

**John J. Pizzo**

**From:** John J. Pizzo [jpizzo@bellatlantic.net]  
**Sent:** Saturday, June 09, 2001 5:28 PM  
**To:** topperk@cdcr.fda.gov  
**Subject:** Use of opioid analgesics for the treatment of pain

Dear Ms Topper:

I am an 82 year old male patient of Dr. Brian Kahan of Annapolis, Maryland. He advised me that there was to be a meeting held, of the Anesthetic and Life Support Drugs Advisory Committee, on June 14-15, 2001. As I understand it, the purpose of the meeting is to discuss the medical use of opiate analgesics in various patient populations and the risk to benefit ratio of providing opiate treatment to these patients. Also considering the abuse potential and increasing incidence of addiction to opiate analgesics.

It is respectfully requested that the Committee consider my experience in any evaluations that are determined: While in Guadalcanal in 1943, I broke my right ankle, had some back injuries and while in the hospital contacted pneumonia.

In Alaska in 1955, I was hospitalized with slipped disks, placed in traction for four weeks, and upon release was placed in a

body cast, shoulders to hips, for five weeks.

In approximately 1976, I underwent neck surgery at the National Naval Medical Center, for severe neck pain and very limited

use of my right shoulder. They removed disks C4, C5, and C6, in which the intent to fuse vertebrae was somehow forgotten. I was left with limited motion of my neck, limited use of my right shoulder and arm and later advised I had a rotator cuff tear, but they didn't think surgery would substantially improve my condition.

In 1985 while being treated for asthma at Andrews AFB Hospital, the use of a medication called TAO (troleandomycin) resulted in extreme swelling of my face and neck and rupture of both achilles tendons - a cast was placed on my left leg and when it was removed six weeks later - the calf muscle was atrophied.

In 1993 I had back surgery - hemilaminectomy L4-L5 left / foraminotomy L4 and L5, left - it felt ok for a while but after about 6 months pain started above the left ankle and became progressively worse and eventually extended the entire length of the leg. I started to use Winstrol, an anabolic steroid but there was no significant lessening of pain. They gave me two cortisone injections and then prescribed Oxandrin (an experimental drug) - all to no avail.

In 1994 they performed 3 Lipid (strength) tests - indicated strength improvement but I felt no improvement - over a period of seven weeks I received five shots of Deca-durabolin to increase leg strength - but there was no apparent increase.

In 1994 a high red and white blood cell count indicated the need to remove three pints of blood and the use of oxygen at night.

In 1955 I tried chiropractic and eventually acupuncture treatments for back and neck pain with little success.

In about March of 1995 my left shoulder started to hurt - motion in in left arm became more restrictive and pain became progressively worse. Several more shots of cortisone were administered to no avail. Hydrocodone 10/650 was prescribed which offered some relief.

Later in 1995 I underwent surgery and had eleven inches of my colon removed.

In 1996 I had cataract surgery on both eyes.

Also in 1996 surgery regarding rotator cuff repair to my left shoulder was discussed and a second opinion was sought - it was determined that the possibility of substantial improvement could not be guaranteed through surgery. Consequently we agreed to try medication to help with the relief of my pain - Hydrocodone 10/650 (4-5 X / day) alternated with Dilaudid - 4mg (2-3 X / day) - which offered considerable pain relief during the day, but I had to take Ambien - 5mg to sleep at night.

In 1998 I started treatment at the Johns Hopkins Pain Management Clinic. Over a period of time they administered a cervical epidural steroid injection, a cervical facet block and cervical denervation - my pain increased and the ability to move my left arm gradually decreased and became much more painful to use. The administering Drs. prescribed MSIR-15mg / Oramorph SR-30mg but I couldn't take them because my local Dr. was retiring and his associate refused to accept me as a patient because he would not prescribe the aforementioned medicines. So I continued with my medications of Hydrocodone 10/650, Dilaudid - 4mg, and Ambien.

In 1999 I cancelled treatment at Johns Hopkins and requested that they transfer me to the Winchester (VA) Pain Management Center which was closer to my home. They recommended neurosurgical and orthopedic evaluations which were performed and after XRAY's and MRI's the neurosurgeon highly recommended surgery -

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a 'titanium cage'. I did not opt for surgery but wanted to explore the possibilities and results of an implant to control the pain. I was required to undergo a psychological evaluation before an implant could be installed. I met with a Psychologist who, after lengthy oral and written tests evaluated me as an acceptable candidate for an implant. I subsequently met with a physician seven times and received four treatments but never did have an implant.

In November 1999 I moved to Bowie, Md. where it was determined that I should have surgery on my back. In March 2000 Lumbar laminoforaminotomies - /L3-4 /L4-5 /L5-S1 was performed with no apparent improvement.

In November 2000 a two day trial of a Synchro-Med Infusion System implant was favorable. In December 2000 a Synchro-Med Drug Infusion System was permanently implanted. I am presently receiving 3.8 mg of morphine directly to my spine. This is presently being supplemented with oral medication - Zydone 400/10 - every 4-6 hours as needed. Increases to the daily administration of morphine are being made periodically.

I've subjected you to this lengthy history of my medical problems to reflect not only the pain that a person has but also the hurdles and obstacles that make the suffering of the pain only that much more difficult. I was fortunate in one respect. I happened to meet a doctor who felt that it was important to consider that suffering, especially in the case of elderly people, is something that can be controlled to a great degree by the use of opiate analgesics (having very little medical expertise - I may not be using the proper terms). On the other hand, his associate would not even accept me as a patient. I was fortunate also to move into an area where there are doctors and professional people who have had the foresight, to foresee, the need to explore the possibilities open, to people who experience intolerable pain, and the people close to them who have no conceivable way to help them.

I believe the people making the decisions should have the benefit of the experience of people who really are aware of the intense suffering and the benefits offered by the use of opiate treatment. It is difficult to explain pain. On a basis of 1-10, 10 being the worst - yah tidi yah tidi yah. Has anyone ever come up with a description of how bad 10 is? I used to say 10 and later found out that it was really only 6 because I found a new 10.

Its difficult to explain how different life is when a doctor who is trying to help you is prevented from doing so because of the fears of abuse or addiction. The doctor I feel grateful to, when I told him I didn't want to become addicted, said " John, I'm 70 and you're 77, what the hell are we worrying about".

I hear about the 'highs' and 'jolts', etc that people get from the use of drugs. Believe me, the only high I've gotten so far is the reduction of the unbelievable pain that I used to experience - and that's 'high' enough for me. I believe the use of controlled drugs if monitored properly can be a boon to those who are really in need of the medicine, used as a medicine.

I am not pain free and do not expect to be, but because of the 'pump' that is now a part of me, and Dr. Kahan who is also a part of me and is monitoring my progress in life and health have improved immeasurably, and I am eternally grateful for the advancements and the opportunity to be a part of it.

I also appreciate the opportunity to present my views and hope some of them will be beneficial to you in your considerations.

Thank you - John J. Pizzo, Lt Col USAF (Ret) 12106 Rustic Hill Drive - Bowie, MD 20715 - [jpizzo@bellatlantic.net](mailto:jpizzo@bellatlantic.net)

Dr. Brian - Sorry I had to do this via email found - Time ran out on me - I didn't have time to get a letter there by the 7th - and since I don't have your email address I'm faxing this - Don't know if this is what you wanted but I tried - John

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