OPIOID USE IN CERVICAL CANCER

ISABELLA PEREIRA RODRIGUES, ANDRÉIA CRISTINA DE MELO
Instituto Nacional de Câncer José Alencar Gomes da Silva

INTRODUCTION

The present study addresses the use of opioid in patients treated for locally advanced cervical cancer (CC). CC is a public health issue, since it represents the third most commonly diagnosed type of cancer and the fourth leading cause of death due to neoplasia in women worldwide. Pain relief is one of the aims of CC treatment, since such clinical manifestation can occur in 70 to 90% of cases at any stage of the disease. For pain control, the three-step ladder of the World Health Organization (WHO) is used, where the first step represents mild to moderate pain, the second, moderate pain, and the third, intense pain. In the first step, the use of a non-opioid analgesic is recommended and may be associated with an adjuvant. In the second, administration of a non-opioid analgesic associated with a weak opioid and an adjuvant is directed. In the third step, the use of a strong opioid is advisable and may be associated with an adjuvant. Patients with active CC show high rates of opioid use, which is observed months after the end of brachytherapy. According to published data, the highest doses of opioids have been described in patients previously submitted to chemotherapy.

METHODS AND RESULTS

This study was approved by the Ethics in Human Research Committee of INCA, Rio de Janeiro, Brazil, and is in accordance with the Declaration of Helsinki and Good Clinical Practice Guidelines. A retrospective analysis of medical records of women diagnosed with locally advanced CC treated at INCA, Hospital do Câncer 2, between January 2014 and December 2015 is in progress. Variables such as age, ethnicity, CC staging and social habits (smoking, alcoholism, physical activities) will be analyzed in a comparative way among the patients, in order to observe the differences between them regarding established treatment and the clinical response as well as the opioid prescription history.

CONCLUSION

The data of the study are still in the collection phase.

The study did not receive any kind of funding or remuneration for the researchers. The expenses with copies, paper and office supplies were estimated at R$ 100.00 and were borne by the researchers. The technological resources for the storage of the data were available in the computers of the Clinical Research Service of INCA.

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