would like to proactively implement its use before meals, before patients use the restroom or bathroom, or before walking.

It is important to focus on the use of this prophylactic fentanyl for the palliation of dyspnea. The authors, Hui et al., state that an adequately powered placebo-controlled trial will be conducted to assess the usefulness of the prophylactic fentanyl. We eagerly look forward to the results.

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https://doi.org/10.1016/j.jpainsymman.2019.07.020

Disclosures and Acknowledgments

The authors have no conflicts of interest to declare.

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Authors' Response to: Prophylactic Fentanyl Sublingual Spray for Episodic Exertional Dyspnea in Cancer Patients: A Pilot Double-Blind Randomized Controlled Trial

Dear Editor

We appreciate the comments from Kako and colleagues. At this time, there is still a paucity of literature to inform the opioid of choice for management of dyspnea. To our knowledge, randomized trials examining the prophylactic use of opioids for episodic dyspnea in cancer patients to date have only involved fentanyl.[1-5] No head-to-head comparison of opioids has been conducted for this indication.

Similar to the use of opioids for pain management, we hypothesize that opioids given at equianalgesic doses may have similar efficacy for dyspnea relief. However, there may be interindividual variations and pharmacogenomic predictors of response.[6] For prophylactic administration, fentanyl is particularly attractive given its rapid onset. For example, the time of onset for fentanyl sublingual spray is only 10 minutes,[7,8] in contrast to over 30 minutes for most immediate-release opioids. Ultimately, more research is needed to define the appropriate opioid, dose, and timing of administration for different types of dyspnea.

Although we are encouraged by our preliminary findings, our pilot study was not adequately powered for between-arm comparisons. Until larger randomized trials can confirm the benefits, the use of prophylactic opioids for dyspnea should be considered experimental.

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https://doi.org/10.1016/j.jpainsymman.2019.07.019

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