



8735 W. Higgins Road, Suite 300  
Chicago, IL 60631-2738  
847-375-4731 Phone  
info@painmed.org  
.....  
www.painmed.org

**All materials presented at the AAPM 34th Annual Meeting are embargoed for news or other publication until the date and time listed below unless AAPM grants permission for early publication in advance.**

**EMBARGOED FOR RELEASE APRIL 26, 2018  
12:00 PM Pacific Time**

Contact Information  
Email: [info@painmed.org](mailto:info@painmed.org)  
Attn: Director of Communications  
American Academy of Pain Medicine  
Phone: 847-375-4731

### **Pilot Studies Shows Lidocaine May Reduce Persistent Neuropathic Pain Following Breast Cancer Surgery**

April 26, 2018, VANCOUVER, B.C, Canada – Persistent neuropathic pain is a common complication in patients who have undergone breast cancer surgery. Approximately 300,000 mastectomies are performed in the U.S. each year, exposing a high volume of patients – both those with breast cancer as well as patients without evidence of cancer, such as those with a strong family history of breast cancer, who elect to pursue surgery – to the risk of developing persistent postoperative pain.

Research presented today at the American Academy of Pain Medicine 34th Annual Meeting reported the results of a pilot study intended to establish the effects of perioperative lidocaine infusion and pregabalin administration on acute and chronic pain outcomes for patients undergoing breast cancer surgery. This study was successful in accomplishing its primary objective, which was to determine the feasibility of conducting a larger trial.

“Neuropathic pain is difficult to treat once it occurs, and it negatively affects patient’s physical, mental, emotional, and social well-being, as well as placing a strain on healthcare resources and expenditures,” says the study’s lead author James S. Khan, MD MSc. “Fortunately, breast cancer surgery is semi-elective and we know the approximate date and time of surgery. This affords us the unique opportunity to investigate perioperative interventions to alter the risk of persistent pain and improve the safety profile of surgery for millions of patients worldwide.”

Dr. Khan and his team studied 100 patients undergoing breast cancer surgery and found that intraoperative intravenous lidocaine infusion potentially decreases post-surgical pain at three-months while pregabalin did not reduce patients’ persistent pain. Neither pregabalin nor lidocaine were shown to improve patients’ acute postoperative pain, opioid consumption, interference of pain, or quality of life.

“We hope the results from this pilot will inspire others to investigate this important area and possibly join as collaborators in the definitive trial,” says lead author James S. Khan, MD MSc.

*Poster 211 – Pregabalin and Lidocaine to Alter Neuropathic Pain After Breast Cancer Surgery: Results of a Pilot Factorial-Design Randomized Controlled Trial*

**About AAPM**

The American Academy of Pain Medicine is the premier medical association for pain physicians and their treatment teams with some 2,000 members. Now in its 35th year of service, the Academy’s mission is to advance and promote the full spectrum of multidisciplinary pain care, education, advocacy, and research to improve function and quality of life for people in pain. Information is available on the Academy’s website at [www.painmed.org](http://www.painmed.org).

###