

Conclusions: In this study, the investigators observed that cancer patients agreed that shared decision making was being practiced during their clinical encounters with their respective physicians.

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293P Prolonged release (PR) oxycodone/naloxone (OXN) for cancer pain (CP) & its impact on bowel function, safety & quality of life (QoL): Systematic review

S.H. Ahmedzai¹, A. Covarrubias-Gómez², G. De Simone³, M. Green⁴, L. Langenhoven⁵, B. Le⁶, K-H. Lee⁷, H. Lu⁸, P. Neo⁹, C. Rodriguez¹⁰, K.R.R. Subi¹¹, H. Yaakup¹², S.K.T. Yu¹³, C. Minnaert¹⁴, Y. Hadjiat¹⁴

¹Department of Oncology, The University of Sheffield, Sheffield, UK; ²Department of Pain and Palliative Medicine, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubiran, Mexico City, Mexico; ³Faculty of Medicine, Universidad del Salvador, Buenos Aires, Argentina; ⁴Department of Medical Oncology, Peter MacCallum Cancer Centre, Melbourne, Australia; ⁵Mediclinic Panorama, Cape Town, South Africa; ⁶Department of Palliative Care, Royal Melbourne Hospital, Melbourne, Australia; ⁷Department of Hemato-Oncology, Yeungnam University Hospital, Daegu, Republic of Korea; ⁸St. Luke's Medical Center, Manila, Philippines; ⁹Division of Supportive and Palliative Care, National Cancer Centre, Singapore; ¹⁰National Cancer Institute, Bogota, Colombia; ¹¹Oncohematology Pain Center, Albert Einstein Hospital, São Paulo, Brazil; ¹²Department of Palliative Medicine, Sunway Medical Center, Selangor, Malaysia; ¹³Department of Clinical Oncology, Hong Kong Adventist Oncology Center, Hong Kong, China; ¹⁴Medical Affairs, Mundipharma Singapore Holdings Pte Ltd., Singapore

Background: OXN PR, a fixed dose combination of opioid and peripherally-acting mu-opioid antagonist, offers analgesia while reducing opioid-induced constipation (OIC). Few have studied OXN vs other strong opioids for impact on bowel function, safety and QoL in patients with CP.

Methods: Systematic review of literature from PubMed and EMBASE that evaluated analgesia, bowel function, adverse events (AE) and QoL after OXN PR or oral oxycodone (OXY)/morphine/tapentadol PR, or transdermal fentanyl, in adults with moderate-severe CP. Data for outcomes were extracted from publications or clinical study reports.

Results: 4 RCTs (OXN vs OXY) were found; no RCT compared OXN vs other strong opioids. Analgesia and safety were comparable with OXN or OXY, except for nausea that was less frequent with OXN (Odds ratio: 0.51 [0.26, 0.97]). Most AEs related to OXN and OXY were mild-moderate severity; most common were gastrointestinal disorders. Improved bowel function (BFI, PAC-SYM) was observed with OXN vs OXY (Table). QoL was comparable with OXN or OXY (Global health status, mean difference: 0.5 [-4.7, 5.7]).

Table: 293P Descriptive findings for bowel function			
	RCTs	Findings	OXN vs OXY
BFI			
Scores over 4 weeks	2	Δ mean (% improvement) [†]	RCT 1: -25.1 (39.2%) vs -13.6 (21.7%) RCT 2: -36.0 (50.7%) vs -25.0 (36.8%)
Score comparison at week 4	1	LS mean difference (SE) 95% CI [‡] P value [§]	-11.1 (4.00) [-19.0, -3.2] 0.006
PAC-SYM			
Total score	1	Δ mean (% improvement) [†] P-value [§]	-7.0 (40.3%) vs -2.7 (15.1%) 0.0014
Symptom frequency	1	Δ mean (% improvement) [†] P value [§]	-1.1 (41.9%) vs -0.3 (12.9%) <0.001

[†]baseline to week 4 [‡]adjusted for baseline using ANCOVA model.

[§]between-group difference; derived from summary statistics LS, least squared.

