
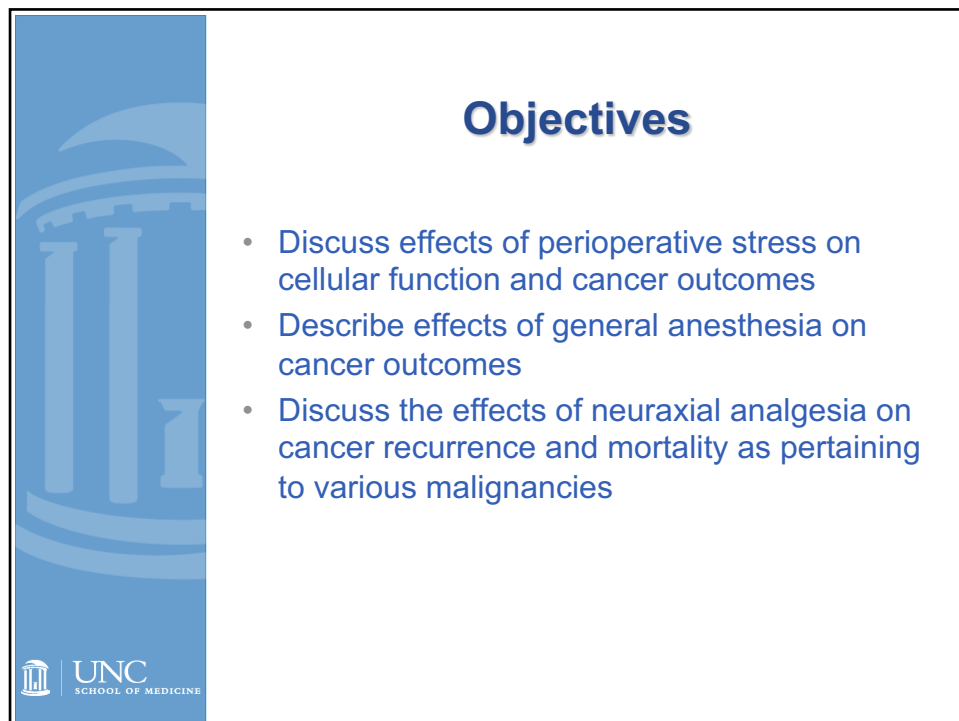


Benefits of Regional Anesthesia in Cancer Surgery

Dominika Lipowska James, MD
Associate Professor of Anesthesiology
UNC Pain Fellowship. Director
Department of Anesthesiology
University of North Carolina, Chapel Hill, USA

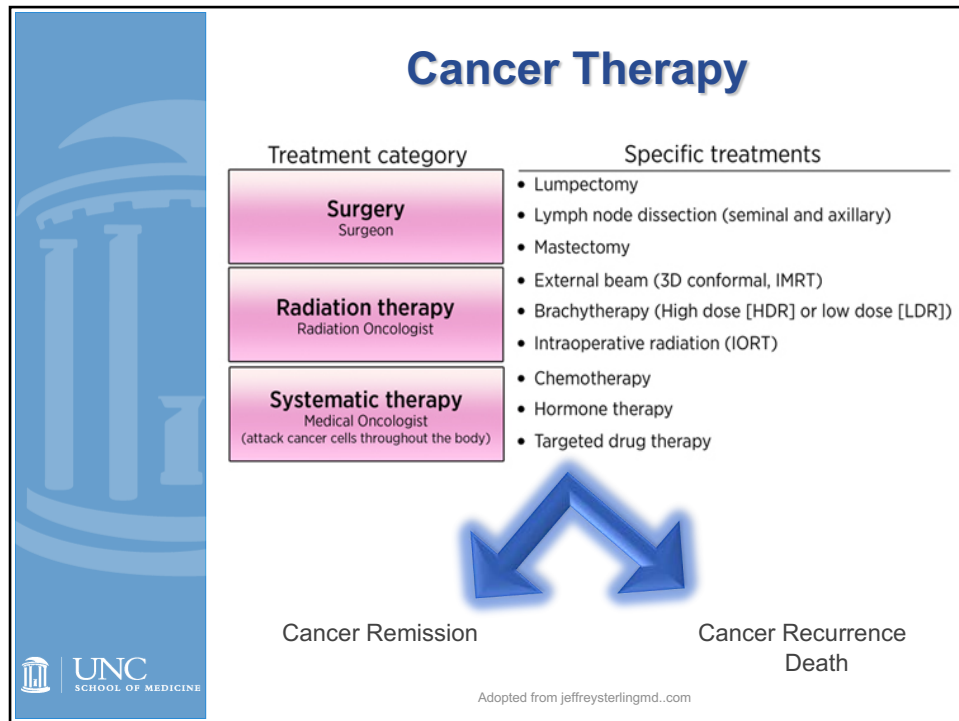
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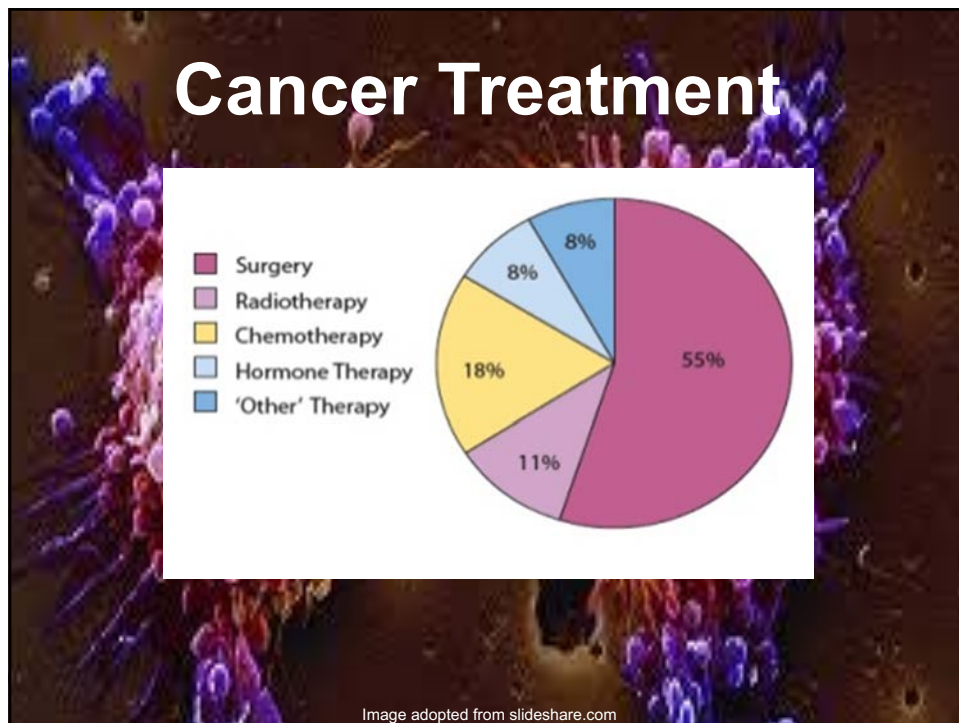
Objectives

- Discuss effects of perioperative stress on cellular function and cancer outcomes
- Describe effects of general anesthesia on cancer outcomes
- Discuss the effects of neuraxial analgesia on cancer recurrence and mortality as pertaining to various malignancies

