Making Cancer History[°]

THE UNIVERSITY OF TEXAS

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CONCLUSION: Our patient survey shows a significant pr could administer take-home naloxone in case of an accident

INTRODUCTION:

- Take-home Naloxone can reverse opioid-related overdoses.
- Administered by any of the following:
 - Emergency personnel
 - Medical Team
 - Bystanders
 - Caregivers
- What if a patient with a cancer diagnosis requiring opioids who carries risk factors for opioid overdoses lives alone?

AIM: This study aims to understand the perception of Take-home naloxone among cancer patients who live alone and carry risk factors for OODs.

METHODS AND MATERIALS:

Current practice: Take-home Naloxone is coprescribed to patients with active cancer receiving opioids and carries risk factors for opioid overdoses.

Prospective cross-sectional survey:

- Patients with high-risk factors for opioid overdoses + received take-home naloxone co-prescription.
- Between July 2020 and April 2022
- **Goal:** The survey will assess patients' perceptions regarding the prescription and need for Take-home Naloxone.
- A sub-group analysis was conducted among patients who lived alone.

proportion of cancer patients with risk factors for opioid overdoses live alone without a caregiver who tal opioid overdose. More research is needed to care for such patients appropriately.						
Table 2. Risk factors for opioid overdose	le 2. Risk factors for opioid overdoses & indications for co-prescribing Naloxone					
Variable	Total (N=150)	Patients' Living Arrangement				
		Live with family or	Live alone (N= 23)	P-Value		
		caregivers (N= 127)				
MEDD ¹ >90	78 (52)	66 (52)	12 (52)	1.0000		
Methadone prescription	21 (14)	18 (14)	3 (13)	1.0000		
Benzodiazepines	45 (30)	37 (29)	8 (35)	0.62		
Other sedating drugs	106 (71)	92 (72)	14 (61)	0.32		
Co-prescription of high dose of	42 (28)	36 (28)	6 (26)	1.0000		
gabapentinoids ²						
Sleep apnea	13 (9)	12 (9)	1 (4)	0.69		
COPD ³ or other non-malignant	13 (9)	10 (8)	3 (13)	0.42		
pulmonary disease						
Home Oxygen use	3 (2)	3 (2)	0 (0)	1.0000		
Hepatic or renal failure	16 (11)	15 (12)	1 (4)	0.47		
History of abuse of opioid/substance	16 (11)	12 (9)	4 (17)	0.27		
abuse						
1. MEDD: Morphine Daily Equivalent Dose						

- pentinoids: Gabapentin >900mg/day, and Pregabalin: >150 mg/day **COPD: Chronic Obstructive Pulmonary Disease**

RESULTS:

- 23/150 surveyed patients lived alone
- 12/23 (52%) were male
- 13/23 (57%) were white
- 16/23 (70%) had advanced cancer
- opioid overdoses

Risk factors for opioid overdoses: (most prevalent)

- Morphine equivalent daily dose of >90 (12/23;52%)
- Concurrent use of sedative medications (14/23;61%)
- p=.0006).
- **DISCUSSION:**
- A significant number of patients with risk factors live alone.
- Educate community outreach programs.
- Encouraging patients to invite friends and family to medical discussions • Improving the safety network. Frequent visits from friends and family.
- Artificial intelligence-powered voice bots and pill bots

Perception towards Take-Home Naloxone Among Patients with cancer who Live Alone and Carry Risk-factors for Opioid-Related Overdoses. Jaya Amaram-Davila, MD¹; Glorymar Lopez Garayua MD¹; Diana Urbauer PHD¹; Eduardo Bruera¹, MD; Akhila Reddy, MD¹

• No significant differences in most demographics, characteristics, and risk factors for

• History of smoking among patients that lived alone (44/127 (35%) vs. 16/23 (70%);

• Simultaneous use of opioids with alcohol or other sedating medications (p=1.000)

Variable	Total (N=150)	Patients' Living Arrangement		
		Live with family or	Live alone (N= 23)	P-Value
		caregivers (N= 127)		
Age, mean (range)	54.6 (22-79)	54.9 (26-79)	<mark>52.8 (22-69)</mark>	0.44
/lale, n (%)	82 (55)	70 (55)	<mark>12 (52)</mark>	0.82
ace/ethnicity, n (%)				
Vhite	105 (70)	92 (72)	<mark>13 (57)</mark>	
lispanic	23 (15)	18 (14)	<mark>5 (22)</mark>	0.20
African American	17 (11)	14 (11)	<mark>3 (13)</mark>	
Other	5 (3)	3 (2)	<mark>2 (9)</mark>	
lighest level of education, n (%)				
-11th grade	3 (2)	2 (2)	<mark>1 (4)</mark>	
ligh school	31 (21)	24 (19)	7 (30)	0.00
ligher education	116 (78)	101 (79)	<mark>15 (66)</mark>	
Employment status, n (%)	. ,			
- - ull time	46 (31)	38 (30)	<mark>8 (35)</mark>	
łomemaker	6 (4)	6 (5)	0 (0.0)	
Part-time	9 (6)	8 (6	1 (4)	0.85
Jnemployed	12 (8)	9 (7	<mark>3 (13)</mark>	
Retired	47 (31	41 (32)	<mark>6 (26)</mark>	
Other	30 (20)	25 (20)	5 (22)	
Cancer type, n (%)	30 (20)	23 (20)	J (22)	
Head and neck	18 (12)	16 (13)	<mark>2 (9)</mark>	
Thoracic	17 (11)	14 (11)	3 (13)	
Gastrointestinal	34 (23)	32 (25)	<mark>2 (9)</mark>	
Gynecologic	4 (3)	4 (3)	<mark>0 (0)</mark>	0.41
Genitourinary	23 (15)	19 (15)	4 (17)	0.41
Breast	20 (13)	14 (11)	- (17) 6 (26)	
lematologic	15 (10)	13 (10)	2 (9)	
Other	19 (13)			
Advanced stage cancer	121 (81)	15 (12) 105 (83)	<mark>4 (17)</mark> 16 (70)	0.16
CAGE ¹ Positive	11 (7)	8 (6)	3 (13)	0.18
SOAPP ² Positive	19 (17)	13 (14)	<mark>6 (35)</mark>	0.38
listory of drug use (other than	13 (17)	10 (17)	0(33)	0.07
Marijuana)	129 (86)	110 (86)	<mark>19 (82)</mark>	
Never	3 (2)	2 (2)	19 (82) 1 (4)	0.40
Current	3 (2) 18 (12)	2 (2) 15 (12)	1 (4) 3 (13)	0.40
	10(12)	13(12)		
Previous distory of Marijuana use				
listory of Marijuana use	104 (60)	00 (71)	14 (61)	
Never	104 (69)	90 (71)	$\frac{14(61)}{2(12)}$	0.45
Current	12 (8)	9 (7)	$\frac{3(13)}{(26)}$	0.45
Previous	34 (22)	28 (22)	<mark>6 (26)</mark>	
listory of tobacco smoking	00 (00)		7 (20)	
Never	90 (60)	83 (65)	7 (30)	0.0000
Current	9 (6)	4 (3)	5 (22)	0.0006
Previous CAGE: Cut-Down, Annoyed, Gui	51 (34)	40 (32)	<mark>11 (48)</mark>	