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Abstracts

2023 ANZCA Annual Scientific Meeting: Faculty of Pain Medicine Dean's Prize and Best Free Paper Award session abstracts

The 2023 ANZCA Annual Scientific Meeting (ASM) was held on 5–9 May 2023 in Sydney, Australia. In this issue, *Pain Medicine* highlights a selection of abstracts presented at the 2023 ASM for the Faculty of Pain Medicine (FPM) Dean's Prize and FPM Best Free Paper Award. Please read the important scientific work produced by these authors. These abstracts can be viewed in the Supplementary Material.

Supplementary material

Supplementary material is available at *Pain Medicine* online.

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Sublingual Ketamine as Breakthrough Analgesia in Patients with Advanced Cancer -- A Feasibility Study

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Introduction

Management of cancer pain has been an ongoing challenge.(1) Despite best efforts, more than one third of patients still report inadequate pain management. Current management for cancer pain relies heavily on opioid medications. Issues include not only the side-effects on bowel and cognitive function, but also concerns on tolerance, role in tumour progression and poor efficacy against neuropathic pain. Ketamine has a well-established role in management of moderate to severe pain in peri-operative setting, but its use in community has been limited by the parenteral route of administration. Sublingual ketamine with rapid onset, short duration of action and potentially better tolerability provides a plausible option for treatment of moderate to severe breakthrough cancer pain.(2) This study was designed to determine the feasibility and to optimise conduct of a definitive trial.

Methods

This is a prospective double-blinded randomised placebo-controlled repeated cross-over trial. Cancer patients attending Royal Prince Alfred Hospital and Chris O'Brien Lifehouse were screened by their treating team for suitability. Main inclusion criteria were adult patients with moderate to severe pain associated with cancer requiring opioid analgesia at equal or more that 60 mg of OMEDD, or at any dose for more than three months. Those with previous adverse reaction to ketamine or significant psychiatric disorder, severe hepatic impairment, or life expectancy of less than six weeks were excluded.

Each participant was randomised to one of the following sequences to determine the order of sublingual ketamine 25 mg (A) and placebo(P): APAPAP, APAPPA, APPAAP, APPAPA, PAAPAP, PAAPPA, PAPAAP, and PAPAPA. Each sequence consisted of three pairs. Each pair consists of a period (7 days) of A and a period (7 days) of P.

Participants used this study medication up to three times per day as their first line breakthrough analgesia. This would not alter their pre-existing analgesic regimen. Participants' baseline information was collected including their demographics, pain and cancer history, and painDETECT questionnaires. Weekly reviews were arranged either with face-to-face appointments, or through videoconferencing facility for collection of study diary and validated efficacy and quality of life questionnaires (consisting of AQoL-6D and EQ-5D).

Results

Total of 64 patients were referred, 29 were randomised, and 11 patients received intervention. This did not meet the pre-determined feasibility of 24 patients completing 2 cycles over 12 months recruitment period. Majority of participants perceived receiving active drug in both placebo (0.71) and active (0.67) periods. There were trend of better reduction of pain and perception of being more efficacious than their usual breakthrough analgesia with the active medication in study diary. There were overall signals of improvement of quality of life throughout the study period.

Discussion

This study indicated that current design will not be suitable for a larger study. The indiscriminative nature and the minimal adverse effects suggested that the chosen drug dose may be too low. The potential issues with progression of disease over the duration of study period warranted further refinement of target population with more stable pathology.

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interest. Ethics Approval obtained from Sydney Local Health District Human Research Ethics Committee (SLHD HREC); 2021/ETH00119 Clinical Trial Number ACTRN12621000328875

References

1. Haumann J, Joosten E (Bert) A, Everdingen MHJ van den B van. Pain prevalence in cancer patients: status quo or opportunities for improvement? Current Opinion in Supportive and Palliative Care. 2017 Jun;11(2):99–104.

2. Bell RF, Eccleston C, Kalso EA. Ketamine as an adjuvant to opioids for cancer pain. Cochrane Pain, Palliative and Supportive Care Group, editor. Cochrane Database of Systematic Reviews [Internet]. 2017 Jun 28 [cited 2020 Jul 13]; Available from: http://doi.wiley.com/10.1002/14651858.CD003351.pub3