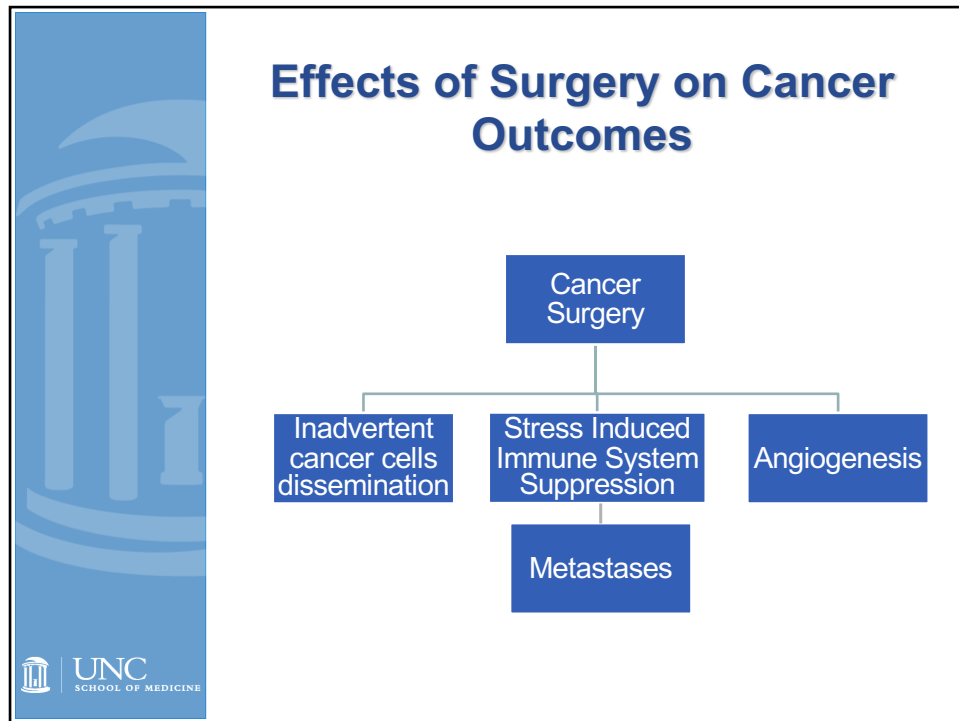
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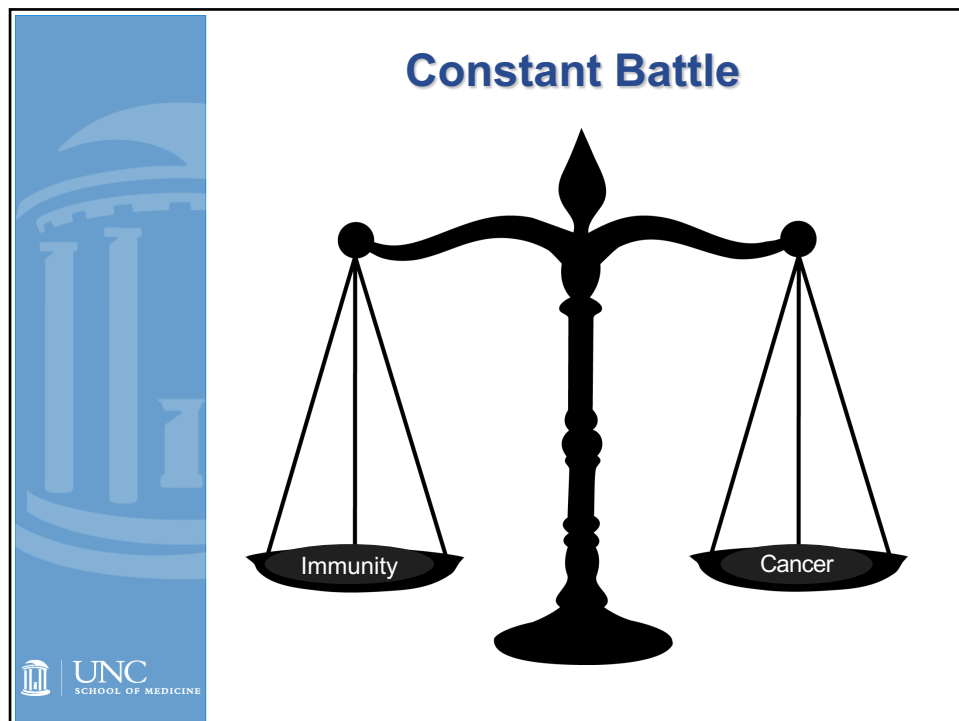
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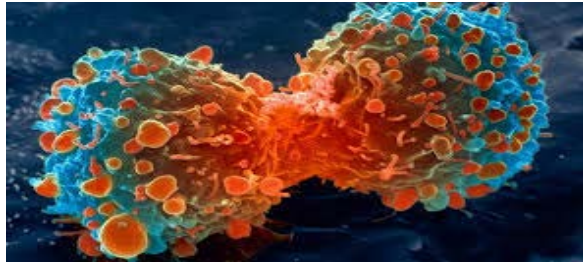


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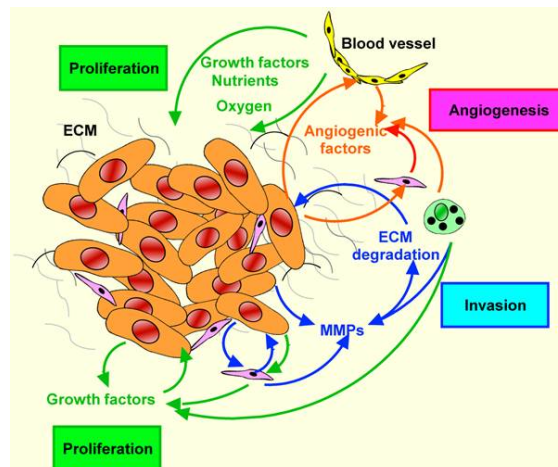
6

Why is cancer so tough to kill?



- Ability to evade immune surveillance
- Endless potential to replicate
- Resistance to apoptosis
- Micro- and macro-metastasis
- Angiogenesis

Tumor Microenvironment



1) Koontongkaew S. The Tumor Microenvironment Contribution to Development, Growth, Invasion and Metastasis of Head and Neck Squamous Cell Carcinomas. *J Cancer* 2013; 4(1):66-83. doi:10.7150/jca.5112. Available from <http://www.ijcancer.org/v04p0066.htm>

Function of the Immune System in Cancer Detection

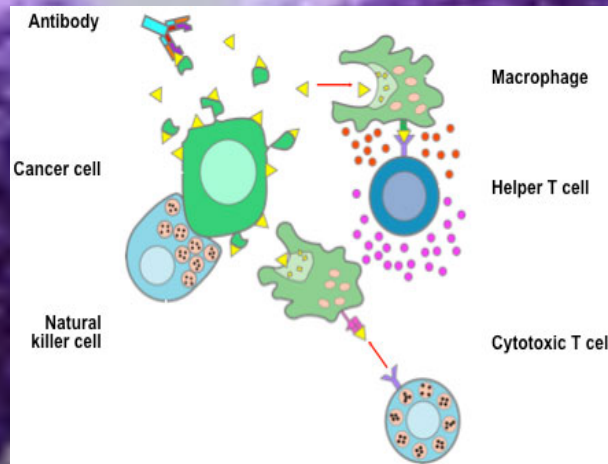
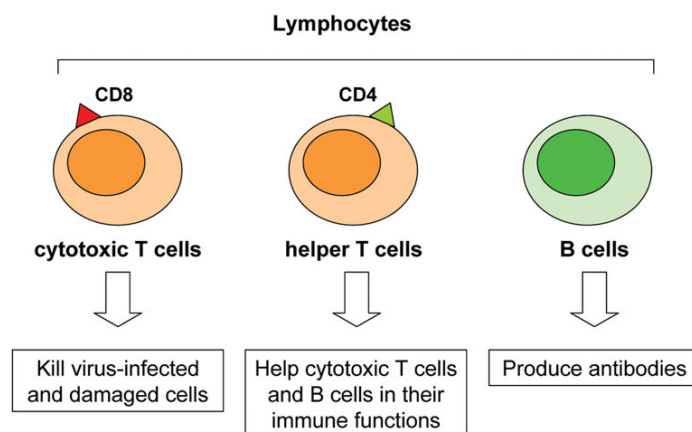


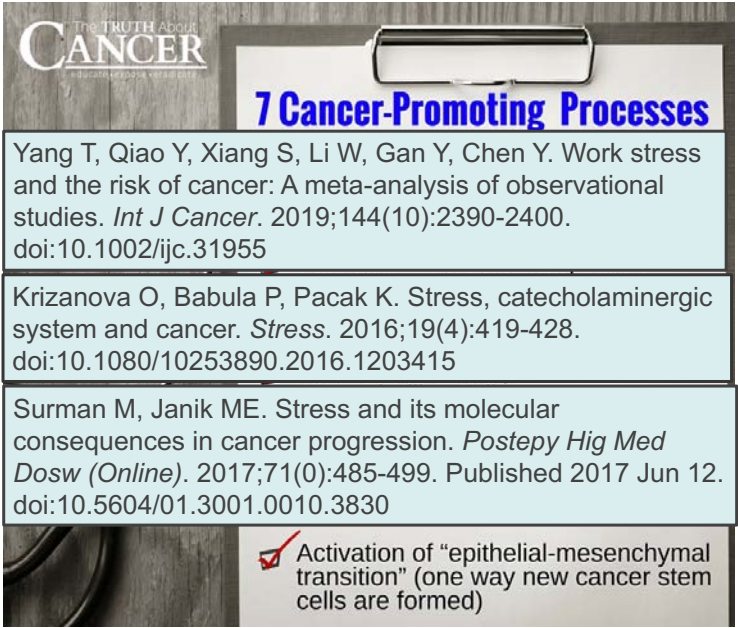
Image adopted from National Cancer Institute

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Immunity and Cancer



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The TRUTH About CANCER
educateempowereradicate.com

7 Cancer-Promoting Processes

Yang T, Qiao Y, Xiang S, Li W, Gan Y, Chen Y. Work stress and the risk of cancer: A meta-analysis of observational studies. *Int J Cancer*. 2019;144(10):2390-2400. doi:10.1002/ijc.31955

