UCCH Universitäres Cancer Center Hamburg
UCCSH Universitäres Cancer Center Schleswig-Holstein

UCCH / UCCSH Pathway

Guideline
Palliative Care – Cancer Pain

Version June/2023

Guideline Palliative Care – Cancer Pain

Version 09, June/2023

Palliative Care board members:

S. Kaden (Social worker UCCH)
F. Burghard + M .Wesseloh (Palliative care nurses UCCH)
W. Hollburg (Med. Oncology, Outpatient palliative care UCCH)
K. Oechsle (Med. Oncology, Inpatient palliative care UCCH)
C. Zoellner + I.Eichler (Anaesthesiology, Pain specialist UCCH)
A. Kruell (Radiooncology UCCH)
H. Zech (Head-and-neck cancer specialist UCCH)
C. Gebhardt + L. Hildebrandt (Dermato-oncology UCCH)
V. Müller (Gynaeco-oncology UCCH)
F. Schulz-Kindermann (Psychooncologist UCCH)
A. Ullrich (Palliative Care Researcher UCCH)
H. Schulz (Health care researcher UCCH)
K. Woellert (Medical ethics UCCH)
J. Weidmann (Internist, Inpatient palliative care UCCH)
K. Dageförde (Medicine, Palliative care UCCSH)
D. Siebrecht (Palliative care UCCSH)
K. Rossen (Palliative care UCCSH)

Responsible author	K. Oechsle (Med. Oncology, Inpatient palliative care)
Implemented	Oct/2015, Feb/2022, Jun/2023
Next planned review	April/2025

