Bridging Gaps: Clinical and Ethical Challenges for Patients with Addiction and Cancer

Case 1:

- 55yo mom w/ locally invasive bladder cancer and h/o OUD, admitted for a planned bladder resection as part of curative treatment
    - Post-op, she reports severe pain despite restarting OP pain regimen: MSER 30mg TID , Hydrocodone-APAP 5-325mg Q6hr PRN, gabapentin 600mg TID
    - Overnight, she had pain, sweating, anxiety, diarrhea. Exam: uncomfortable, sweaty, dilated pupils, awake and alert
- Medical History: Anxiety, Depression, Chronic low back pain, PTSD
- Social history: She lives with a boyfriend with untreated OUD and prior unintentional overdose. Was working in a grocery store until severe pelvic pain. Estranged from 4 kids
    - Substance Use History: h/o 6 yrs remission on Bup 8mg BID SL then returned to use after divorce. h/o 5 yrs remission on Methadone 90mg/d most recently. 6mo ago: started use of non-Rx fentanyl and methamphetamine for pain, coping. 2mo ago: Self-tapered methadone bc she felt stigmatized at OTP. Oncology started hydrocodone-APAP and added MSER 30 TID. Smokes marijuana; Denies use of anything else
- Ultimately returned to use by injection. Last use was DOA
- Goal: Treat cancer. Reconnect with kids, “To be normal”. To stop using fentanyl, does not want to be on MOUD ‘when this is all over’

8 months later –

- Severe abdominal and pelvic pain has returned and interferes with sleep and daily function. She now lives in medical respite away from ex-bf. Still intermittently using non-prescribed methamphetamine despite mirtazapine. Scans now show progression of disease with widespread pelvic mets. Oncology mentions hospice would be appropriate

CASE 2:

- 60 year old man diagnosed with metastatic adrenal cancer
- OUD in remission on buprenorphine
- Started on oxycodone for cancer-related pain
- Buprenorphine 16 mg daily continued
- No recurrence of substance use
- Treatment for adrenal cancer completed
- On surveillance only, no evidence of disease
- Continues to have abdominal pain (no findings on scans) as well as shoulder pain due to rotator cuff disease
- Buprenorphine 16 mg daily, oxycodone 180 mg daily

CASE 3:

- A 27-year-old patient is seen in clinic.
- She has active SUD
    - Non-prescription fentantyl and methamphetamine
- She has been newly diagnosed with cervical cancer
    - Treatment Intent: Curative
- She is declining MOUD
- She is declining cancer-directed treatments
- She is declining full resuscitation and wants to sign paperwork to be do-not-resuscitate (DNR)
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