Krizanova O, Babula P, Pacak K. Stress, catecholaminergic system and cancer. *Stress*. 2016;19(4):419-428. doi:10.1080/10253890.2016.1203415


Surman M, Janik ME. Stress and its molecular consequences in cancer progression. *Postepy Hig Med Dosw (Online)*. 2017;71(0):485-499. Published 2017 Jun 12. doi:10.5604/01.3001.0010.3830

✓ Activation of "epithelial-mesenchymal transition" (one way new cancer stem cells are formed)

Image adopted from

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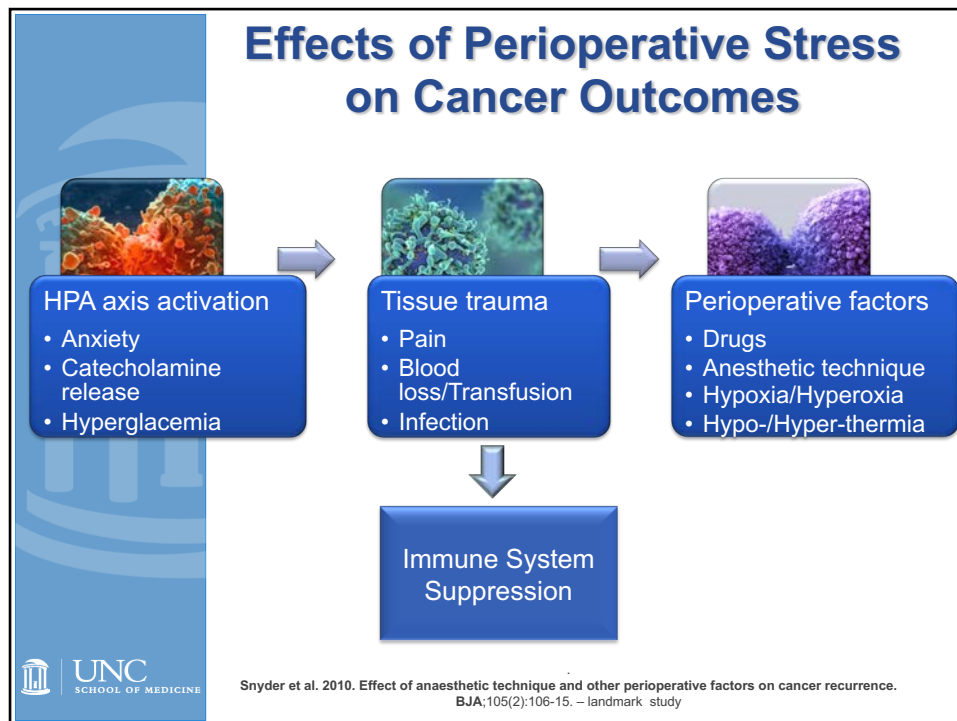


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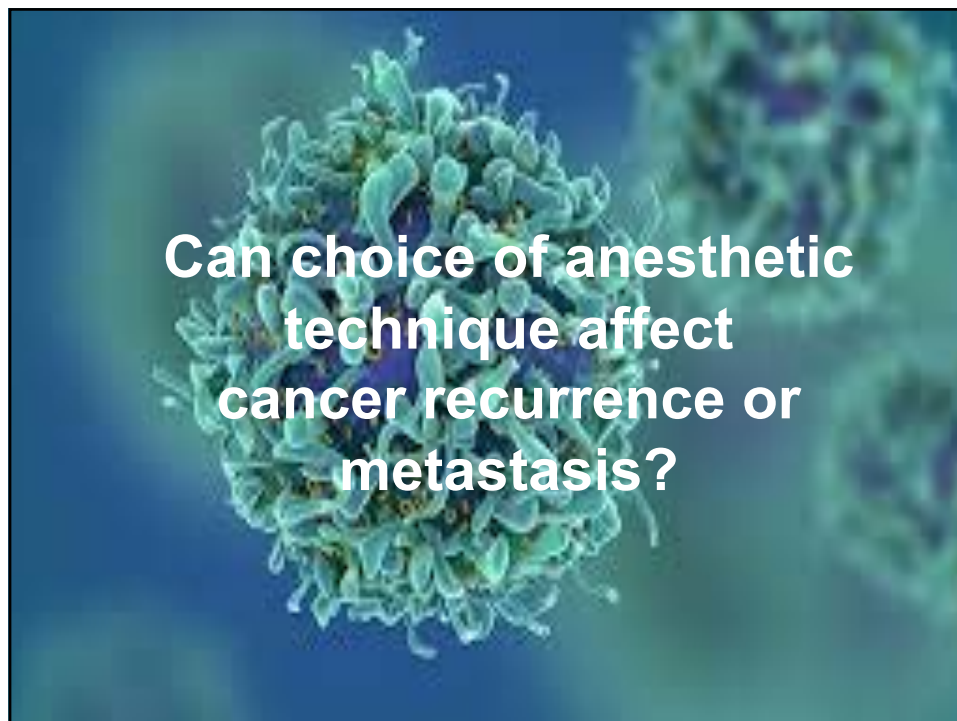
These are Landmark Studies

- 1) Sood et al. (2006). Stress hormone-mediated invasion of ovarian cancer cells. *Clinical Cancer Research*, 12(2), 369-375.
- 2) Bernabé et al. (2011). Stress hormones increase cell proliferation and regulates interleukin-6 secretion in human oral squamous cell carcinoma cells. *Brain, Behavior, and Immunity*, 25(3), 574-583.

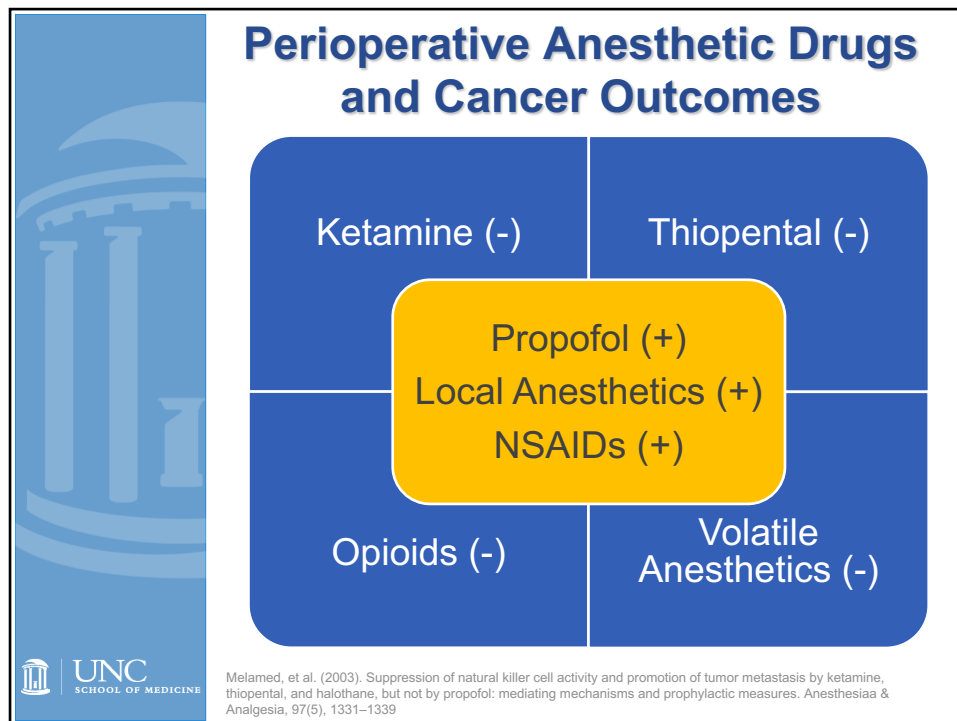
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Effects of Opioids on Cancer Outcomes

- Meserve et al. (2014). The role of analgesics in cancer propagation. *Best Practice & Research Clinical Anaesthesiology*, 28(2), 139–151.
- Ma et al. Morphine enhances renal cell carcinoma aggressiveness through promotes surviving level. *Ren Fail.* 2017 Nov;39(1):258-264
- Cao et al. Morphine, a potential antagonist of cisplatin cytotoxicity, inhibits cisplatin-induced apoptosis and suppression of tumor growth in nasopharyngeal carcinoma xenografts. *Sci Rep.* 2016 Jan 5;6:18706.
- Nguyen et al. Morphine stimulates cancer progression and mast cell activation and impairs survival in transgenic mice with breast cancer. *British Journal of Anaesthesia.* 2014;113(Suppl 1):i4–13.