Legend of Colours

= Therapeutic procedure

= Clinical or diagnostical condition

= Diagnostic procedure

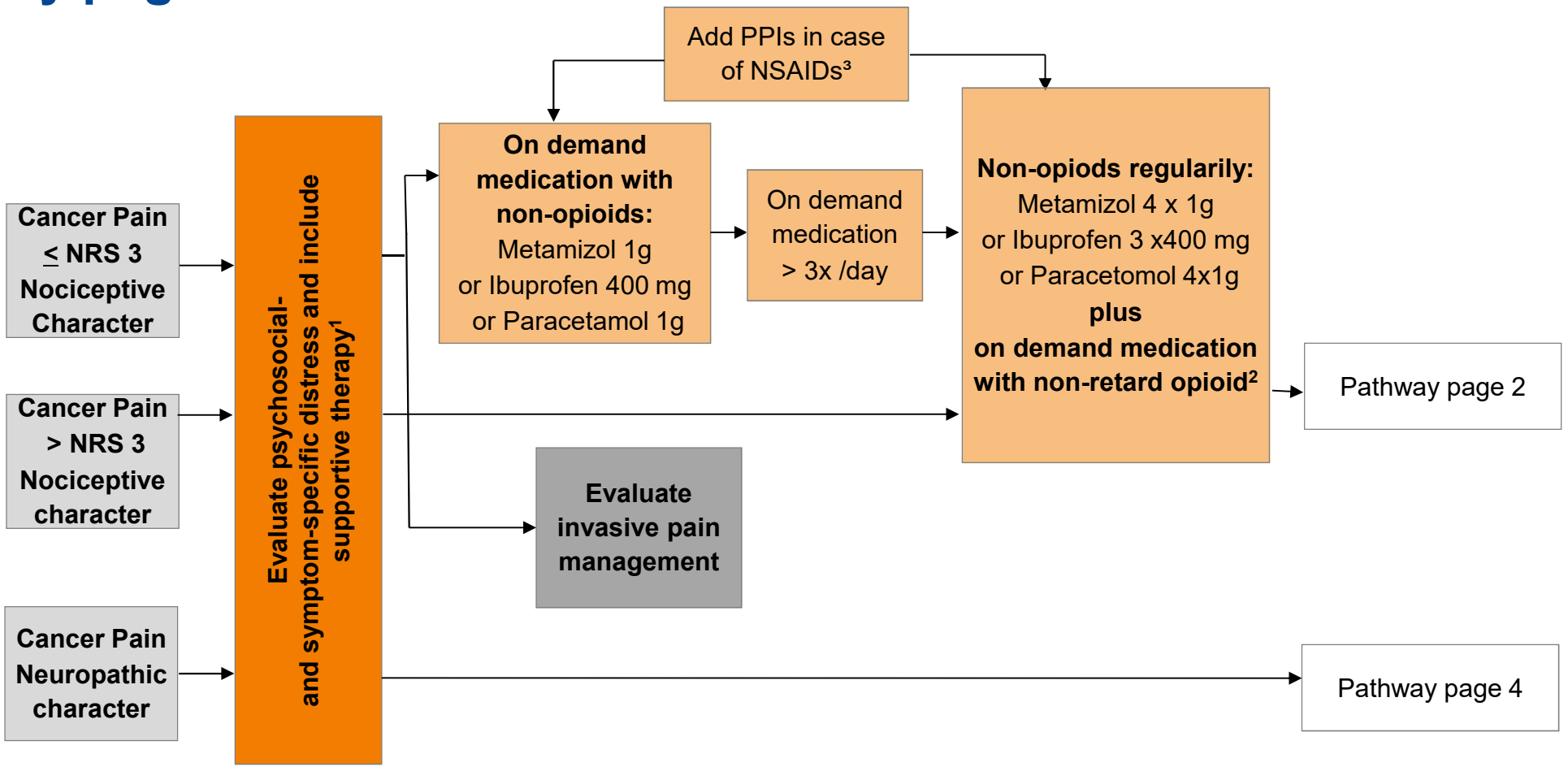
= Clinical trial

= Supportive measure

= Referral

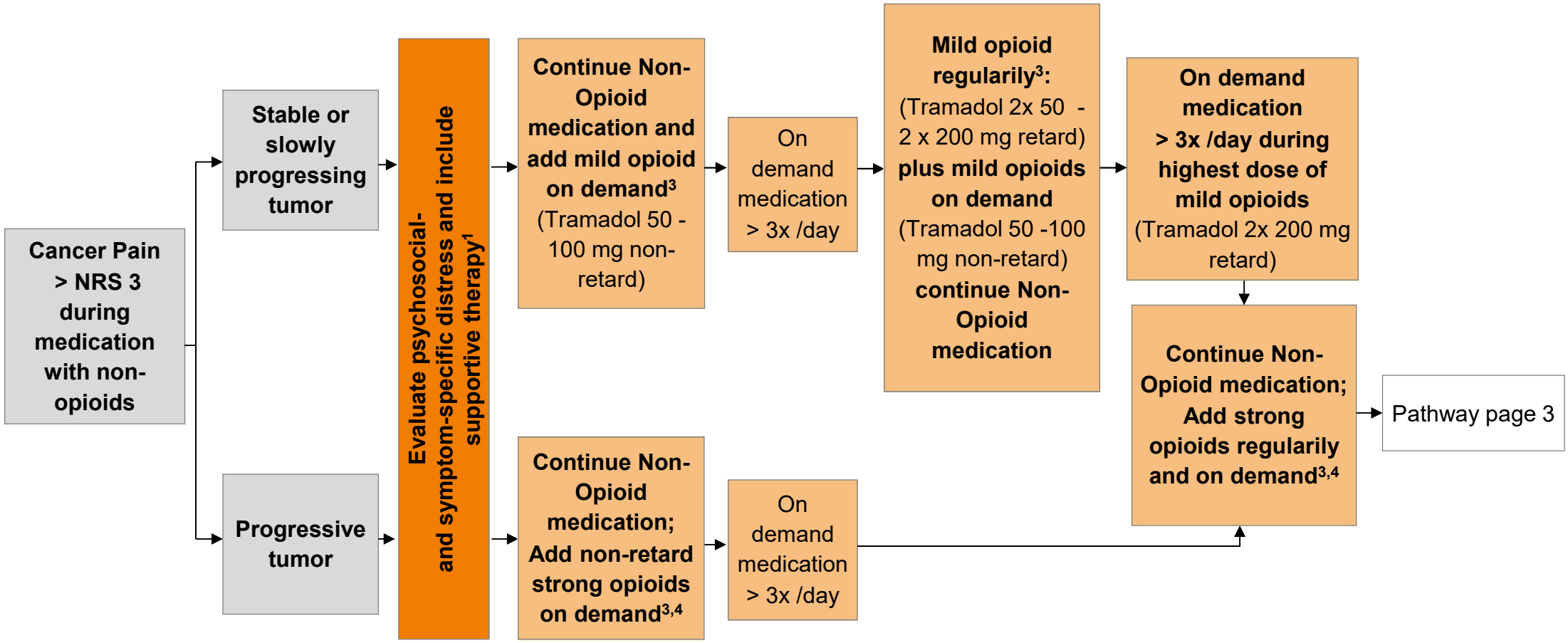
