



KAEMMERER GROUP, LLC PORTFOLIO EXAMPLE

Client: Medtronic, Inc.

Project: Series on Managing Cancer Pain

Objective: This series of monographs featured the pain treatment protocols of widely-recognized pain specialists. It was a practice-building tool for pain specialists to use in educating and expanding their referral base of primary care physicians. Participating pain specialists had their own return address printed on each monograph.

Process: The featured pain specialist for each monograph was interviewed by phone regarding their clinical approach and decision-making process.

Visual elements

The cover art, with its circle and arced line symbolize Medtronic's SynchroMed® implanted drug infusion pump and catheter. The sharply angular lines that become more gently undulating evoke sharp pain and its modulation through treatment.

The flow diagram depicts the pain specialist's clinical decision-making process, based on the patient's pain and response to various treatments.

Copy close-up

This excerpt describes the clinical decision making for the kind of system to use for the delivery of opioid therapy, based on the patient's life expectancy.

"...If the patient is expected to live 3 months or less, an external pump for epidural administration is the appropriate choice. If the patient is expected to live longer than 3 months, a fully implantable, programmable system for intrathecal administration is typically more cost-effective. While the initial costs for an implantable system are higher, the costs of maintaining an implantable system over time are significantly lower than for an external pump. The implantable pump also has a lower rate of infections and provides a higher degree of patient independence than the external pump."

[End of excerpt.]

Managing Pelvic Cancer Pain
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Initial Evaluation of Pelvic Cancer Pain
 Exclude Current Medications and Adjust as Necessary:
 • Opioid Taper Reducing
 • Narcotic Medications for the Patient's Type of Pain
 • Nonopioid Pain - (Acetaminophen, NSAIDs)
 • Neuropathic Pain - Tricyclics

Flowchart:

- Is Pain Under Good Control?
 - YES: Continue Treatment at This Level
 - NO: Adjust Dose
- Is Pain Under Good Control?
 - YES: Continue Treatment of This Medication or Same Level
 - NO: Try Other Medication in Same Drug Family
- Is Pain Under Good Control?
 - YES: Continue Treatment of This Medication
 - NO: Consider Different Medication
- Does Patient Respond to Epidural/Intrathecal Therapy?
 - YES: Life Expectancy < 3 Months: Use External Pump; Life Expectancy > 3 Months: Use Implantable Programmable System
 - NO: Neuroablative Procedures: Spinal Cord Stimulation, Botulinum Toxin, Radiofrequency Ablation, Cryoablation
- Is Pain Under Good Control?
 - YES: If the patient responds to a trial of epidural catheter, other an external pump/catheter
 - NO: Neuroablative procedures are warranted for patients who are no longer able to experience adequate pain control with systemic delivery and who do not respond to a trial of epidural catheter. Some patients who have had adequate pain control using epidural or intrathecal opioid administration may experience a significant escalation in their pain weeks before their death. These patients may also benefit from neuroablative techniques such as sacral-rod dorsal block, phrenic nerve blocks, or cordotomy procedures.