EDITORIAL

Consensus statement from the BJA Workshop on Cancer and Anaesthesia


1 Department of Anaesthesia, Mater Hospital—Anaesthesia, The Mater Misericordiae Hospital, Dublin 7, Ireland
2 Orthopaedic University Hospital—Anaesthesiology, Forchstrasse 340, Zurich 8008, Switzerland
3 MC Anderson—Anaesthesia, TX, USA
4 Trinity College—Anaesthetics, Dublin, Ireland
5 Netherlands—Anaesthesiology, The Netherlands
6 Université Catholique de Louvain—Anesthesiology, av. Hippocrate, 10, Brussels 1200, Belgium
7 MD Anderson Cancer Center—Anesthesiology and Perioperative Medicine, Houston, TX, USA
8 Department of Anaesthesiology, Intensive Care and Pain Medicine, University Hospital Muenster, Albert-Schweizer-Campus 1, Muenster 48149, Germany
9 University of Minnesota—Medicine—Heme/Onc/Transplant, Mayo Mail Code 480, 420 Delaware St. SE, Minneapolis, MN 55455, USA
10 Fairfield Hospital—Anaesthetics, Manchester, UK
11 Institute of Academic Anaesthesia, Division of Neuroscience, Medical Research Institute, Ninewells Hospital, University of Dundee, Dundee DD1 9SY, UK
12 Cornell—Anaesthesia, New York, USA
13 Cleveland Clinic—Outcomes Research, 9500 Euclid Ave—P77, Cleveland, OH 44195, USA
14 Imperial College London—Anaesthetics, 369 Fulham Rd, London SW10 9NH, UK
15 School of Pharmacy, University of Queensland, 20 Cornwall Street, Woolongabba, QLD 4102, Australia
16 University College Cork—Anaesthetics, Cork, Ireland
17 University of Chicago—Medicine, 5841 South Maryland Avenue MC 6076, I-503C, Chicago, IL 60657, USA

*Corresponding author. E-mail: donal.buggy@ucd.ie

Over the course of a 2 day expert workshop held on the topic of cancer and anaesthesia at the College of Anaesthetists of Ireland in Dublin, Ireland, the following consensus statement was developed by delegates to this unique BJA workshop (see online BJA open access supplement July 2014). This followed from their presentations of their own ongoing cutting edge research in this area and intensive interactive discussions around the existing literature and the priorities for future research. Initial brainstorming sessions resulted in a list of statements under various categories that was progressively distilled to the following concise summary after extensive inclusive discussion. We urge national and international research funding bodies to take note of these recommendations, particularly in terms of funding large-scale prospective, randomized, blinded clinical trials that can most effectively address the important clinical questions raised. We also urge the anaesthesia and cancer research communities to comment by corresponding with the BJA through its eLetter mechanism (http://bja.oxfordjournals.org/letters/).

(i) While the concept that anaesthetic or analgesic technique might affect cancer outcomes is intriguing, there is currently insufficient evidence to support any change in clinical practice.

(ii) Available data on the role of opioids in cancer are conflicting, possibly due to the use of different experimental models. Long-term opioid administration in subanalgesic doses in mice without surgery suggests that morphine promotes cancer growth. In contrast, mouse models resembling the perioperative setting, using analgesic doses of opioid, suggest either a protective effect of opioids for cancer or no effect.

(iii) Morphine does not appear to stimulate tumour initiation, and there is currently no evidence that morphine analgesia causes cancer. Whether opioid administration augments the risk of recurrence or metastasis after cancer surgery remains unclear. Currently, available research data are insufficient to indicate a change of clinical practice.

(iv) Collaboration should be sought with other specialists (medical and surgical oncologists, cancer immunologists) and existing clinical oncology registries (e.g. European Organisation for Research and Treatment of Cancer) in an attempt to study the link between anaesthetic...
technique(s) and cancer outcomes in surgical oncology patients.

(v) Based on recent experimental research, the expert group calls for randomized clinical trials to evaluate the effect of adjunct medications used during anaesthesia for primary cancer surgery on cancer recurrence or metastasis. Specific recommendation for further evaluation includes the effects of regional anaesthesia and analgesia, i.v. lidocaine, and non-steroidal anti-inflammatory drugs on cancer recurrence and metastasis.

Declaration of interest
D.J.B., D.M., and H.C.H. are members of the Editorial Board and H.C.H. is one of the editors of the BJA. G.S. is a member of the Associate Board of the BJA. M.W.H. is the section editor of Anesthesia and Analgesia.