TB = Tumorboard

Pathway page 1: Cancer Pain



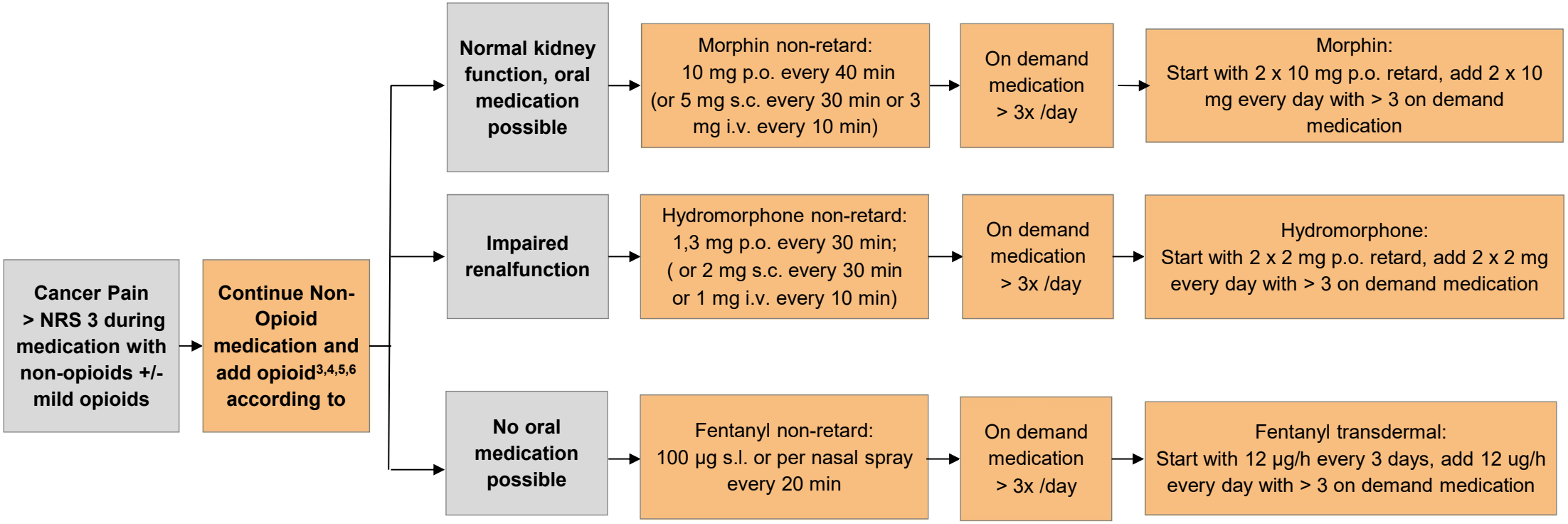
1 See additional supportive therapy page 7
2 For choice of opioid see pathway page 2+3
3 If at least one additional risk factor is present

