect (mood) of the patient, family, or formal caregivers.
- Reinforce the patient and caregivers' knowledge about pain assessment, the opioid administration schedule, and the need for ongoing monitoring for response and side effects with the new opioid.

Additional Monitoring

- A QTc interval should be monitored regularly on methadone, depending on the clinical circumstance.

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