

# TALKING TO YOUR HEALTHCARE PROVIDER ABOUT METASTATIC BONE PAIN



When you are in pain, it can be challenging to tackle the rigors of cancer treatment. But bone pain from metastatic cancer doesn't have to affect your quality of life while in cancer treatment. Your healthcare team can manage bone pain, as they treat the primary cancer. But, you play a very important role.

## Taking a Lead Role in Treating Your Bone Pain

Talking to your healthcare provider about your bone pain is the first step in managing it. Many cancer patients are hesitant to talk honestly to their healthcare team about their pain. They worry that if they make too much of their pain, their doctors may be less aggressive in treating the primary cancer. This is simply not the case. You do not have to trade treatment of cancer for treatment of the pain.

## Talking About Your Bone Pain

It is important to talk about your pain openly and without minimizing it. If you can no longer do the things you once did without pain – like walk the dog, climb the stairs, sleep comfortably – then it's time to talk about your pain. Your healthcare team's goal is to treat your primary cancer and also manage your bone pain. In fact, pain control has been shown to improve patient quality of life, mood and longevity.<sup>1</sup>

## Staying Committed to the Process

It is important to remember that managing bone pain is a process. Additional or different pain treatments may be needed over time. It is critical to keep talking about your pain as it changes so that your healthcare team can advise and treat you.

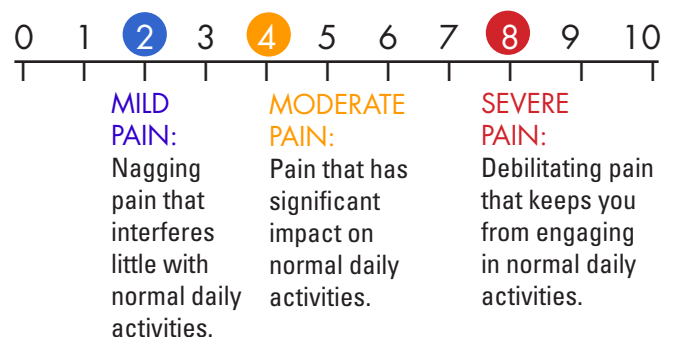
## Preparing to Talk About Your Bone Pain

In order to clearly communicate with your healthcare provider about your bone pain, take a few minutes before your next office visit, to reflect on the intensity, qualities and effects of the pain.

The two tools below will be very useful in this process. Bring them with you to your next office visit.

## The Pain Intensity Scale

Because pain is subjective, it is very useful to have a universal scale against which to measure it. Use the scale below – it measures the pain intensity on a scale of zero (no pain) to ten (worst pain possible). Which number would you assign your pain right now? Bring this scale and discuss it with your healthcare team on your next visit.



### Getting to Know Your Pain

You can't help your healthcare providers understand your pain unless you know it intimately yourself. Communicating well about your pain is the first step to treating it. Think about the questions below and make a few notes before your next office visit. Then bring this list with you as a reference.

- 1) Where do I feel pain? Is it in one/a few locations or spread more widely?  
\_\_\_\_\_
- 2) In general, how bad is the pain? (Use the Pain Intensity Scale to assign a value.)  
\_\_\_\_\_
- 3) What does the pain feel like (sharp, dull, aching, burning, throbbing, stabbing, constant, other sensations)?  
\_\_\_\_\_
- 4) When did the pain start? What was I doing when it started?  
\_\_\_\_\_
- 5) Has the pain changed over time? How?  
\_\_\_\_\_
- 6) Is the pain predictable? What makes the pain better or worse?  
\_\_\_\_\_
- 7) When the pain is worse, how bad is the pain? (Use the Pain Intensity Scale to assign a value.)  
\_\_\_\_\_
- 8) How long does the pain last?  
\_\_\_\_\_
- 9) What affect does the pain have on my ability to sleep?  
\_\_\_\_\_
- 10) What affect does the pain have on my appetite?  
\_\_\_\_\_
- 11) Does the pain prevent movement or mobility?  
\_\_\_\_\_
- 12) Does pain limit any of my daily activities?  
\_\_\_\_\_
- 13) Does the pain affect my mood? Do I feel depressed or nervous?  
\_\_\_\_\_
- 14) Do I get adequate pain relief from my current pain treatments?  
\_\_\_\_\_
- 15) Are there challenging side effects from my current pain treatment such as constipation, drowsiness, dizziness, nausea, etc.?  
\_\_\_\_\_
- 16) Is it difficult for me to get to the hospital regularly for pain treatment?  
\_\_\_\_\_

### Discover Quadramet:

A healthcare provider may have informed you about Quadramet® (Samarium Sm 153 Lexidronam Injection) which is used to reduce bone pain from cancer that has spread into the bones<sup>4</sup>. Quadramet was approved by the FDA more than 10 years ago and has helped over 25,000 cancer patients in the United States suffering from bone pain<sup>3</sup>.

Quadramet requires only a single injection, rather than daily visits to the hospital. Quadramet can be especially useful for patients who find it challenging to get back and forth to the hospital for pain therapies that require regular hospital visits, such as radiation therapy. It can also be a good option for those who are intolerant of opioids or interested in reducing their use of these drugs which can be addictive and have considerable side effects.

Quadramet is a powerful radiopharmaceutical and it is not appropriate for all patients.

### Ask Your Doctor if Quadramet is Right for You

For more information visit [www.quadramet-us.com](http://www.quadramet-us.com).

---

#### References:

1. Temel J, Greer J, Muzikansky A, et al. Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. *N Engl J Med.* 2010;363:733-42.
2. Serafini AN, Houston SJ, Resche I, et al. Palliation of pain associated with metastatic bone cancer using samarium-153 lexidronam: a double-blind placebo-controlled clinical trial. *J Clin Oncol.* 1998;16:1574-1581.
3. Distribution data on file EUSA Pharma (USA), Inc Langhorne PA. 35,000 vials have been distributed since the launch of Quadramet; the data have not been adjusted for actual number of patients treated, number of vials used for calibration, or number of returns.
4. Quadramet (samarium Sm-153 lexidronam injection) prescribing information. April 2009.

#### Selected Important Risk Information About QUADRAMET®

**CONTRAINDICATIONS:** Quadramet® is contraindicated in patients who have known hypersensitivity to EDTMP or similar phosphonate compounds

**WARNINGS AND PRECAUTIONS:** Quadramet® causes bone marrow suppression. Before administered, the patient's current clinical, hematological status, and bone marrow response history to myelotoxic agents should be considered. Metastatic cancers can be associated with disseminated intravascular coagulation (DIC); caution should be exercised when treating cancer patients whose platelet counts are falling or who have other findings suggesting DIC. Blood counts should be monitored weekly for at least 8 weeks or until bone marrow recovery.

The potential for additive bone marrow toxicity of Quadramet® with chemotherapy or external beam radiation has not been studied. Quadramet® should not be administered after either of these treatments unless the benefits outweigh the risks and adequate marrow recovery has occurred.

Quadramet® can cause fetal harm. Women of childbearing potential should be advised to avoid becoming pregnant soon after receiving Quadramet®. If administered, pregnant patients should be appraised of the potential hazard to the fetus and the potential for serious adverse reactions in nursing infants.

**ADVERSE REACTIONS:** The most frequent events are leucopenia, thrombocytopenia, and spinal cord compression in patients with cervical, thoracic, or lumbar spine metastases.

Please see full Quadramet® [Prescribing Information](#), 2009.

Copyright © 2012 EUSA Pharma (USA), Inc. All rights reserved.