Pathway page 2: Cancer Pain > NRS 3, nociceptive character



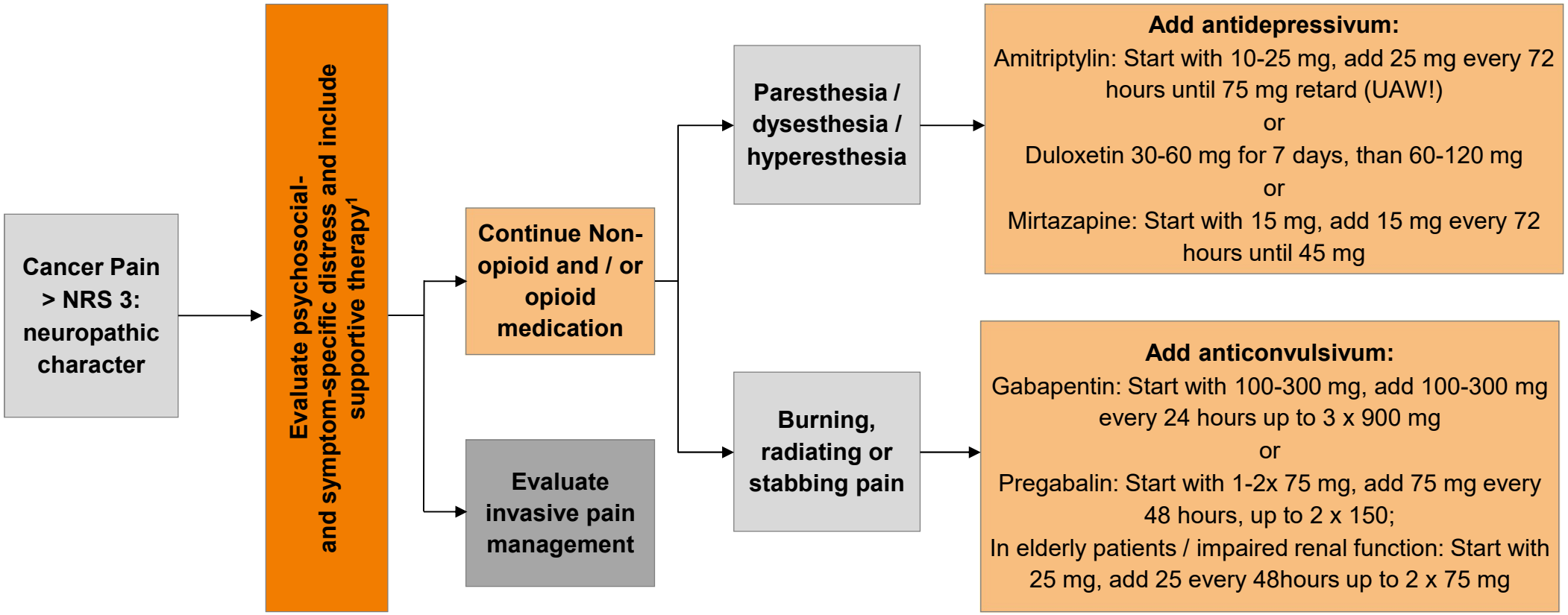
1 See additional supportive therapy page 7
3 Add Antiemesis for 3-5 days and obstipation prophylaxis continuously
4 For choice of strong opioid see pathway page 4

Pathway page 3: Cancer Pain > NRS 3, nociceptive character



3 Add Antiemesis for 3-5 days and obstipation prophylaxis continuously
4 For choice of strong opioid see pathway page 4
5 For dose equivalents see page 5
6 For adaption of on demand medication see pathway page 6