Conclusions: Systematic review found only direct comparisons of OXN vs OXY in RCTs of CP. OXN provided similar analgesia and safety to OXY for CP with less nausea and improved bowel function, in terms of constipation symptoms. OXN is a valuable analgesic option in patients with OIC or nausea from cancer itself or anticancer treatment. Although limited, this meta-analysis confirms existing evidence on OXN's efficacy and tolerability in patients with moderate-severe CP and highlights that few data on OXN in CP is available.

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294P Interventional pain treatment in patients with pain syndrome in advanced tumours of small pelvis

Y. Ziyayev¹, M.N. Tillyshaykhov², H. Islamov², Y. Ten³, D. Gaipov⁴, S. Djanklich⁵, R. Norbaev⁶

¹Palliative Care, National Cancer Research Center, Tashkent, Uzbekistan; ²Administration, National Cancer Research Center, Tashkent, Uzbekistan; ³Coloproctology, National Cancer Research Center, Tashkent, Uzbekistan; ⁴ICU, National Cancer Research Center, Tashkent, Uzbekistan; ⁵Gynecologic Oncology Department, Republican Specialized Scientific Practical Medical Center of Oncology and Radiology, Tashkent, Uzbekistan; ⁶Science, National Cancer Research Center, Tashkent, Uzbekistan

Background: More than a third of small pelvis cancer cases in Uzbekistan are diagnosed in the late stages, where the main goal of medical interventions is to increase life expectancy with maximum maintenance of the quality of life. Opioid prescription and opiophobia in medical personnel make it harder to control pain in this group of patients, decreasing the quality of their life.

Methods: 34 patients with locally advanced tumors of small pelvis (17 rectal cancer, 11 cervical cancer, 6 prostate cancer) with pain syndrome by visual analog scale (VAS) 8-10 were selected as the study group. Patients were treated in National cancer center of Uzbekistan in 2017-2020. Epidural catheter was placed in V4-5. Solution of bupivacaine 2.5% 20 ml with 1% of morphine injected at primary point. Then, 5 ml of bupivacaine 2.5% every 6 hours, 1 ml of 1% morphine every 12 hrs. Mean period of catheter placement was 23.6 days (7-36). In order to decrease the possibility of infection wide spectrum of antibiotics and wound dressing were administered. Control group included 34 patients with locally advanced tumors of small pelvis (20 rectal cancer, 12 cervical cancer, 2 prostate cancer) with pain syndrome by visual analog scale (VAS) 8-10. They underwent standard WHO pain ladder therapy morphine 1%-1 ml every 4-6 hrs ± ketorolac 30 mg - 1 ml.

Results: Within the 20 minutes of administering, median pain syndrome by VAS was 0.78 (0-4). 6 (17.6%) patients admitted headache, 3 dizziness (8.8%). 2 patients admitted 1st grade nausea (5.9%). Constipation was not admitted in the main group. Drowsiness was admitted in 7 patients (20.6%). All of the symptoms disappeared within the 7 days period of hospitalization. In control group, the mean pain syndrome was 4.6 (0-7) by VAS. Drowsiness effect was observed in 27 patients (79.4), however, 21 (61.8%) cases this effect regressed in 7-day period. In 3-months observation period, 11 (32.6) patients from second group had complains on constipation which was resolved with laxatives and enemas.

Conclusions: Analgesia with usage of long-term epidural catheter placement allowed to achieve better pain control, lower opioid usage and avoid severe complications in patients with severe chronic pain syndrome of small pelvis tumors.

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295P Assessment of the impact of palliative care on the quality of life in advanced non-small cell lung cancer patients

S.S. Katpattil

Public Health, Yenepooy Medical College and Hospital, Mangalore, India

Background: During the last two decades, health-related quality of life (QoL) measurements have been an important issue in understanding the difficulties perceived in many diseases. It is important to assess the health-related quality of life to know the extent of diseases and conditions affecting individual's general well-being. Studies have shown the effect various determinants of Quality of Life (QoL) in lung cancer patients. This study was done to assess the QoL in individuals with non-small cell lung cancer undergoing palliative care.

Methods: Materials and Method: Data on QoL were collected using a modified MOS-SF form-32. The study was done in 27 individuals before and after providing supportive or palliative care. A random mixed linear model was used to assess impact of palliative care on Quality of Life with Physical Health Summary score and Mental Health Summary score as main outcomes. All the possible confounding factors were controlled in the study.