

Constipation in Cancer Patients: A Guide for Clinicians

The “Big C”

Decades ago, the “big C” was the most commonly used colloquial name given to cancer. Less frequently applied in that context now, it should probably be used again but this time to describe one of the greatest unanswered symptomatic problems in oncology: not cancer itself but CONSTIPATION!

Some of my colleagues have poked gentle fun at me for working on an educational piece on constipation, but both my clinical experience and a review of relevant literature tell me that this problem is an often hidden, understudied, and sometimes forgotten clinical entity. This should not be the case! Constipation affects millions of cancer patients, and no well-validated guidelines exist to allow us to prescribe optimal preventive or management means for this huge population. Remember that most of our patients with cancer will at some time during their illness experience this complication that clearly impairs their quality of life.

Why is the assessment and management of constipation so low a priority on our totem pole of things an oncologist should do? I am not sure, but perhaps it relates to the fact that many patients do not wish to bother their caregiver with such a “mundane” problem and that a host of well-advertised over-the-counter medications are available for self-management. How much research is being done on the effects of constipation and its management by the oncology community? I will answer this by reporting my evaluation of content in the 2003 ASCO abstracts:

Total number of abstracts:	3,717
Number of abstracts that mention constipation:	81*
Number of abstracts investigating constipation management:	1

These results speak for themselves. Unless there is a sea change in the interests and activity of ASCO members, little new knowledge is likely to accrue from this source. As another example, a recent publication from a prestigious institution on supportive care for patients with cancer did not even mention constipation! Fortunately, there is more interest in studying constipation and its management among nurses and pharmacists, but there is still much empiricism in their reports and recommendations.

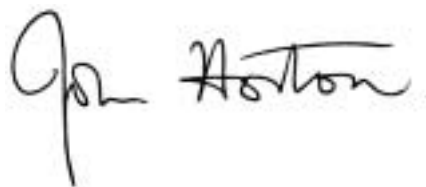
This supplement to *Cancer Control* highlights the scope of the problem of constipation in patients with can-

cer and provides guidance on its assessment as well as prophylaxis and management. The contents are organized as follows:

1. Review of pathogenesis, assessment, and management emphasizing opioid-induced constipation by Susan McMillan, PhD, RN, FAAN.
2. Review of the drug preparations and combinations — both old and new — that can be used to prevent or treat constipation by Jorge Avila, PharmD, BCOP.
3. Comments on articles concerning constipation.
4. Discussion of case vignettes to amplify key issues.
5. Example of published guideline for prophylaxis or treatment of constipation.
6. Continuing Medical Education.
7. Draft of a patient education sheet that can be modified for patients who are to receive a prescription for an opioid for the first time.

The dearth of valid information on which to base recommendations for true evidence-based guidelines on prophylaxis and management of constipation in cancer patients leads me to put out a call or challenge for national organizations (eg, ASCO, NCCN, ONS, ACS, or any combination of these) to develop and implement such guidelines. Until then, it would be useful for your office and/or hospital to define and implement your individual approach to recognizing, assessing, preventing, and managing constipation in your cancer patient population. Your patients will feel better and will be appreciative. I trust that the content of this supplement to *Cancer Control* will be of assistance in starting you on this track.

Yours sincerely,



John Horton, MB, ChB, FACP
Professor of Oncology & Medicine
Editor, *Cancer Control*

*These are nearly all phase I and phase II chemotherapy studies.