Pathway page 4: Cancer Pain > NRS 3, neuropathic character



[1] See additional supportive therapy page 7

Pathway page 5: Dose equivalents of strong opioids (dose retard per 24 hours)

substance	type of application	factor	doses										
Tramadol	p.o. [mg]	*0,1*	300	-	-	-	-	-	-	-	-	-	-
Tilidin	p.o. [mg]	*0,1*	300	600	-	-	-	-	-	-	-	-	-
Tapentadol	p.o. [mg]	*0,4*	100	150	200	300	400	450	500	-	-	-	-
Morphin	p.o. [mg]	*1*	30	60	90	120	150	180	210	300	450	600	900
Morphin	s.c./i.v. [mg]	*3*	10	20	30	40	50	60	70	100	150	200	300
Oxycodone	p.o. [mg]	*2*	10	30	40	60	80	80	100	160	200	300	450
Hydromorphone	p.o. [mg]	*7,5*	4	8	12	16	20	24	28	40	60	80	120
Hydromorphone	s.c./i.v. [mg]	*15*	2	4	6	8	10	12	14	20	30	40	60
Buprenorphine	TTS [µg/h]	*75*	15	35	52,5	70	87,5	105	122,5				
Fentanyl	TTS [µg/h]	*100*	12	25	37	50	62	75	87	100	200	250	300

Page 6: Calculation of on demand medication

Always prescribe on demand medication in combination with regular opioids; Dosage is calculated with about 1/6 – 1/8 of the total daily opioid dose in oral medication and with 1/8 – 1/10 in intravenous application.
No absolute limit in number of on demand dosages, but with off-time breaks according to the total flooding time.

On demand medication (data refer to non-retarded dosage forms):

substance	type of application	factor	doses										
Tramadol	p.o. [mg]	*0,1*	50	-	-	-	-	-	-	-	-	-	-
Tilidin	p.o. [mg]	*0,1*	50	100	-	-	-	-	-	-	-	-	-
Tapentadol acute	p.o. [mg]	*0,4*	50	50	50	50	50	50	50	-	-	-	-
Morphin	p.o. [mg]	*1*	5	10	15	20	25	30	30	40	50	60	90
Morphin	s.c./i.v. [mg]	*3*	2	3	5	5	8	8	10	10	15	20	30
Oxycodone	p.o. [mg]	*2*	5	5	5	10	10	10	15	20	20	30	40
Piritramide	s.c./i.v. [mg]	*2*	3,75	3,75	7,5	7,5	7,5	15	15	15	22,5	30	45
Hydromorphone	p.o. [mg]	*7,5*	1,3	1,3	1,3	2,6	2,6	3,9	3,9	5,2	6,5	10,4	13
Hydromorphone	s.c./i.v. [mg]	*15*	0,5	0,5	1	1	1	2	2	2	3	4	6
Buprenorphine	s.l. [mg]	*75*	0,2	0,2	0,2	0,2	0,2	0,4	0,4				
Fentanyl	s.l. [µg]	*100*	100	100	100	200	200	200	300	400	600	600	800

Page 7: Addional supportive therapy

- Physiotherapy
- Physical therapy: thermotherapy, lymph drainge, massage, etc.
- Relaxation therapy
- Meditation
- Psycho-oncology
- Music therapy
- Art therapy
- Aromatherapy
- Animal assisted therapy

Page 8: Treatment of opioid-related side effects

1. Treatment of opioid-related nausea and vomiting:

- Antidopaminergic (e.g. haloperidol)
- Prokinetic (e.g. metoclopramide)
- Combination of antidopaminergic+prokinetic agent

2. Treatment of opioid-related constipation:

- Laxantia for treatment or prophylaxis
- No evidence to support a preference for one laxative over another
- For treatment-resistant constipation: combination of laxatives with different mechanisms of action
- In therapy-resistant obstipation despite combination of different laxatives: therapy trial with methylnaltrexone injection

3. Treatment of opioid-related CNS-symptoms

- Therapy attempt with methylphenidate

4. Treatment of neurotoxic side effects (e.g. delirium, hallucinations, myoclonies, hyperalgesias):

- Implementation of dose reduction or opiod rotation