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<p>Patients and families struggling with cancer fear pain more than any other physical symptom. There are also significant barriers to optimal pain management in the emergency setting, including lack of knowledge, inexperienced clinicians, myths about addiction, and fears of complications after discharge. In this article, we review the assessment and management options for cancer-related pain based on the World Health Organization (WHO) 3-step approach.</p>	
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Pierre R. Theodore

Acute obstruction of the airway in the emergent situation results from a wide variety of malignant and benign disease processes. Acute management involves establishing a secure and patent route for adequate gas exchange. This requires rapid determination of the location of the obstruction and nature of the obstruction followed by a thoughtful management approach based on findings. Difficult anatomy, hemorrhage, dense secretions, inflammation, and bulky tumor mass can significantly complicate the task of clearing the airway. Obstruction of the central airways by malignant tumor is associated with poor prognosis, but quality of life is considerably improved by restoration of adequate central airways. For both the patient and the clinician, the presentation can be frightening, and advanced interventional pulmonary/endobronchial techniques are required to achieve prompt relief of symptoms. The alleviation of central airway obstruction by tumor is most often palliative, with improvement of quality of life the primary goal rather than cure. This review will cover an approach to the patient with airway obstruction that results from malignancy involving the trachea or proximal bronchial tree and affecting gas exchange.

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Jonathan F. Wan and Andrea Bezjak

Superior vena cava syndrome (SVCS) is a common complication of malignancy. The epidemiology, presentation, and diagnostic evaluation of patients presenting with the syndrome are reviewed. Management options including chemotherapy and radiation therapy (RT) and the role of endovascular stents are discussed along with the evidence for each of the therapeutic options.

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Robert F. Kacprowicz and Jeremy D. Lloyd

A thorough working knowledge of the diagnosis and treatment of life-threatening electrolyte abnormalities in cancer patients, especially hyponatremia, hypoglycemia, and hypercalcemia, is essential to the successful practice of emergency medicine. Although most minor abnormalities have no specific treatment, severe clinical manifestations of several notable electrolytes occur with significant frequency in the setting of malignancy. The treatment of life-threatening electrolyte abnormalities is reviewed here. Promising future treatments directed at the underlying physiology are also introduced.

Adrenal Insufficiency and Other Adrenal Oncologic Emergencies 271

Yael R. Taub and Robert W. Wolford

Normal function of the adrenal gland can be disrupted not only by metastases of nonadrenal cancers but also by their treatment. In addition, tumors of the adrenal gland itself can cause disease by hypersecretion of a variety of hormones, adrenal gland destruction with inadequate production of cortisol, and by metastasis to other sites. Although rare, abnormal adrenal function should be considered in the appropriate clinical settings as failure to recognize and treat can result in significant morbidity and mortality. The adrenal “incidentaloma” is a frequent finding of abdominal radiologic studies. All patients with an unexpected adrenal mass should be referred for further evaluation.

Renal Complications in Oncologic Patients 283

Melissa L. Givens and Joy Wethern

Acute renal failure (ARF) can be one of the many complications associated with malignancy and, unfortunately, often harbors a worse prognosis for the afflicted patient. Insult to the kidneys can occur for a variety of reasons in the oncologic patient. This article focuses on several of these etiologies, such as tumor lysis syndrome (TLS) and thrombotic microangiopathy (TMA), which are unique threats faced by the oncologic patient.

TREATMENT-RELATED COMPLICATIONS PRESENTING TO THE EMERGENCY DEPARTMENT**Radiation Therapy–Related Toxicity (Including Pneumonitis and Fibrosis)** 293

Rahul R. Chopra and Jeffrey A. Bogart

In the modern age of cancer therapy, advances in the multidisciplinary management of cancer have resulted in increased rates of survivorship. Radiation therapy (RT) toxicity must be tempered with the desire to achieve dose escalation to provide the best chance of long-term cure. This article is designed to acquaint emergency medicine physicians with common, expected, and potential acute and late complications of RT.

Emergencies Related to Cancer Chemotherapy and Hematopoietic Stem Cell Transplantation 311

David E. Adelberg and Michael R. Bishop

As a vast majority of oncologic treatments are being administered in the outpatient setting, emergency department (ED) physicians are increasingly encountering patients who present with a wide array of toxicities that are a direct effect of chemotherapy. This review aims to highlight the most often encountered and clinically relevant toxicities of the more commonly administered chemotherapeutic drugs. In addition, because stem cell transplantation is being used increasingly for various malignancies, a brief introduction to post-transplant complications is included.

ETHICAL DILEMMAS AND END-OF-LIFE ISSUES

Caring for Patients with Malignancy in the Emergency Department: Patient–Provider Interactions

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Tammie E. Quest and Placid Bone

Patients with malignancy and caregivers can present to the emergency department (ED) under stress and fatigue as a result of the intensity of energy required to cope with the physical, psychological, social, and spiritual aspects of their illness. When interacting with patients and families, emergency clinicians should be aware of patient, family, and caregiver coping, which may be impaired due to the chronic, serious illness. The emergency clinician should not be surprised that conflicts may arise between patients and providers as a result of fatigue and stress. Strategies to manage conflict can be employed.

Treating Cancer Patients who Are Near the End of Life in the Emergency Department

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Dawn Felch Rondeau and Terri A. Schmidt

Cancer-related visits to the emergency department (ED) can be expected to increase in the next decade as the population ages. Some of these patients and their caregivers will come to the ED without prior end-of-life care planning, and others will require modification of prior plans based on disease progression. In this article, we discuss some of these end-of-life issues related to and including those of legal documents, transmission of patient wishes, limiting factors in implementing those wishes, and the new horizon of palliative care in the ED.

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