

Is it possible to teach pain therapy playing basketball?

Giampiero Porzio^{1,2}, Lucilla Verna^{1,2}, Raffaele Giusti³, Paolo Marchetti³, Paolo Morandi⁴, Corrado Ficorella¹

¹Medical Oncology Unit, San Salvatore Hospital, L'Aquila, Italy; ²Associazione Tumori Toscana, Firenze, Italy; ³Medical Oncology Unit, Sant'Andrea Hospital of Rome, Rome, Italy; ⁴Medical Oncology Unit, Ulss 12 Veneziana, Venezia Mestre, Italy

Correspondence to: Raffaele Giusti, MD. Medical Oncology Unit Sant'Andrea Hospital of Rome, Via di Grottarossa 1035-39, 00189 Rome, Italy. Email: rgiusti@ospedalesantandrea.it; raffaelegiusti@yahoo.it.

Submitted Oct 17, 2015. Accepted for publication Dec 15, 2015.

doi: 10.3978/j.issn.2224-5820.2015.12.02

View this article at: <http://dx.doi.org/10.3978/j.issn.2224-5820.2015.12.02>

To the Editor:

If in your 60 s somebody tells you: “You are good only at two things: coaching a basketball team and oncology”, I guess you would question everything you have done so far. Yet, in my case, it is probably true.

In Italy—a country known for its addiction to soccer—we have the so-called ‘basketball towns’, i.e., places in which the most popular sport is, indeed, basketball.

I've been lucky enough to be born and raised in “Roseto degli Abruzzi”—a small town near the Adriatic Sea. My hometown is famous for two reasons. First it is the site where the oldest summer European Basketball Tournament took place (with its first edition in 1946, 1 year before the NBA was born); and second it has the highest ratio between playgrounds and inhabitants in the world.

In the waterfront you will see a basketball court every hundred meters, with players of any age, no matter what time of the day or night is, whether it is winter or summer, or it is raining or hailing.

When I was 21 years old I got the biggest opportunity of my life and I saw my dream come true: I coached the Roseto basketball team in the second Italian Championship. I was the youngest coach in the league of all times! After a couple of years, I quit and started studying hard for medical school. I did not even have the time to understand whether I was a lost talent or a pretty good bluffer.

Currently I play more important and tough matches: I work in a medical oncology unit and since 2002 I am in charge of the supportive and palliative care.

“You are good only at two things ...” this sentence came back into my mind some time ago while I was preparing the

umpteenth presentation for a conference on pain therapy: the same routine every time: slides, talks questions & answers...

There are thousands of conferences on pain therapy every year all over the world, yet pain is still underestimated and untreated (1-4). Perhaps it's time to test new teaching methods!

In that very moment, an idea—as fast as a legendary Michael Jordan dunk—enlightened me: I could use basketball as a metaphor for pain therapy. People could imagine a team of oncologists playing a match against the Pain team. I talked about it with a friend of mine, Ettore Messina, Assistant Coach at the San Antonio Spurs. “It may work!” was his firm reply. That was the beginning of, the adventure called “Against the Pain”, i.e., a training course on pain therapy fully developed on a basketball court.

The course starts in the locker room, where the coach and his assistant explain to the players the strengths and weaknesses of the Pain team.

Strengths

The opponent team never quits, no matter at which point of the championship it is (i.e., pain is always present, in all stages of the disease). They play hard (pain has a negative effect on patients' and their relatives' lives). It uses different tactics basketball (it can be somatic, visceral, neuropathic, or mixed). It is an expert of fast break strategy and it is going to use this skill precisely when we think to have the match under control Breakthrough Cancer Pain (BTcP). It takes always advantage of our mistakes (treatment-related pain).

Weaknesses

Its game strategy is well known and can be easily recognized (appropriate pain assessment tools) (5). It has a very weak defense (presence of opioid receptors).

