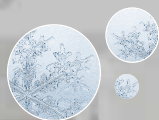


# Risør Research Seminar



# The scientific programme

## Cancer Pain: Lessons learned and future research agenda

Pål Klepstad  
*EPOS: Findings and limitations*

Tommaso Dragani  
*Pooled DNA analysis*

Frank Skorpen  
*Pain and opioid genetics: Future perspectives*

## Upcoming Research Projects

Augusto Caraceni and Stein Kaasa  
*European Palliative Cancer Care Symptom study (EPCCS)*

Florian Strasser and Tora S Solheim  
*Multimodal Exercise/Nutrition/Anti-inflammatory treatment for cancer Cachexia trial (MENAC)*

Barry Laird and Geoff Hanks  
*Study on the WHO analgesic ladder: Step II vs step III*

Kari Bruheim  
*Intrathecal treatment for cancer pain*

Morten Thronæs  
*Nasal fentanyl for patient controlled treatment of pain in cancer*

## Cachexia

Neil MacDonald  
*Ethical issues in the conduct of cachexia trials*

Terje Espevik  
*How can inflammation explain development of cachexia?*

Florian Strasser  
*Status for the new classification system for cachexia: Development, content and use*

## “The study I want to do now”

Per Sjøgren  
*Pregabalin/gabapentine as an adjuvant analgesic in visceral cancer-related pain treated with opioids: A randomised controlled trial*

Declan Walsh  
*The symptoms of cancer*

Staffan Lundstrøm  
*Low dose Methadone as add-on in patients with opioid poorly responsive cancer-related pain: A randomised controlled trial.*

Mike Bennett  
*Study on neuropathic pain in cancer (SONIC)*

# Participants

Declan Walsh, US  
Günter Hofmann, AT  
Stein Kaasa, NO  
Florian Strasser, CH  
Marianne J Hjermsstad, NO  
Maria Nabal, ES  
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# Summary

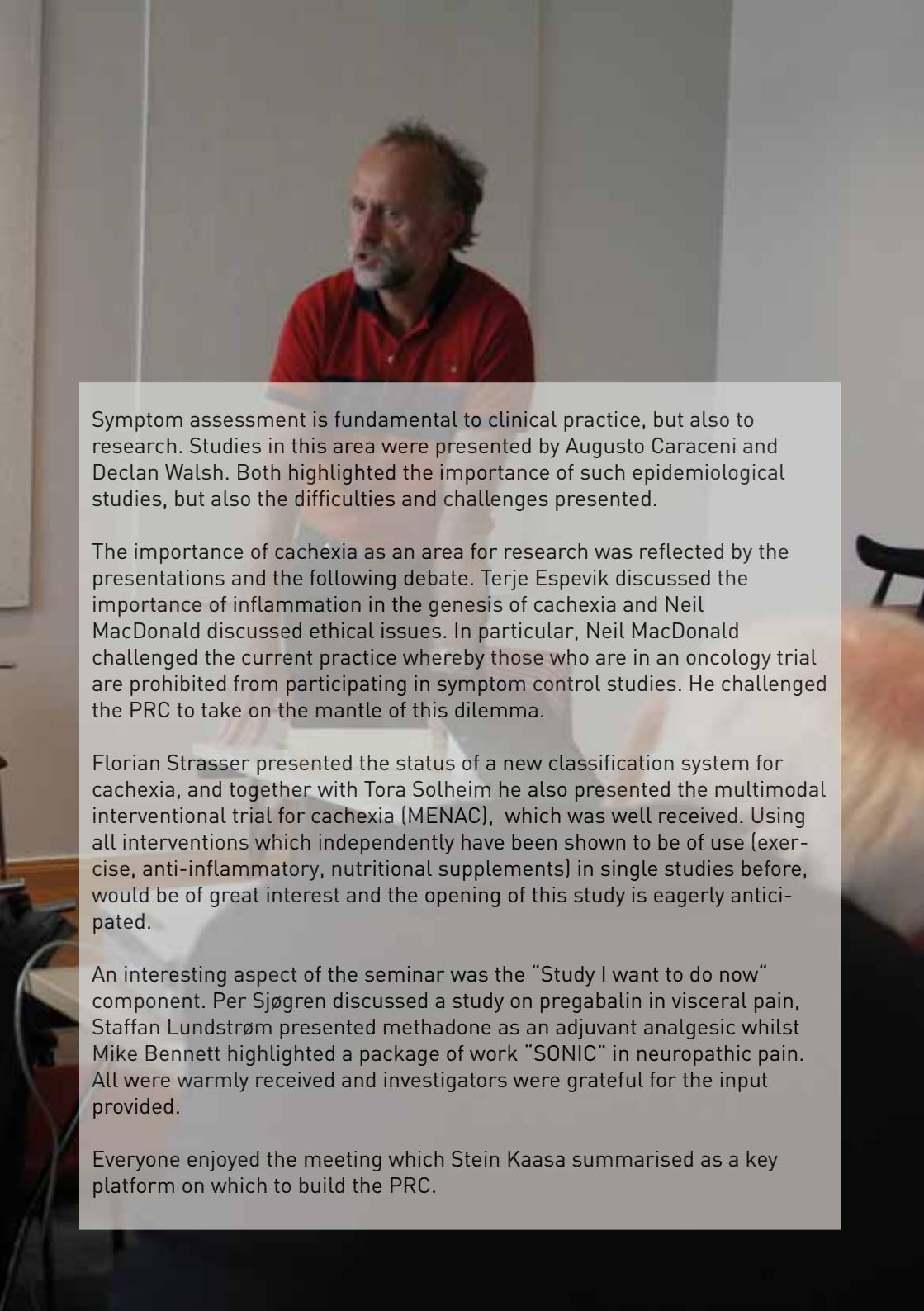
The 2010 Risør Research Seminar of the EAPC Research Network and the European Palliative Care Research Centre (PRC) took place in the picturesque Norwegian coastal town Risør. The first meeting of the newly established PRC saw 30 experts in palliative care research from all over the globe attend to discuss future studies and research strategy.