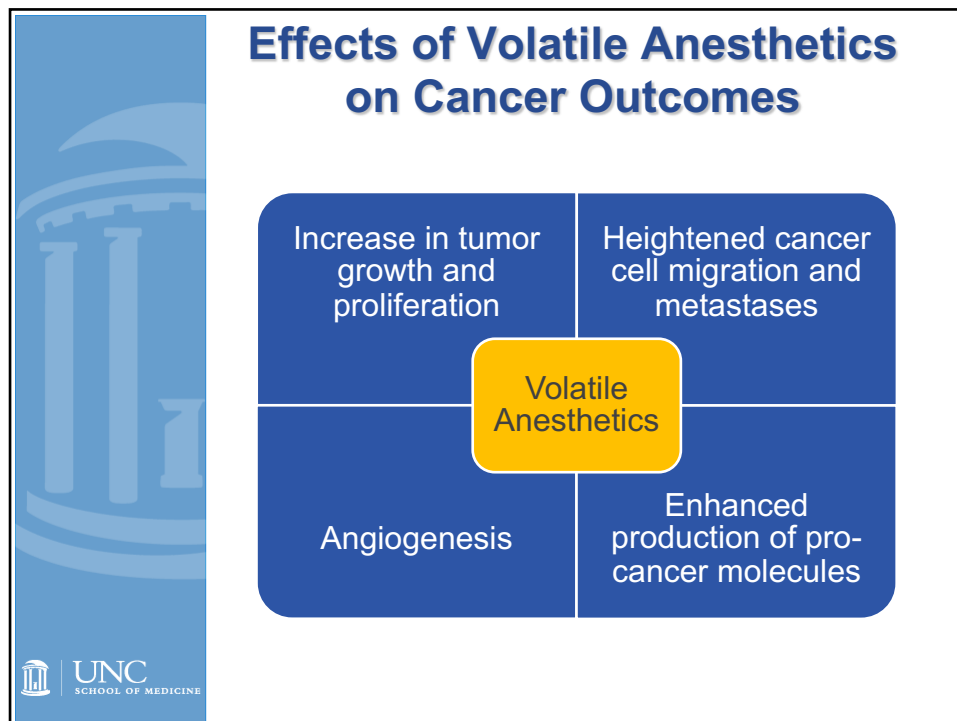
16



Effects of Volatile Anesthetics on Cancer Outcomes

- Tazawa et al. The effect of different anesthetics on tumor cytotoxicity by natural killer cells. *Toxicol Lett.* 2017 Jan 15;266:23-31.
- Zhang et al. Isoflurane promotes non-small cell lung cancer malignancy by activating the Akt-Mammalian Target of Rapamycin (m-TOR) signaling pathway. *Med Sci Monit.* 2016 Nov 29;22:4644-4650.
- Iwasaki et al. Volatile anaesthetics enhance the metastasis related cellular signalling including CXCR2 of ovarian cancer cells. *Oncotarget.* 2016 May 3;7(18):26042-56
- Benzonana et al. Isoflurane, a commonly used volatile anesthetic, enhances renal cancer growth and malignant potential via the hypoxia inducible factor cellular signaling pathway in vitro. *Anesthesiology.* 2013 Sep;119(3):593-605.

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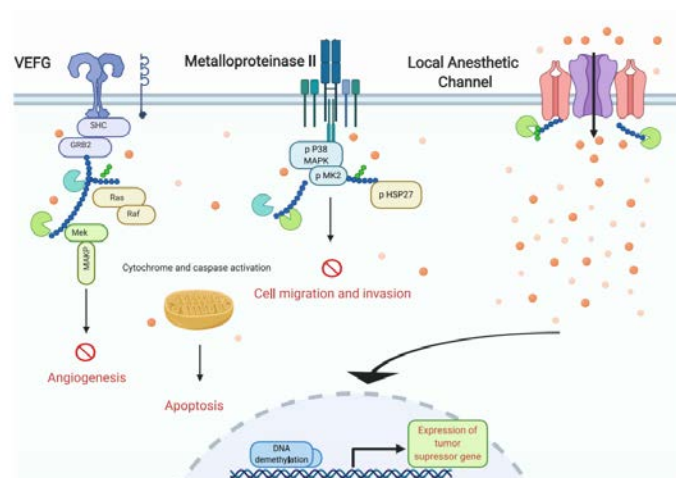
Local Anesthetics:

- potentiate cytotoxicity of the natural killer cells
- facilitate antigen presentation
- modulate function of neutrophils, macrophages, and dendritic cells

Cata JP, Guerra C, Soto G, Ramirez MF. Anesthesia Options and the Recurrence of Cancer: What We Know so Far?. *Local Reg Anesth.* 2020;13:57-72. Published 2020 Jul 7. doi:10.2147/LRA.S240567

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How Do Local Anesthetics Influence Cancer Outcomes?



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So where do we go from here?



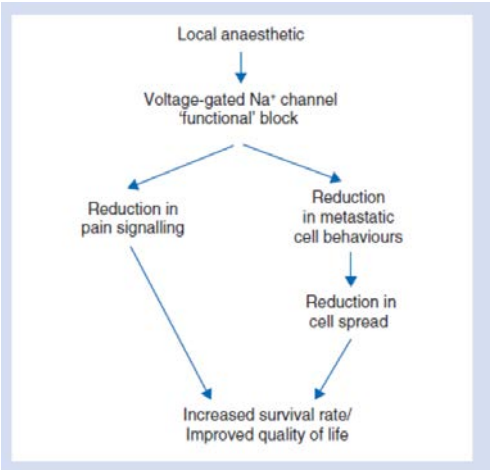
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British Journal of Anaesthesia 113 (6): 899–902 (2014)
Advance Access publication 16 July 2014 · doi:10.1093/bja/aeu221

Local anaesthetic use in cancer surgery and disease recurrence: role of voltage-gated sodium channels?

S. P. Fraser^{1*}, I. Foo² and M. B. A. Djamgoz¹



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NSAIDS Improve Cancer Outcomes

- Chronic aspirin use decreases risk of colon cancer
- COX 2 enzyme tumor overexpression
- COX-2 inhibitors induce tumor cell apoptosis
- COX-2 inhibitors improve response to chemotherapy in lung cancer
- Ketorolac and diclofenac improve disease free survival in breast cancer
- NSAIDs appear to improve disease free survival and overall survival after cancer surgery



Hou et al. BJ of Clinical Pharm, 2015

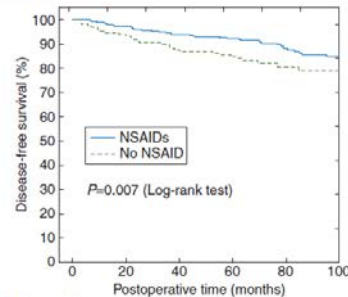
Forget et al. BJA 2014

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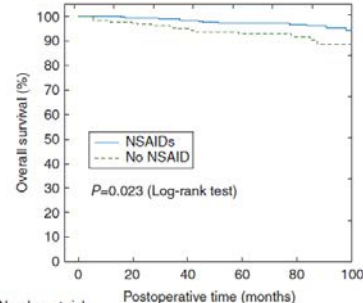
British Journal of Anaesthesia 113 (51):i82-i87 (2014)
Advance Access publication 23 January 2014 · doi:10.1093/bja/aet464

Intraoperative use of ketorolac or diclofenac is associated with improved disease-free survival and overall survival in conservative breast cancer surgery

P. Forget^{1*}, C. Bentin², J.-P. Machiels³, M. Berliere², P. G. Coulie⁴ and M. De Kock¹



Number at risk						
NSAIDs	510	462	405	287	160	64
No NSAID	210	174	148	113	53	8

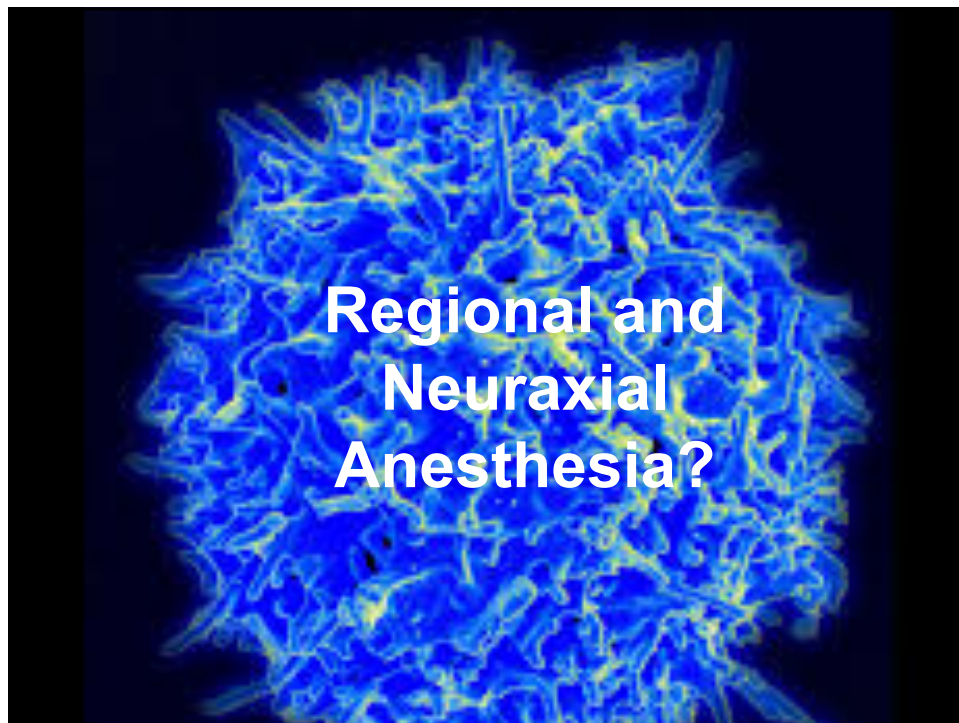


Number at risk						
NSAIDs	510	484	448	332	200	85
No NSAID	210	191	173	142	71	19




