

## Journal Watch

### **Effect of Topical Morphine for Mucositis-Associated Pain following Concomitant Chemoradiotherapy for Head and Neck Carcinoma**

Cerchietti, L. et al. *Cancer*, November 15, 2002; 95(10): 2230-2236.

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#### **Abstract:**

26 patients with head and neck malignancies treated with concomitant chemoradiotherapy and experiencing severe painful mucositis were enrolled in a unicenter, randomized, controlled parallel comparison between 2% morphine mouth wash (14 patients) and a magnesium aluminum hydroxide plus viscous lidocaine plus diphenhydramine mouth wash (12 patients). Primary endpoints measured were: duration of severe pain (3.5 days less in morphine group), intensity of oral pain (1.5 points less in morphine group on 0-10 scale), and duration of severe functional impairment (5.5 days less in morphine group). Secondary endpoints included: need for supplementary analgesia (46% less in morphine group), infections (not significant), and local side effects (35% less in morphine group).

#### **Comments:**

Strengths: Fairly well-designed, simple but innovative study of a very practical approach to a very serious and increasingly common treatment-related symptom. Reference to basic science and clinical studies on the peripheral action of morphine and other opioids provides a convincing theoretical argument for the mechanism of action of the morphine mouth wash used. Good endpoint measures. Systemic opioid-sparing effect demonstrated in morphine group. Good inclusion/exclusion criteria. Patient characteristics and cancer treatment well-described.

Weaknesses: Not blinded. Limited sample size.

Relevance to Palliative Care: Very relevant. It is not uncommon to encounter patients still struggling with mucositis months after ceasing active treatment. Standard interventions to date have had mediocre results. The proposed treatment is easily accessible, cheap, practical, has a good theoretical basis, and seems effective. Warrants further study.