

TAPM Audio Series 2006
Module 5: Metastatic Pain Management
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Module Objectives

1. Discuss basic principles of managing cancer pain
2. Understand the role of opioids in metastatic pain
3. Discuss alternative therapies in metastatic pain

Post-test

Each question has one correct answer. Please record your answers on the separate answer/evaluation sheet and submit to TAPM if credit is desired.

1. Which of the following statements is correct?
 - a. Cancer pain is readily controlled in 70% of patients with a simple opioid regimen.
 - b. Opioid analgesia is more important than consideration of opioid side effects.
 - c. Opioid rotation is very rarely used.
 - d. Regional anesthesia is generally not an appropriate cancer pain treatment.
2. Non-steroidal anti-inflammatory drugs (NSAIDs) are associated with which of the following?
 - a. Hospitalized patients with NSAID-associated GI bleeding have a 3% mortality rate
 - b. Age is not a significant risk factor in NSAID-associated GI bleeding
 - c. Choline magnesium trisilicate may be a preferred agent to avoid NSAID-associated GI bleeding
 - d. NSAIDs rarely result in lowered opioid doses
3. Which of the following statements about corticosteroids is *incorrect*?
 - a. Steroids are useful for bone pain.
 - b. Steroids are useful for neuropathic pain.
 - c. Higher doses of steroids are needed for both spinal cord compression and bone pain.
 - d. Steroids may improve overall quality of life.
4. Identify the *correct* statement.
 - a. Calcitonin may be given nasally, subcutaneously and intravenously.
 - b. Both pamidronate and zoledronic acid may be given by rapid infusion.
 - c. Strontium-89 is a calcium analog that emits a beta-particle and may temporarily increase pain after administration.
 - d. Of the above agents, zoledronic acid is the least expensive.
5. Which of the following statements about radiation treatment of cancer pain is *incorrect*?
 - a. External beam radiation provides complete relief in 25% of patients with solitary bone lesions.
 - b. External beam radiation provides partial relief in another 40% of patients with solitary bone lesions.
 - c. Multiple boney lesions do not limit the usefulness of external beam radiation.
 - d. For patients with a limited prognosis, short fractionation courses are as effective as traditional courses.