## Mike's Story

My name is Mike. I turned 42 years old last Thursday. I was just told I have cancer.

About 6 months ago, I felt a lump in the back of my mouth. At first it didn't bother me, and I ignored it. Then, about 3 months ago, my back tooth started throbbing badly, and the lump seemed bigger. I figured I had an infection. What else could it be? I saw my dentist, who gave me an antibiotic. The pain went away, but the lump was still there. The dentist thought I should see a specialist.

That's when things started going badly…

I saw a doctor who took a sample of the lump. One week later, I got the news: "Its cancer." I couldn't believe it. Me?!

My kids do not know yet. My wife is freaking out. No way can I tell my parents! The lump has been hurting ever since they stuck the needle in it. I can't stop thinking about it. I want it out!

The dentist gave me some pills to cut the pain, but they make me constipated and a little sleepy. I really want a drink and a cigarette, but my wife would kill me if I started up with that again. I haven't had any alcohol for about ten years. I straightened myself out, got a teaching degree and married Kate. We have two boys, Joel and David. Life has been good.

Now this happened!

I saw a cancer doctor for the first time a few weeks ago. They ran a lot of tests to figure out a treatment plan. The doctor told me the cancer is in my tongue. The doctor told me they can't just take it out since the cancer is in the lymph nodes in my neck too. They will use chemotherapy and radiation to get rid of it. The cancer doctor told me it's curable, but I have to go through a really tough treatment to get rid of it. I might have trouble eating for months and could have bad pain in my mouth from the treatment. I get my first chemotherapy in two weeks.

I'm a fighter, and I can handle it.

If only the lump didn't hurt so much…

## Mike's History

Mike came to you with "terrible pain in the mouth and neck." Three months prior, he was diagnosed with squamous cell cancer of the tongue base Stage III (locally advanced disease). Mike initially presented with a hard, painless lump on the right underside of the tongue and palpable cervical nodes. A subsequent biopsy revealed cancer. A pet scan revealed local disease to the tongue and right neck lymph nodes. His physical examination and laboratory findings were otherwise normal. At the time of this initial meeting with you, Mike was scheduled to start chemotherapy and radiation with curative intent in two weeks.

## Mike's Social History

Mike and his wife asked if they could discuss pain management because they were worried about using opioids to control Mike's pain. You asked Mike to explain and he told you that he was fearful of the future. While he hoped that his treatment would be curative, he stated that, "If I'm going to need strong pain medicine, it means this disease is getting worse and that I may be dying." His wife was concerned about his alcohol and smoking history. He had not had a drink or a cigarette in over ten years, but she still remembered what it was like before he quit, and she knew that he could be at risk for substance use disorder again. He and his wife were also worried about the economic realities of his treatment. He is the sole earner in the family, and the co-pays and deductibles for his chemotherapy and other prescriptions would come to tens of thousands of dollars that they did not have. They did not have a safety net if Mike were to lose his job as a result of his cancer or his treatment. Mike was experiencing guilt because he felt that his illness could be punishment for his past behaviors with alcohol and smoking.

## Mike's Risk Assessment

You asked Mike, "How has your pattern of alcohol use changed over time?" He revealed to you a remote history of alcohol use disorder. Prior to marrying his wife, Mike was arrested several times for driving under the influence of alcohol and lost his job due to missed days from work. He attended Alcoholics Anonymous® meetings for several years and stated that he had not had a drink since. Mike was the only member of his family who had struggled with alcohol. He had no history of sexual abuse or mental illness. Mike scored a '4' on the ORT which meant he was at risk for substance use disorder.

## Mike's Pain Assessment and Medication Strategy

In his pain assessment Mike reported: "I am in pain all the time, but at night and several times every day, I also get a sharp, stabbing pain that is even worse than usual."

Mikes described his pain as an aching, throbbing sensation that starts in the mass in his right posterior tongue base and radiates to the back of the neck. The back of his neck felt tight and stiff.

He had been having pain since the needle biopsy about 3 months prior. Over the previous few weeks, the pain had worsened. He thought the size of the lump had increased. He had been having constant pain, with flares of a sharp, stabbing pain at night and three to six episodes during the day. His pain score was 7/10 with flares up to 10/10. The pain got worse when he lay down. Music had been helping, but stopped working. He reported that some days the pain had been so bad he had to call in sick to work. It hurt to eat and to swallow, especially hot liquids.

Targeted review of systems revealed that Mike denied: fever, chills, nausea, change in appetite, and headache. He told you that besides the pain in his mouth, he was feeling well.

Mike's cancer caused moderate to severe somatic pain. He was at high risk for worsening pain, and you knew he would need a multidimensional pain management approach which would likely include an opioid. He would need close follow-up and monitoring not only for his response to treatment, but also for substance use disorder given his history.