Stein Kaasa chaired the meeting, during which it was announced by Dean Stig Slørdahl that Geoff Hanks and Augusto Caraceni have been appointed as part-time professors at the Faculty of Medicine, Norwegian University of Technology and Science in Trondheim.

A variety of current and future studies were discussed, encompassing three key areas of cancer; pain, cachexia and symptom assessment.

The meeting opened with Pål Klepstad presenting findings and experiences from the EPOS study. This was followed by the DNA analysis by Tommaso Dragani, and future directions for genetics studies postulated by Frank Skorpen. Skorpen highlighted that fundamental to future work is phenotype classification and the importance of optimisation of analgesia, before patients were labelled as poor responders. Rather than providing answers, the EPOS study has posed questions and illustrated important areas that future work should focus on.

Pain was a key theme of the event with several cancer pain studies being discussed. Barry Laird and Geoffrey Hanks presented pilot data on the study of a two versus three step approach of the WHO analgesic ladder. This study is planned to start in 2011. Upcoming studies on nasal fentanyl and spinal opioids were also presented by respectively Morten Thronæs and Kari Bruheim.



Symptom assessment is fundamental to clinical practice, but also to research. Studies in this area were presented by Augusto Caraceni and Declan Walsh. Both highlighted the importance of such epidemiological studies, but also the difficulties and challenges presented.

The importance of cachexia as an area for research was reflected by the presentations and the following debate. Terje Espevik discussed the importance of inflammation in the genesis of cachexia and Neil MacDonald discussed ethical issues. In particular, Neil MacDonald challenged the current practice whereby those who are in an oncology trial are prohibited from participating in symptom control studies. He challenged the PRC to take on the mantle of this dilemma.

Florian Strasser presented the status of a new classification system for cachexia, and together with Tora Solheim he also presented the multimodal interventional trial for cachexia (MENAC), which was well received. Using all interventions which independently have been shown to be of use (exercise, anti-inflammatory, nutritional supplements) in single studies before, would be of great interest and the opening of this study is eagerly anticipated.

An interesting aspect of the seminar was the "Study I want to do now" component. Per Sjøgren discussed a study on pregabalin in visceral pain, Staffan Lundstrøm presented methadone as an adjuvant analgesic whilst Mike Bennett highlighted a package of work "SONIC" in neuropathic pain. All were warmly received and investigators were grateful for the input provided.

Everyone enjoyed the meeting which Stein Kaasa summarised as a key platform on which to build the PRC.

# Short abstract of upcoming studies

## **The European Palliative Cancer Care Symptom study (EPCCS)**

Palliative care patients are heterogeneous. Evidence based knowledge about the patients and their symptoms may improve clinical practice.

To achieve this, an accurate description of the population is needed. Until now, most research on palliative care patients has been conducted with cross-sectional study designs. To gain better understanding on how symptoms, functional status and response to treatment fluctuate during the disease trajectory, a longitudinal multicentre study is planned. Patient reported outcomes, clinical data and biological material will be collected. Principle Investigator (PI) is Stein Kaasa.

## **Multimodal Exercise/Nutrition/Anti-inflammatory treatment for Cachexia trial (MENAC)**

Progress in the understanding and treatment of cancer cachexia has been slow. This study is planned as a prospective phase III randomised multicenter clinical trial. The aim of the study is to assess the efficacy and feasibility of a multimodal intervention on cancer cachexia with the focus on nutritional support, exercise and anti-inflammatory treatment. PIs in this study are Ken Fearon and Vickie Baracos.