Forget BJA 2014

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Benefits of epidural analgesia

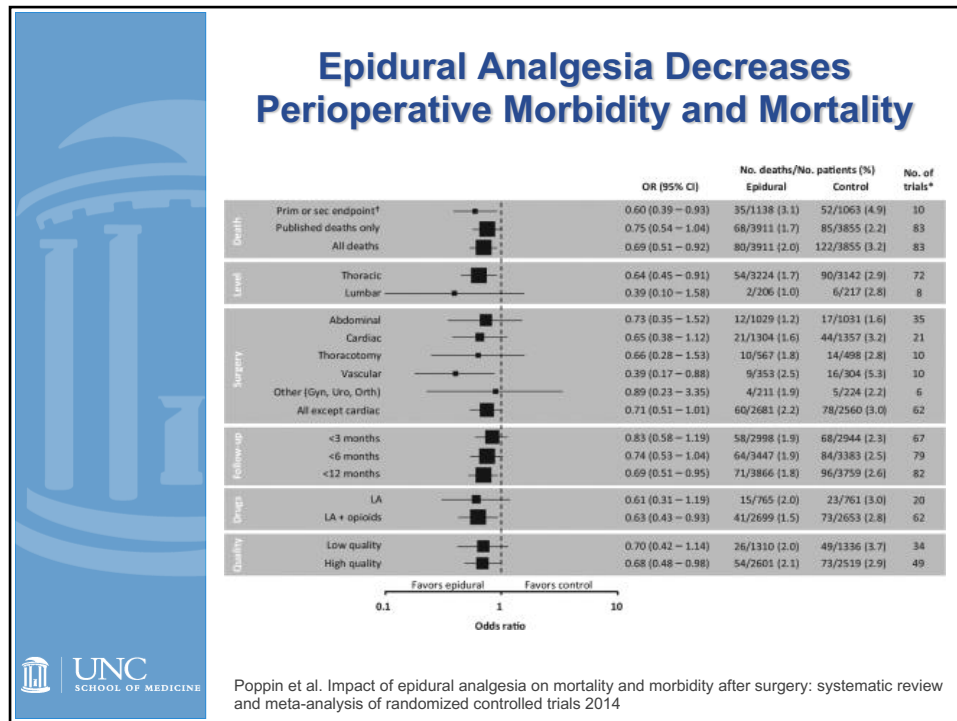
- Improved peri-operative pain control
- Better functional recovery
- Decreased stress response
- Inhibition of catecholamine release results in decreased cardiac O₂ demand
- Decreased risk of vascular thrombosis/PE
- Reduced incidence of post-op infections and improved wound healing
- Decreased catabolic state resulting in improved glucose control and decreased protein catabolism



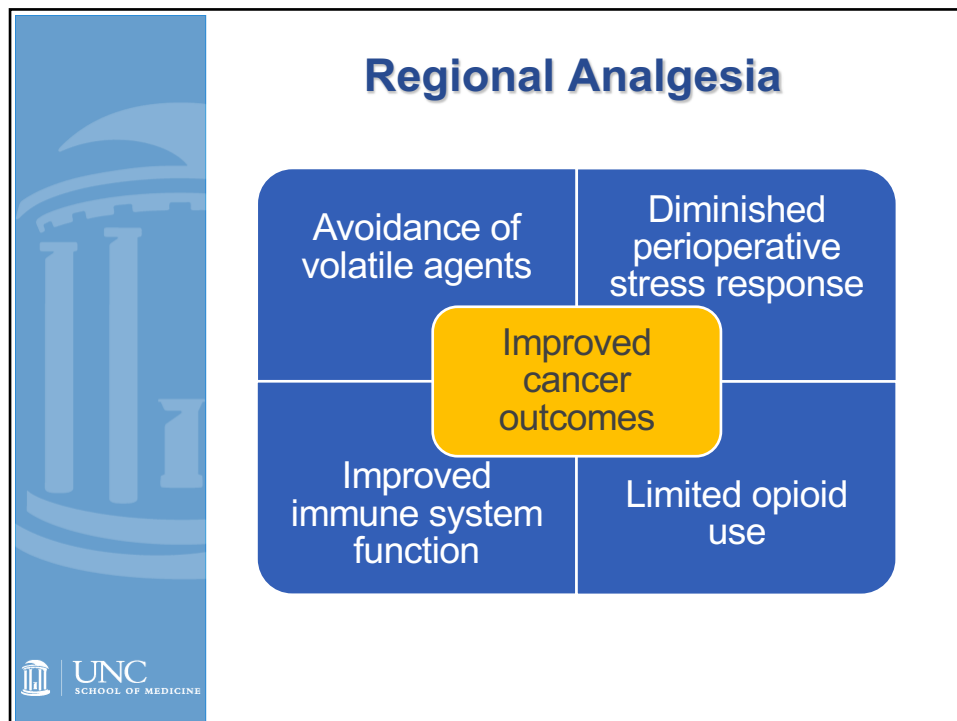
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Rodgers A, Walker N, Schug S, et al. Reduction of postoperative mortality and morbidity with epidural or spinal anesthesia: results from overview of randomized trials. *BMJ*. 2000;321:1493 – Landmark Study