Safe and effective pain management for Mike would require educating both him and his wife about safe use of opioids including the distinction between dependence (withdrawal syndrome upon abrupt cessation) and addiction. His depressive signs and symptoms, his guilt, and financial concerns would require support from social work, and his anger at God suggested he might also benefit from spiritual counseling.

## Martha's Story

My name is Bernard, and I have been married for 62 years to Martha, the love of my life. Today I brought her to the emergency room for the third time this year. I felt very bad doing it because she didn't want to go, but I had no choice.

Martha has dementia. It is about five years now since she started repeating herself and forgetting to pay the bills. She is a very intelligent lady, an engineer, and at first, I ignored the problem. But then she got in a bad car accident in a parking lot and that's when my daughter said I had to take her to see someone. They put her on a memory drug back then, which didn't do anything.

Two years ago, Martha had a knee replacement; things have been going downhill for her ever since. We stopped spending time with our friends. We do not get out of the house much, mainly only for doctor visits.

Martha has bad arthritis in her knees and back. She has trouble getting up from a chair because of the pain. Walking has been harder. I am afraid she is going to fall and can't let her out of my sight. I have a hard time lifting her. Lately she will not cooperate and gets very angry when I try to help her.

Today was a particularly bad day for Martha. She was restless in bed and didn't sleep much. This morning she had a lot of trouble getting out of bed. Her back seems stiffer lately, and changing positions is really tough for her. The doctor suggested something over-the-counter that doesn't seem to be working.

I called 911 because I had no choice. The doctor's office wasn't open yet, and I didn't know what to do. The tape at the office said to call 911 if this was a medical emergency. I couldn't get her off the toilet. She just sat there unable to get up, and she started screaming at me when I tried to help. It felt like an emergency to me.

## Martha's History

Martha's ability to walk worsened due to severe low back pain/stiffness from arthritis. Her somatic pain limited her ability to transfer, bathe, toilet, dress and walk, and was compounded by her cognitive impairment. Her husband described her pain as "terrible."

Martha's physical examination showed the following significant findings: Her vital signs were within normal limits, and she weighed 100 pounds, down 20 lbs. from her earlier weight. She was alert and oriented only to person; she had kyphosis (dowager's hump) and tenderness over her lumbosacral spine, and she grimaced with minimal movement.

Imaging of her spine revealed diffuse osteoarthritis in the spine and multiple vertebral compression fractures of various ages, and her abdomen was full of stool. Laboratory data showed a creatinine of 1.8 mg/dL and a creatinine clearance of 15 ml/min.

## Martha's Social History

Martha and Bernard had been lifelong churchgoers but were unable to attend for the previous year because of Martha's mobility limitations and frequent outbursts when she was in pain. Friends had stopped visiting, and their only daughter lived in California, 3,000 miles away. Bernard was afraid to leave Martha alone, so he would order meals by telephone. He didn't want anyone to know how difficult things had gotten. The apartment was a mess, and he admitted to frequent late charges on their bills because he was so distracted and exhausted by caring for Martha.

## Martha's Functional Assessment

Bernard reported that over the previous year, Martha's ability to walk had significantly worsened due to what he believed was an increase in lower back pain and stiffness. Bernard had been noticing that Martha would grimace and cry out whenever she had to rise from a chair or change position. When he asked if she had pain, she would respond, "I am fine."

It was very difficult to get Martha out of the house for medical appointments, and because Bernard was afraid to leave her alone, they were both home-bound. She could dress herself with assistance from her husband, but recently it had started taking longer. Martha's family forced her to stop driving about a year prior which continued to upset her. She adamantly refused to get into the tub, although in the past she had taken a bath every day.

As you looked at Martha, she appeared uncomfortable; she did not smile and moved very little. When she did move, she moved very slowly and grimaced when she tried to stand. She did not want to talk and was upset and restless.

Her ability to function from day to day (bathe, toilet, dress and walk) had been severely affected by her pain from arthritis, and was compounded by her cognitive impairment. Bernard was exhausted and worried and determined to continue to care for his wife at home.

## Martha's Risk Assessment

Martha had a completely negative risk history.

