



June 4, 2001

Dear Ms. Topper,

I am writing in regards to the FDA's upcoming discussions related to opiate analgesics. My primary practice area is in oncology. Many of my patients have issues with pain and pain control. I am concerned about being able to provide adequate pain control to my patient's and to meet the mandates set forth by the JCAHO.

Currently we use at my hospital a variety of modalities to manage pain. The oral route is preferred for patients going home from the hospital or who are being treated in our outpatient settings. I have found Morphine extended release to be both an effective and convenient drug for patients. The various doses available make it easy for physicians and patients to titrate medication to the needed doses for pain relief without the burden of additional costs. The availability of various dosages also allows for the individualization needed to meet the individual pain needs of each patient.

Recent issues with diversion of these drugs for non-intended uses has me concerned. I am also concerned that measures being considered to reduce the diversion of these types of medications may result in their not being available for patients in need. I have never witnessed a case of addiction to this classification of drug by the oncology patients in my care. I believe that pain should be treated aggressively whether it be of a cancerous or non-cancerous origin. Many people are suffering with chronic pain, including children. I feel that it is our obligation to treat all forms of pain by any means available. Restricting access to medications will prevent the medical community from exploring new avenues for the treatment of pain.

I strongly urge the committee to not restrict the uses or availability of opioid analgesics. Please let the medications be available for anyone requiring them in their personal quest for pain relief.

Thank you.

Sincerely,

Patricia R. Coffelt, RN

Patricia R. Coffelt, RN
President, Western Massachusetts Oncology Nursing Society.