We have a number of players able to beat the opponent (there is more than one drug available and different administration way). We have ‘specialized’ players, for particular situations [drugs for neuropathic pain, non-steroidal anti-inflammatory drugs (NSAIDs)]. We have players able to block a fast break (drugs to treat BTcP—i.v. morphine and rapid-onset opioid). After a twenty minutes talk in the locker room, we finally go to the battlefield.

First we stretch and warm up together with two former professional players. Then, we start with a few easy exercises, which are used as a metaphor for the main concepts of our pain treatment strategy. Specifically, against pain we want to play:

- (I) Quickly: we need to go straight to the basket, attacking our opponents without losing any time (early administration of strong opioids) (6-8);
- (II) Easily: we need to find the easiest solution with the minimum number of steps (as fewer drugs as possible, using them appropriately and selecting adjuvants) (9);
- (III) Flexibly: we need to have a B-plan when the first strategy is not working (opioids rotation) (10);
- (IV) Defensively: we have to trap a player who is particularly dangerous with both a big and slow player and a small and fast one (treating BTcP with a rapid-onset opioid in combination with basal therapy) (8);
- (V) Carefully: we have to limit as much as possible fouls and infractions (prevention and treatment of side effects).

After these exercises, which take about 2 hours, the real basketball match starts and players start having fun while being reminded by the coach of the basic concepts of the pain approach.

Time-outs are also very important—they represent a moment of analysis of what is happening and allow to reorganize the game scheme and tactics (periodically review pain treatment according to efficacy and side effects) (10). After the match, both the coach and the assistant are available for questions.

Oncologists seem to be extremely satisfied of the

experience and to enjoy the unusual and innovative way of talking about pain.

“Against the Pain” is not the answer; we would like to present it as an incentive to curiosity and imagination, a motivation to look for new ways to teach what “pain therapy” is.

“You are good only at two things...” probably it is true!

Acknowledgements

Special thanks to Ettore Messina, Assistant Coach at the San Antonio Spurs, for his precious suggestions and constant encouragement.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

References

1. Breuer B, Chang VT, Von Roenn JH, et al. How well do medical oncologists manage chronic cancer pain? A national survey. *Oncologist* 2015;20:202-9.
2. Breuer B, Fleishman SB, Cruciani RA, et al. Medical oncologists' attitudes and practice in cancer pain management: a national survey. *J Clin Oncol* 2011;29:4769-75.
3. Greco MT, Roberto A, Corli O, et al. Quality of cancer pain management: an update of a systematic review of undertreatment of patients with cancer. *J Clin Oncol* 2014;32:4149-54.
4. Deandrea S, Montanari M, Moja L, et al. Prevalence of undertreatment in cancer pain. A review of published literature. *Ann Oncol* 2008;19:1985-91.
5. Hui D, Bruera E. A personalized approach to assessing and managing pain in patients with cancer. *J Clin Oncol* 2014;32:1640-6.
6. Mercadante S, Porzio G, Ferrera P, et al. Low morphine doses in opioid-naive cancer patients with pain. *J Pain Symptom Manage* 2006;31:242-7.
7. Mercadante S, Porzio G, Ferrera P, et al. Low doses of transdermal fentanyl in opioid-naive patients with cancer pain. *Curr Med Res Opin* 2010;26:2765-8.
8. Mercadante S, Adile C, Cuomo A, et al. Fentanyl Buccal Tablet vs. Oral Morphine in Doses Proportional

to the Basal Opioid Regimen for the Management of Breakthrough Cancer Pain: A Randomized, Crossover, Comparison Study. *J Pain Symptom Manage* 2015;50:579-86.

9. Vardy J, Agar M. Nonopioid drugs in the treatment of cancer pain. *J Clin Oncol* 2014;32:1677-90.
10. Portenoy RK, Ahmed E. Principles of opioid use in cancer pain. *J Clin Oncol* 2014;32:1662-70.

Cite this article as: Porzio G, Verna L, Giusti R, Marchetti P, Morandi P, Ficorella C. Is it possible to teach pain therapy playing basketballballball? *Ann Palliat Med* 2016;5(1):71-73. doi: 10.3978/j.issn.2224-5820.2015.12.02