## Martha's Medication Strategy

You determined Martha and her husband would need a great deal of community and team support if she were to stay at home. Acetaminophen at near toxic doses had not controlled her pain, and NSAIDs carry a high risk of adverse effects in older adults. You viewed Martha as a candidate for opioid therapy, with the goal of improving her quality of life and her basic ability to function. Special consideration would need to be given to choice of opioid, very low starting doses, and a longer dosing interval because of Martha's slower drug clearance. Bernard would need ongoing education and support if Martha were to be able to remain at home under his care. A home care agency or visiting nurse service would be necessary to: prefill Martha's mediset for Bernard, to teach him about what to watch for in terms of opioid benefits and risks, to ensure an effective laxative regimen, to arrange home occupational and physical therapy for fall risk reduction and placement of grab bars, to order Meals on Wheels to reduce Bernard's burden of caregiving, and to organize social work involvement to address their social isolation, financial difficulties, and eligibility for community support services. A social worker could also be necessary to arrange a several-times-weekly friendly visiting program for Martha, so that Bernard would be able to get time for himself and join his friends for an occasional card game. Martha and Bernard would also need close and regular follow-up from her prescribing clinician to assess the balance of benefits and risks of her opioid therapy.

## Anne's Story

Hello, my name is Anne. I am 35 years old, but I have breast cancer. How is this possible?

Well really, I had breast cancer. I went through a mastectomy of my right breast with chemotherapy and radiation afterward. The surgeon told me they "got it all." I have been "clean" since the surgery. No cancer. They did say I will need to be closely monitored for recurrence because I am "triple negative," whatever that means.

My boyfriend, Matt, thinks they all got it wrong. You never know, mistakes are made…right? He is not taking any chances. He has a friend who specializes in custom immune system boosting shakes. I drink three a day. I feel great. Except for the problem with my right arm. The breast surgeon said it would take a while to recover from the surgery, but my arm just will not get better. It seems like the radiation made things worse, and now my arm hurts all the time. It's been 4 months!

If it wasn't for this, I would be fine. Some days, no problem, I can ignore it. But lately my fingers are swelling, and I have this throbbing, burning sensation that starts in my armpit and travels right down to my fingers. I can't get through a spin class anymore. I am so frustrated with this. Nothing really helps – and worst of all, I can be just fine for several days and all of a sudden, the pain just comes on and will not stop for hours. My arm pain can keep me up at night, and I start wondering if the cancer is back….

## Anne's History

You met Anne, a 35-year-old African American woman who had been diagnosed with stage 3, locally advanced breast cancer. (ER/PR/HER2 negative). She initially presented with a large tumor and lymph node involvement. At this visit, she was six months status post right modified radical mastectomy and lymph node dissection followed by chemotherapy and radiation of chest wall and right axilla. She was on adjuvant treatment with Tamoxifen. Anne was experiencing worsening moderate to severe pain in her "right arm and side." Anne told you she was nervous that the cancer had come back. You suspected she had post-mastectomy pain syndrome. She was otherwise healthy.

Anne was a young cancer survivor with incurable disease (stage 3, triple negative breast cancer). She was at high risk of disease progression and had pain and disability due to post-mastectomy syndrome. Anne had disabling and persistent pain as a consequence of her cancer treatment.

## Anne's Social History

You learned that Anne lived with her boyfriend and had a full time job as an accountant. Anne considered herself to be a spiritual person and attended church periodically. Her family was devotedly Baptist; they believed strongly in prayer and keeping a positive attitude. Anne had not told them about her increased pain as she believed it made them uncomfortable and upset. Her boyfriend was supportive but also anxious and scared, and she had been feeling increasingly emotionally isolated.

## Anne's Physical Exam

Anne's physical exam was notable only for dry thin skin with telangiectasia in the area of previous radiation. Her skin had limited mobility. She reported an unpleasant numbness over the area to the touch. There was no swelling or edema. There was normal strength in the right arm. She had recent blood chemistries showing normal renal and liver function.  A recent PET scan had shown no evidence of disease recurrence.

## Anne's Pain and Medication Strategy

Anne's pain was localized to the right axilla and adjacent chest wall and was shooting down the arm and back. Anne described the pain as sharp and lancinating. She reported an unpleasant, numb sensation when her skin was touched. During severe episodes, she said it felt like her arm was on fire. There was no weakness. Anne's neck and shoulder felt tight. She had paresthesias (burning, numbness, tingling) off and on. She told you that the pain was not constant but flared after extended activity or exercise. Her pain score with a flare was 8/10. At the time of this visit, she was experiencing 2/10 pain. Once a flare started, it would generally last a few hours. She was having about 2 to 3 pain flares per week. She had been having the pain for about four months. The pain was interfering with work, and she could no longer exercise because it made the pain worse. Anne had tried both acetaminophen and naproxen without benefit. Her oncologist had given her an antiepileptic drug (gabapentin) to take three times a day and titrated it to a maximal dose; however, Anne said it made her feel "dopey," and it only dulled the pain slightly. The pain had not been treated with an opioid. Physical therapy and massage had helped with the tight feeling in her neck and shoulder but not with the pain flares. You considered Anne to be a candidate for opioid therapy.