The Opioid Crisis and Its Effect on Pain Management for Cancer Patients

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Disclosures

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• Consultant: IQVIA

• Equity Holder: Monument Analytics, whose clients include life sciences companies and plaintiffs in opioid litigation

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Communication 101: “Don’t be such a scientist!”
Madelyn Linsenmeir, 1988-2018
Madelyn Linsenmeir, 1988-2018

49,000 people died in 2017 from opioid overdoses. This number does not include people like my sister, who died a week ago tonight not from an overdose but a staph infection that bloomed throughout her body as a result of IV drug use. The term opioid epidemic has been used to the point of non-meaning, and the response to it has been equally meaningless. But this is what the opioid epidemic looks like. It has freckles and a dimple on its right cheek. It is 30 years old and has a singing voice so beautiful people stop in the street to listen. It has a son, two sisters, a mother and a father. Its name is Madelyn Ellen Linsenmeir. This is what the opioid epidemic looks like.
Volume of Prescription Opioid Use in the U.S. and Other Countries, 1990-2015

Sources: International Narcotics Board; World Health Organization population data.
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2017
Drugs Involved in U.S. Overdose Deaths, 2000-2016

What does the opioid epidemic have to do with cancer?
In 1824, Jeremy Bentham published the “Book of Fallacies” in which he criticized fifty arguments used in political debate and explained the sinister interests that led politicians to use them. One of these fallacies he describes as the "sham distinction", now known better as a “distinction without a difference”. This logical fallacy appeals to a distinction between two things that ultimately cannot be explained or defended in a meaningful way. When it comes to cancer and non-cancer pain, one really must question why we are drawing a distinction between these two entities and whether it is science or politics that demands there be a difference.

Even if you are more of a splitter than a lumper, it still doesn't make sense when you include what we know about the biology of cancer. Cancer, despite recent "moonshot" ideas, is not a single entity. There are numerous types of leukemia, lymphomas, skin cancers, bones cancers, lung cancers... The list can go on and on. The etiology of pain that may result from these cancers also vary: it can be due to muscle damage, bone invasion and central sensitization, nerve impingement or destruction, chemotherapy induced neuropathy, liver capsular expansion, and on and on the list goes.

# Epidemic’s Effects on Cancer Patients

<table>
<thead>
<tr>
<th>Beneficial Effects (?)</th>
<th>Harmful Effects (?)</th>
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<tbody>
<tr>
<td>• Reduced access to opioids</td>
<td>• Reduced access to opioids</td>
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<tr>
<td>• Improved pain control</td>
<td>• Worsened pain control</td>
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<td>• Diversified analgesic regimens</td>
<td>• Oversimplified analgesic regimens</td>
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<tr>
<td>• Improved clinical outcomes</td>
<td>• Worsened clinical outcomes</td>
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<td>• Reduced adverse effects</td>
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<td>• Decreased polypharmacy</td>
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myth

reality

false

fiction

fairy tale

false legend

fantasy fabrication

urban legend

gossip

news

story

data

true

logical authentic

facts

knowledge real thing

information

proof

objective truth

valid
THE OPIOID EPIDEMIC
From Evidence to Impact

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