## **Intrathecal Treatment for Cancer Pain**

Intrathecal local anesthetics (LA) and opioids are in some centers used for treatment of severe cancer pain. An EPCRC initiated systematic review showed that the available evidence related to this therapy is very limited. Therefore, the PRC has started to develop a protocol for a randomized controlled study investigating the efficacy of intrathecal LA and opioids. PIs for this study are Per Sjøgren and Pål Klepstad.

## **RCT of Two Step versus Three Step Analgesic Ladder for Cancer Pain Control**

The three step WHO analgesic ladder has been key to cancer pain control world-wide, however the role of Step two (weak opioids) has been questioned.

A delay in achieving pain control has been identified in cohort studies and in a pilot RCT of a two step versus three step ladder. This study aims to explore whether a two step approach achieves pain control faster but without an excess in opioid toxicity, over a three step approach. PI for this study is Marie Fallon.

## **Nasal Fentanyl for Patient Controlled Treatment of Pain in Cancer**

This is a research programme going from phase I to phase III to investigate whether cancer pain can be adequately controlled by self administered nasal fentanyl on demand. Thus, this programme challenges the non-proven concept that cancer pain is stable and therefore requires an around the clock fixed dose regimen. PI for this study is Ola Dale.

To show your interest in participating in the different studies, please send an e-mail to Patrick Reurink ([patrick.reurink@ntnu.no](mailto:patrick.reurink@ntnu.no)), and describe how you want to participate.

# Short abstracts of “the study I want to do now”

## **Pregabalin/gabapentin as an adjuvant analgesic in visceral cancer-related pain treated with opioids: A randomized controlled trial**

Overall aims: to assess the adjuvant analgesic effect of pregabalin on cancer-pain of visceral origin and to assess the cognitive effects of pregabalin superimposed on opioid treatment. Study design: A double-blind, placebo-controlled, randomized, parallel-group multicenter study including cancer patients with abdominal, visceral pain deriving from primary gastrointestinal cancers or gastrointestinal carcinosis from other cancers, gynaecological cancers, metastases of the liver or other abdominal organs.

Contact person for this study is Per Sjøgren (per.sjoegren@rh.regionh.dk).

## **Study of neuropathic pain in cancer (SONIC)**

A research programme within the EAPC Research Network designed to better understand the identification and nature of neuropathic pain in cancer patients. The aims: (1) To establish the validity and performance of assessment tools for neuropathic pain in a cancer population and recommend a clinically useful assessment process. (2) To determine the incidence, prevalence and time course of neuropathic pain in patients with cancer, and the impact of neuropathic pain symptoms on pain intensity, quality of life and interference with daily living. (3) To undertake detailed phenotyping of neuropathic features in discrete populations, for example cancer induced bone pain or chemotherapy induced neuropathic pain. (4) To contribute to the development of an international classification system for cancer pain.

Contact person for this study is Mike Bennett (m.i.bennett@lancaster.ac.uk).

## **Low dose Methadone as add-on in patients with opioid poorly responsive cancer-related pain: A randomised controlled trial**

Contact person for this study is Staffan Lundström (staffan.lundstrom@stockholmssjukhem.se).

If you are interested to participate in these projects, please take contact with the respective contact persons.

A man with thinning hair, wearing a white cable-knit sweater over a light-colored collared shirt, is shown in profile, looking towards the left. He is standing in a room with a large whiteboard in the background. The whiteboard has some faint diagrams or text on it. The lighting is soft and indoor.

*It was a very inspiring and fruitful meeting.*

- Per Sjøgren, Denmark

*I think the meeting in Risør was another step towards announcing great opportunities and concrete proposals for an international collaboration in palliative care research. The PRC has now to take the challenge and provide information and resources to improve our ability to work on independent research projects across Europe and the world by offering coordination, a central office and support to apply for additional funding when needed.*

- Augusto Caraceni, Italy

*The food was amazing and the atmosphere inspiring. It was a very productive meeting and I hope that there will be many opportunities for ongoing collaborative work.*

- Cheryl Nekolaichuk, Canada



On behalf of the EAPC Research Network and the European Palliative Care Research Centre (PRC) we want to thank all participants for taking the time and effort to travel to Risør for this inspiring and constructive research seminar. We also encourage all interested researchers out there to take contact with us if you want to participate in the studies mentioned here, if you have ideas or proposals for future studies or have other input in regard to the EAPC Research Network and / or the PRC. Please send your e-mails to Patrick Reurink ([patrick.reurink@ntnu.no](mailto:patrick.reurink@ntnu.no)).

For updates, please visit [www.eapcrn.org](http://www.eapcrn.org) and [www.ntnu.no/prc](http://www.ntnu.no/prc) regularly, and sign up for the EAPC Research Network / PRC newsletter at the PRC website.

All the best wishes for the future of palliative care research,

*Stein Kaasa*

Chair of the EAPC Research Network and PRC