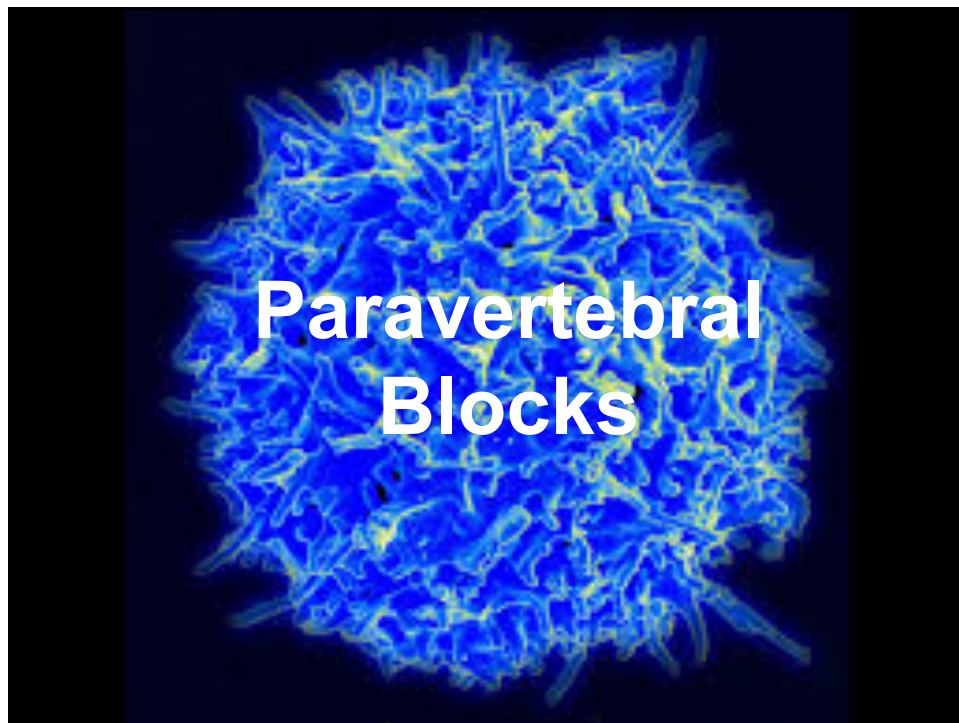
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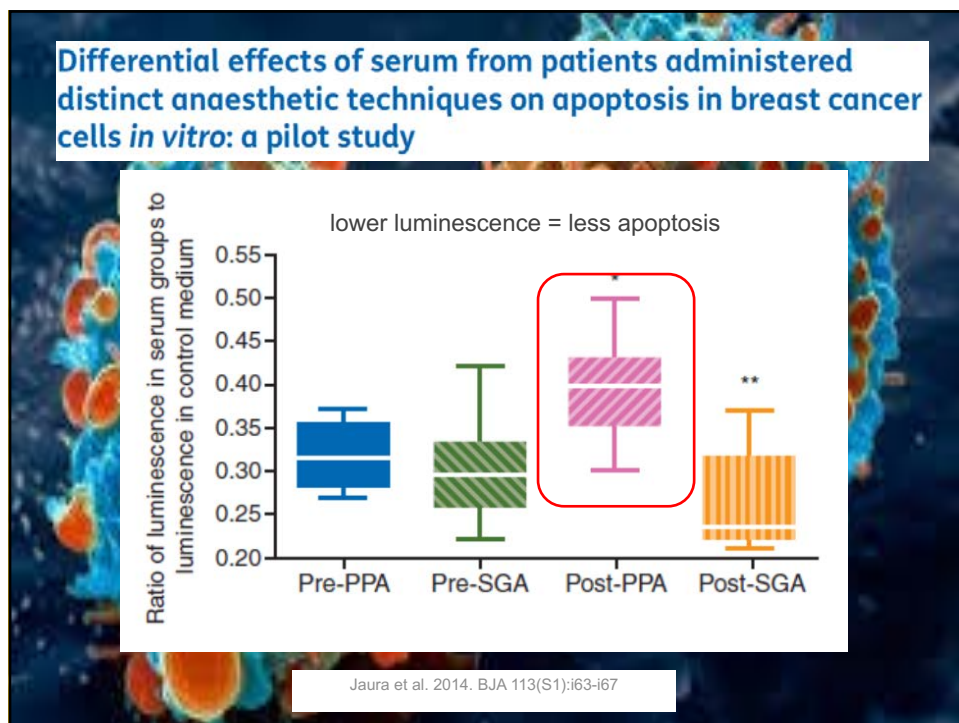
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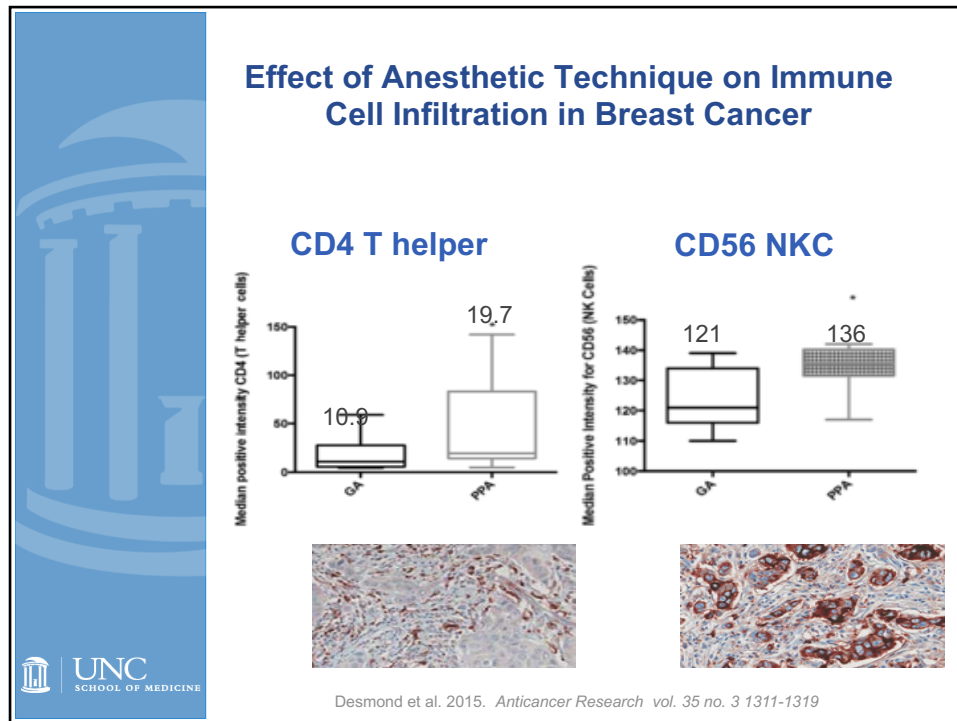
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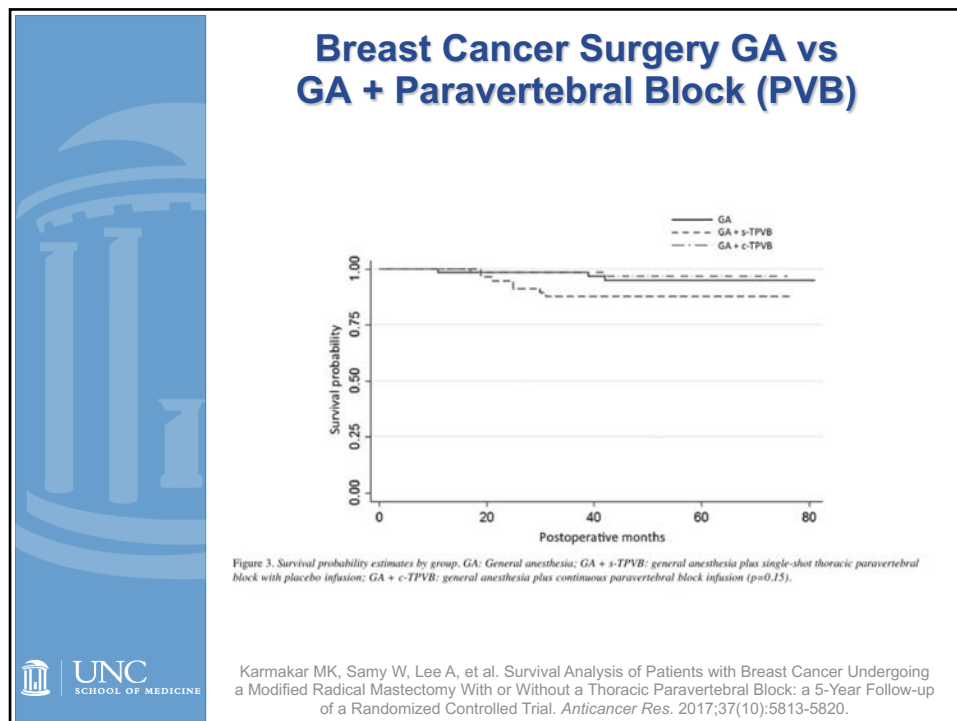
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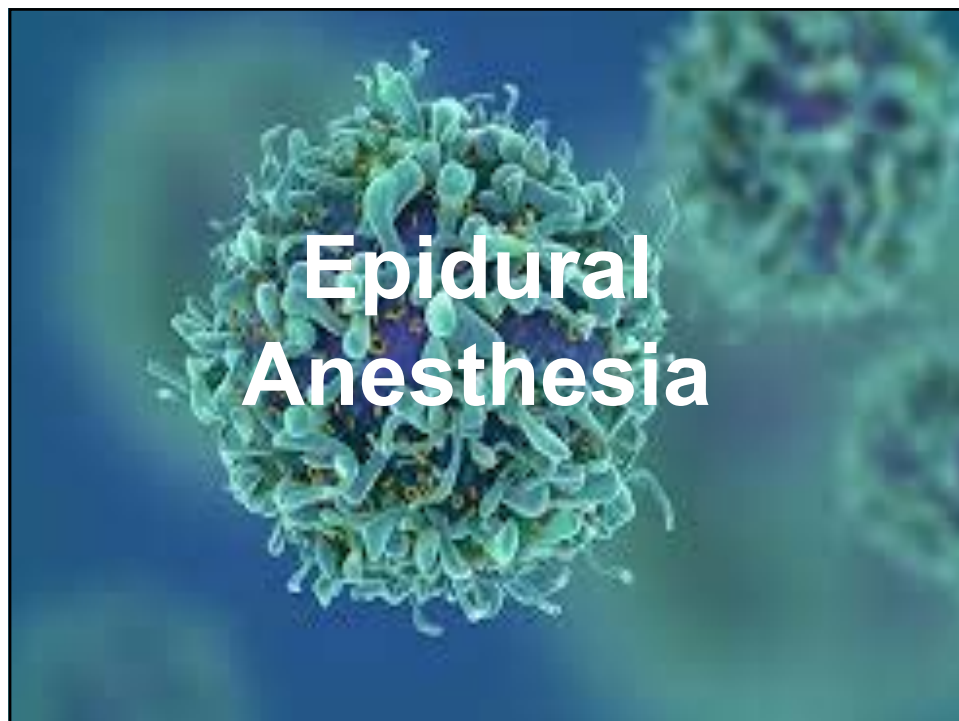
Impact of Regional Anesthesia on Recurrence, Metastasis, and Immune Response in Breast Cancer Surgery: *A Systematic Review of the Literature*

Oscar Pérez-González, MD^{*,†,‡}, Luis F. Cuéllar-Guzmán, MD^{*,‡}, José Soliz, MD[§] and Juan P. Cata, MD^{‡,§}

- 467 relevant studies
- 15 were reviewed
- No data to support or refute the use of PVB for reduction of cancer recurrence or survival

Reg Anesth Pain Med. 2017;42(6):751-756.

