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A collaboration of state agencies, working together to improve health care quality for Washington State citizens

Managing Chronic Pain in Cancer Survivors

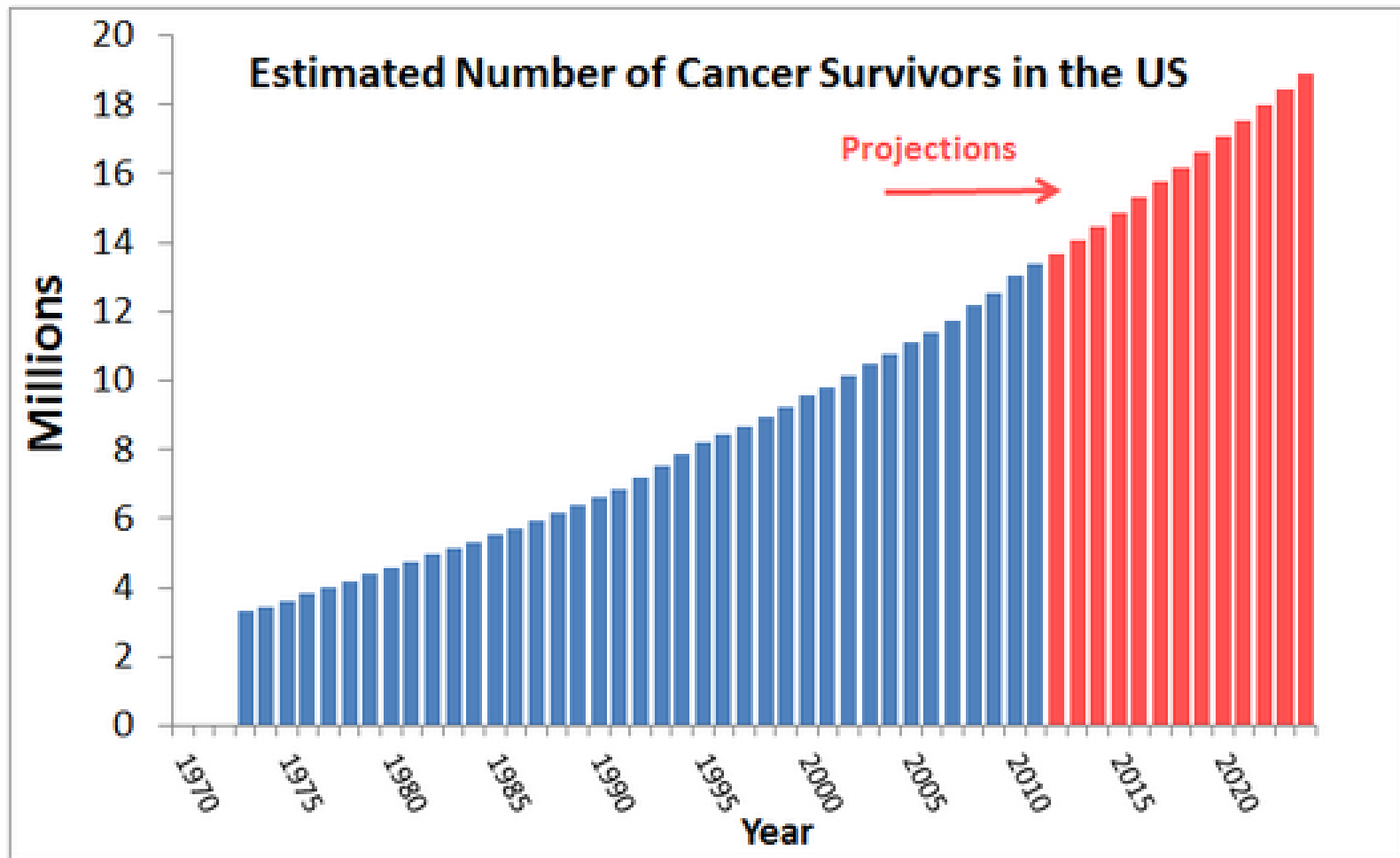
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Who is the Cancer Survivor?

- For this guideline, a survivor is someone who
 - Has completed cancer treatment
 - Is cured or in full clinical remission
 - Has no current evidence of disease
 - Under cancer surveillance only
- Survivors are older:
 - 45% are over 70 years
 - Only 5% younger than 40 years

U.S. Cancer Survivors 1971-2014 + Projected to 2024



¹ DeSantis C, Chunchieh L, Mariotto AB, et al. (2014). Cancer Treatment and Survivorship Statistics, 2014. CA: A Cancer Journal for Clinicians. In press.



Increasing Numbers of Survivors Due To

- Improved cancer therapies
- Population growth
- Aging population
- Rising global incidence of new cancer diagnoses

Trends in Five-year Relative Cancer Survival Rates (%), 1975-2010

Site	1975-1977	1987-1989	2004-2010
All sites	49	55	68
Breast (female)	75	84	91
Colon	51	60	65
Leukemia	34	43	60
Lung & bronchus	12	13	18
Melanoma of the skin	82	88	93
Non-Hodgkin lymphoma	47	51	71
Ovary	36	38	45
Pancreas	3	4	7
Prostate	68	83	100*
Rectum	48	58	68
Urinary bladder	72	79	79

5-year relative survival rates based on patients diagnosed in the SEER 9 areas from 1975-1977, 1987-1989, and 2004-2010, all followed through 2011.

*99.6%

<http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2015/>

Source: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2014.



More Survivors Managed by Primary Care Providers

- Anticipated shortage of oncologists by 2020
- Survivors will increasingly be referred back to the PCP for ongoing screening and surveillance within 2-10 years of being declared disease free
- PCPs do not feel equipped or trained for this role



Pain in the Survivor: Prevalence

- About 40% (34-80%) of survivors are in pain
- Pain tends to diminish over time
- Some cancers or treatments have higher prevalence:
 - