Welcome to the March Issue of the MASCC Society News

Message from the Editor, Toni Clark

This month, we highlight the new ESMO Guidelines on the management of oral and gastrointestinal mucosal injury, a project led by four MASCC members. We have a feature on supportive care for colorectal cancer patients and survivors and a research highlight on low-dose morphine versus weak opioids for moderate cancer pain. We include a call for nominations for MASCC’s 2016 Distinguished Service Award to be presented in Adelaide and a website tip for finding information about our membership by country, profession, or other characteristics. This month we welcome 10 new members who joined us in December.

As always, you can find the current and older issues of the MASCC Society News online at www.mascc.org/newsletters or in the back pages of our journal, Supportive Care in Cancer.

New ESMO Clinical Practice Guidelines: Management of Oral and Gastrointestinal Mucosal Injury

Four MASCC/ISOO members authored the 2015 Clinical Practice Guidelines from the European Society for Medical Oncology (ESMO) on Management of Oral and Gastrointestinal Mucosal Injury. The publication was released in July 2015, and was authored by Douglas Peterson, Christine Boers-Doets, Rene-Jean Bensadoun, and Jørn Herrstedt on behalf of the ESMO Guidelines Committee.

The ESMO guidelines represent an update of those authored by MASCC’s Mucositis Study Group and are prompted by three key advances:

- The most recently updated MASCC/ISOO clinical practice guidelines published in 2014, which represent the state-of-the-science for mucositis management in patients receiving conventional chemotherapy and/or head and neck radiation.
- The availability of expert opinion regarding the management of mucosal injury associated with several targeted cancer therapies (vascular endothelial growth factor receptor inhibitor, epidermal growth factor receptor inhibitors, multitargeted tyrosine kinase inhibitors, and mammalian target of rapamycin inhibitors).
- New approaches to enteral nutrition in patients receiving head and neck radiation and comprehensive recommendations for cancer patients published by the Société Francophone de Nutrition et Métabolisme (SFNEP) and the Association Francophone pour les Soins Oncologiques de Support (AFSOS).

The management guidelines include sections on the definition of mucosal injury, its incidence and associated complications, risk factors, and mucositis assessment, and they provide detailed guidelines for diagnosis, treatment, and follow-up. They also include information about the molecular pathobiology, computational biology, and clinical impact of mucosal injury in cancer patients in hopes of generating strategic research that will lead to further clinical advances.

The guidelines were developed in accordance with the ESMO standard operating procedures for clinical practice guidelines, including citation of the current MASCC/ISOO mucositis guidelines as well as expert opinion when highest-level evidence did not exist. The complete ESMO Guideline text can be downloaded from the Annals of Oncology (Volume 26, September 2015, Supplement 5) or the ESMO website (Supportive Care Guidelines).

ESMO Clinical Practice Guidelines are designed to provide recommendations for the best evidence-based cancer care. In 2015, ESMO also released supportive care guidelines on dyspnea in advanced cancer and central venous access in oncology patients. See the ESMO website for these and other supportive care guidelines.

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A recent paper in the *Journal of Clinical Oncology* provides evidence that low-dose morphine may be superior to weak opioids in controlling moderate cancer pain. MASCC members Eduardo Bruera, Carla Ripamonti, and Fausto Roila were involved in the study and are among the paper’s coauthors. The research team was led by Elena Bandieri, Division of Oncology, Unità Sanitaria Locale, in Modena, Italy.

The authors conducted a randomized, controlled, multicenter study (Early Strong Opioid Treatment in Cancer Pain: Morphine Versus Weak Opioids) to evaluate the efficacy and tolerability of low-dose morphine for patients with moderate cancer pain. The study was undertaken to provide sound evidence for recommending this treatment.

The widely used WHO guidelines on cancer pain management recommend a three-step program of analgesia: nonopioids for mild pain; weak opioids for mild to moderate pain; and strong opioids for moderate to severe pain. However, it is not always clear whether moderate pain should be treated with weak opioids or low-dose strong opioids. Pain treatment is often inadequate for patients with solid or hematologic malignancies. Several authors have questioned the WHO guidelines, and some recommend low-dose morphine or oxycodone for mild to moderate pain. Up to now, however, such recommendations have been based on studies with methodologic flaws, low statistical power, or selection bias.

The current study, a 28-day, open-label RCT, involved 17 Italian oncology centers and 240 opioid-naive patients with moderate cancer pain. Patients were randomly assigned to receive either low-dose oral morphine (n=118) or a weak opioid (n=122). The primary outcome was the percentage of patients with a 20% reduction in pain intensity on a numerical rating scale. More than 88% of those in the low-dose morphine group had such a pain reduction, compared with fewer than 58% of those in the weak-opioid group. And a difference was evident between the groups in as little as 7 days. The low-dose morphine group also had better results on other measures, such as clinically meaningful pain reduction and change in treatment due to inadequate analgesia. Adverse effects were similar in the two groups. The authors concluded that low-dose morphine reduced pain intensity among these patients with moderate cancer pain significantly better than weak opioids. The low-dose morphine had good tolerability and an earlier effect.

When reached for commentary, Eduardo Bruera said that, “The findings will be useful to patients with low incomes and those from developing countries. They will be able to start a safe and usually much cheaper opioid, such as morphine, without having to be treated with weak opioids first.” But he added that there is a barrier to implementing findings such as these. Strong opioids are more highly regulated in most countries and some practitioners are reluctant to prescribe them because of the regulatory requirements and the need to use special prescription forms. Bruera emphasized that, “Increased education by MASCC and other organizations will help encourage oncologists to use strong opioids earlier for their patients.” Fausto Roila adds that this study, as well as three previous studies on the usefulness of weak opioids (codeine or tramadol) to control moderate cancer pain, were planned and conducted in Italy. Together, they represent considerable sensitivity and commitment to supportive and palliative care among Italian oncologists.

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2 Eduardo Bruera is Chair, Department of Palliative, Rehabilitation and Integrative Medicine and director of the Supportive Care Center at the MD Anderson Cancer Center in Houston, Texas. Carla Ripamonti is Head of the Supportive Care in Cancer Unit, Fondazione IRCCS, Istituto Nazionale dei Tumori in Milan. Fausto Roila is Director of the Medical Oncology Division, Santa Maria Hospital in Terni, Italy.

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**Call for 2016 Distinguished Service Award Nominations**

MASCC currently invites nominations for the 2016 MASCC Distinguished Service Award (DSA). The award is made in recognition of meritorious achievement and outstanding contributions to the Society and its mission. Nominees should demonstrate exemplary leadership and accomplishments in research, education, and/or clinical supportive care in cancer. An individual may receive the DSA only once. The most recent awardees were Jørn Herrstedt (2015), Dorothy Keefe (2014), Declan Walsh (2013), Paul Hesketh (2012), Linda Elting (2011), and Cynthia Rittenberg (2010).

You can find the full DSA Policy, including eligibility requirements, and the Nomination Form on our website under MASCC Policies & Forms. The deadline for nominations is April 1, 2016. The award will be presented at the 2016 Annual Meeting in Adelaide.
March has long been National Colorectal Cancer Awareness Month in the US. Now the Global Colon Cancer Association invites organizations and individuals around the world to “March” in the Global March for Colon Cancer on the first Saturday of the month. While these efforts will go a long way toward raising awareness about prevention and screening, there’s a need to raise awareness about the supportive care needs of cancer patients and survivors, as well.

Supportive care is critical in helping people meet the unique physical and practical challenges of colorectal cancer (CRC), as well as addressing emotional and spiritual needs. Patients need help in coping with effects of the cancer itself, such as gastrointestinal obstruction, nausea, anorexia, and fatigue, as well as adverse effects of treatment, such as oral mucositis or neuropathy. Diarrhea and constipation are common after bowel resection. And many patients must learn to live with a colostomy or ileostomy. CRC and its treatment can also take a toll on body image and self-esteem.

Recovering from colorectal cancer and adjusting to life after treatment is different for each person and depends on the stage of the cancer, the type of treatments, and many other factors. Even after treatment has ended, coping with long-term effects continues. CRC survivors often have specific needs for exercise and rehab programs to regain strength, flexibility, mobility, and endurance. They need ongoing pain management programs and counseling before, during, and after treatment. They may need sexual health or fertility counseling and tobacco cessation programs and support. And many benefit from integrative practices, such as massage, meditation, or yoga.

Patients with CRC often report the most unmet needs with respect to the health system and their information needs. Communication and information may be two of the most important components of supportive care. But healthcare providers do not always recognize these needs. Future research may help elucidate the specific supportive care needs of CRC patients and survivors. This can improve healthcare systems and lead to the design of tailored supportive care interventions for these patients.

And After the Meeting... Discover Adelaide!

Adelaide has been called the lifestyle capital of Australia. Situated in South Australia’s Barossa Valley, one of the country’s oldest wine-producing regions, the city is known for wine and food, a thriving city center, and eco-tour adventures. Nearby Kangaroo Island is home to kangaroos, koalas, and echidnas in the wild. Take in the natural beauty and coastal scenery of Granite Island, cruise the majestic Murray River, or visit Victor Harbor and Encounter Bay. Cultural points of interest include the Art Gallery of South Australia, South Australian Museum, Adelaide Botanic Garden, and the Migration Museum.

Get to know South Australia and plan your post-meeting adventures. Here are a few places to get started.

🌟 Discover Adelaide

🌟 Adelaide Sightseeing

🌟 South Australia

🌟 Lonely Planet: South Australia
See more sights and highlights at www.lonelyplanet.com/australia/south-australia.
New MASCC Members

MASCC welcomes the following new members who joined us in December.

Koji Amano, Japan
Nora Boyer, United States
Maria Elvira Correa, Brazil
Gul Kizilcan, Turkey
Danette Langbecker, Australia
Asim Qidwai, Pakistan
Madhup Rastogi, India
Pam Stephenson, United States
Robert Terkola, Austria
Jacquelyn Thomson, Australia

Save the Date!

MASCC/IS00 Annual Meeting on Supportive Care in Cancer
Adelaide, Australia | 23-25 June, 2016
www.mascc.org/meeting

Supportive Care Makes
Excellent Cancer
Care Possible

Have any news items to share?

Please send contributions for the MASCC News to MASCCnews@mascc.org
or to Tomi Clark, Editor at tclark@mascc.org

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