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Epidural Analgesia in Cervical Carcinoma

- N=85
- GETA/EPI vs GETA
- Natural Killer cells activity measured before anesthesia, at incision, 4 and 24 hrs hours after
- GETA/EPI group:
 - » Decreased suppression of NK activity
 - » Increased levels of antitumorigenic (IL-2 and IFN- γ)
 - » and decreased levels of protumorigenic (IL-1 β , IL-6, IL-8) cytokines

Li JM, Shao JL, Zeng WJ, Liang RB. General/epidural anesthesia in combination preserves NK cell activity and affects cytokine response in cervical carcinoma patients undergoing radical resection: a cohort prospective study. *Eur J Gynaecol Oncol*. 2015;36(6):703-707.

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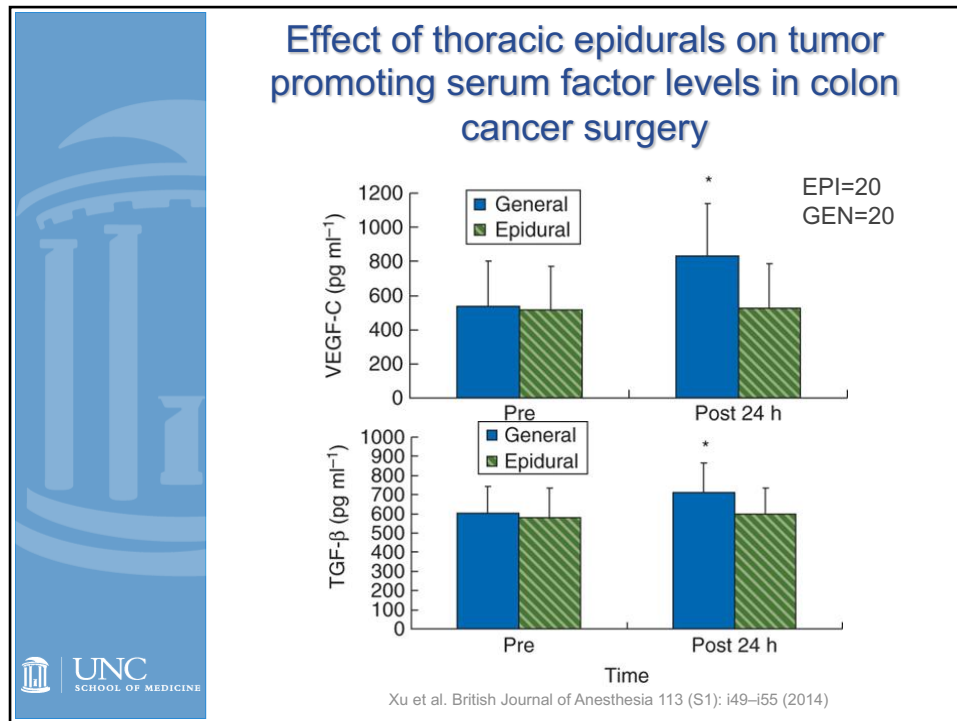
Epidural analgesia associated with better survival in colon cancer

Group	N	OS (%)
Epidural	377	51%
No Epidural	189	42%

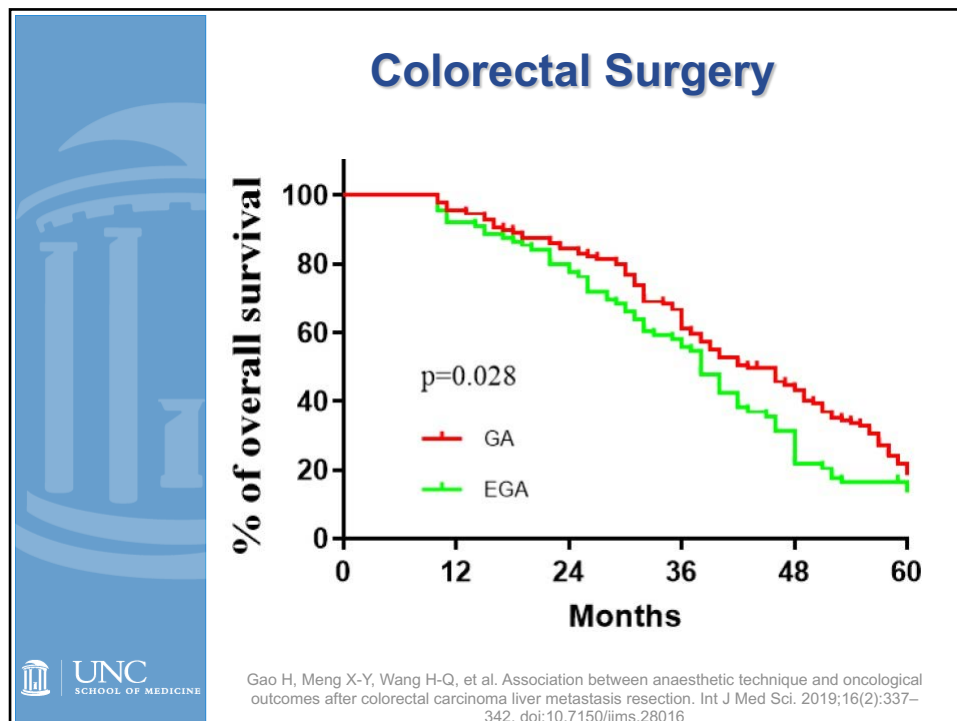
FIG1
OS = overall survival rates in %

Vogelaar et al. *Int J Colorectal Dis*. 2015 Aug;30(8):1103-7.

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Colorectal Surgery

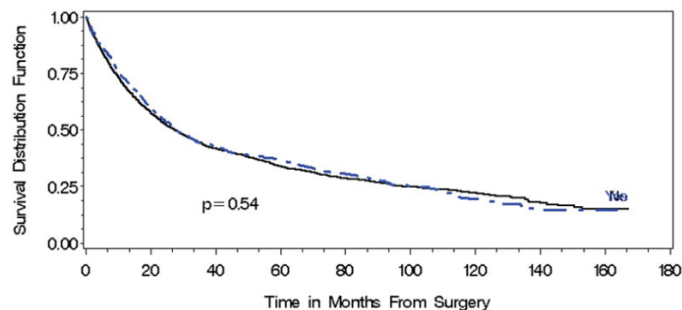
Type of Cancer	Author (Year)	Type of Study	Intervention	Overall Survival	Recurrence-Free Survival
Colorectal	Cummings (2012) ⁶¹	Retrospective	EA-GA vs GA	No difference	Increased with GA-EA
Colorectal	Gottschalk (2010) ⁶²	Retrospective	EA-GA vs GA	Not studied	No difference
Colorectal	Gupta (2011) ⁶³	Retrospective	EA-GA vs Spinal vs GA	Increased for rectal cancer, no difference for colon cancer	Not studied
Colorectal	Day (2012) ⁶⁴	Retrospective	EA-GA vs Spinal vs GA	No difference	No difference
Colorectal	Kim (2016) ⁶⁵	RCT	LA wound infiltration vs IVPCA	Not studied	No difference
Colorectal liver metastasis	Zimmiti (2016) ⁶⁶	Retrospective	EA-GA vs GA	No difference	Increased with EA-GA
Colorectal liver metastasis	Gao (2019) ⁶⁷	Retrospective	EA-GA vs GA	Not studied	Increased with GA

Cata JP, Guerra C, Soto G, Ramirez MF. Anesthesia Options and the Recurrence of Cancer: What We Know so Far?. *Local Reg Anesth.* 2020;13:57-72. Published 2020 Jul 7. doi:10.2147/LRA.S240567

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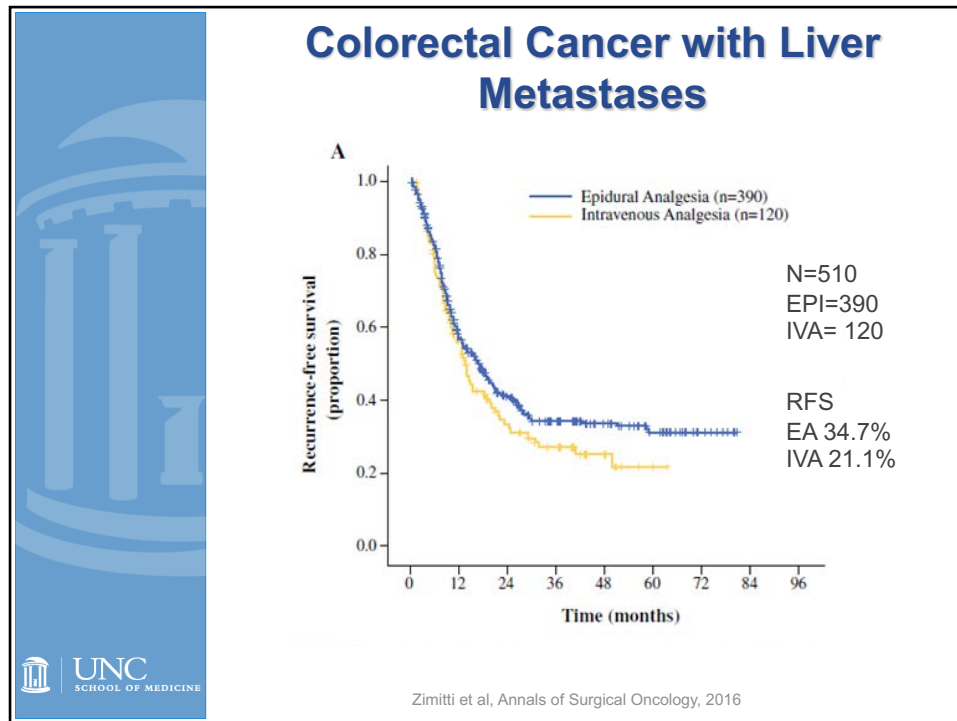
Epidural vs Opioid Pain Management in Gastric Cancer Surgery

- Retrospective chart review study
- N 2745 (766 EPI)
- Outcome: Overall survival

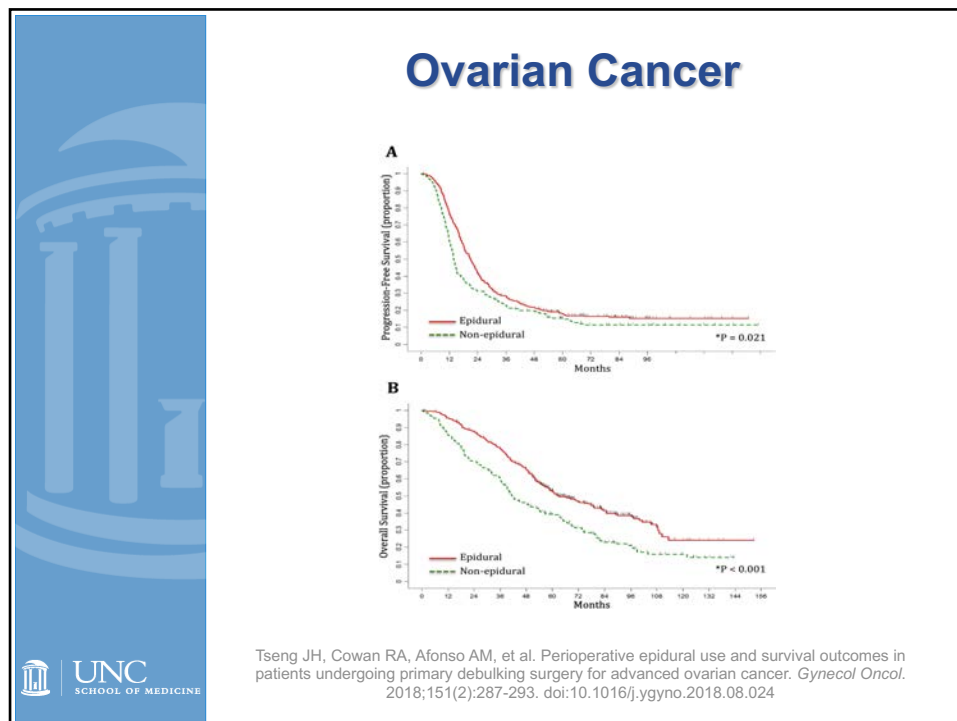


Cummings et al. *Reg Anesth Pain Med.* 2014;May-Jun;39(3):200-7.

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Ovarian Cancer

Type of Cancer	Author (Year)	Type of Study	Intervention	Overall Survival	Recurrence-Free Survival
Ovarian	De Oliveira (2011) ⁷⁹	Retrospective	EA (intra and postop)-GA vs Postop-only EA vs IVPCA	Not studied	Increased with EA-GA
Ovarian	Lin (2011) ⁸⁰	Retrospective	EA vs GA-IVPCA	Increased with EA	Not studied
Ovarian	Capmas (2012) ⁸¹	Retrospective	EA vs No EA	No difference	No difference
Ovarian	Lacassie (2013) ⁸²	Retrospective	EA vs No EA	No difference	No difference
Ovarian	Tseng (2018) ⁸³	Retrospective	EA vs IV-PCA	Increased with EA	Increased with EA
Ovarian	Zhong (2019) ⁸⁴	Retrospective	EA vs GA-IVPCA	No difference	Not studied
Ovarian	Elias (2015) ⁸⁵	Retrospective	EA-GA vs GA	Not studied	No difference

Cata JP, Guerra C, Soto G, Ramirez MF. Anesthesia Options and the Recurrence of Cancer: What We Know so Far?. *Local Reg Anesth.* 2020;13:57-72. Published 2020 Jul 7. doi:10.2147/LRA.S240567

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Prostate cancer

- [Lee et al.](#) Pain Management. 2015
- Meta-analysis
- 10 retrospective studies
- GA 6261/EPI7504
- Regional anesthesia improved OS
- No decrease in RFS
- RRM (relative risk of mortality) reduced by 19%

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Pancreatic Cancer

- Study designed to evaluate the effects of dexamethasone on pancreatic cancer survival
- Use of perioperative epidural associated with increased survival
- No difference in GA or opioid administration between EPI and NO EPI groups
- Benefits of both dexamethasone and epidurally administered local anesthetics (LAs) were attributed to their anti-inflammatory effects, and in case of amide LAs to their anti-proliferative effects on mesenchymal cells.



Tyler et al. Factors Associated with Improved Survival after Resection of Pancreatic Adenocarcinoma: A Multivariable Model. Anesthesiology 2015, Vol.122, 317-324.

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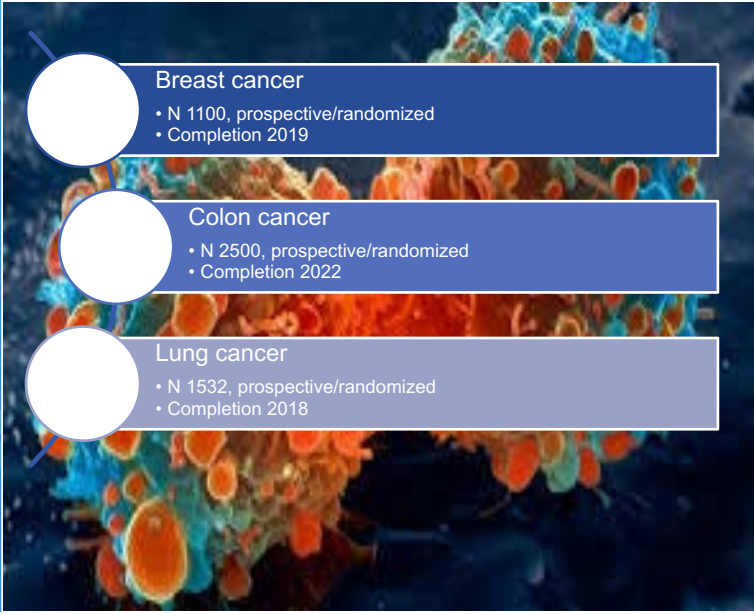
Weaknesses of Current Evidence

- Type of surgical procedure/approach
- Use of adjuvant cancer therapy
 - » XRT
 - » Chemo
 - » Hormone therapy
 - » Immunotherapy
- Type of anesthetic technique
 - » GETA (volatile anesthetic) vs TIVA (propofol, LA)
 - » Opioids
 - » Ketamine
- Intraoperative variables
 - » Hypo-/Hyper-thermia
 - » Hypo-/Hyper-oxia
 - » Anemia/Transfusion




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Ongoing Research




- Breast cancer**
 - N 1100, prospective/randomized
 - Completion 2019
- Colon cancer**
 - N 2500, prospective/randomized
 - Completion 2022
- Lung cancer**
 - N 1532, prospective/randomized
 - Completion 2018

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Thank you!

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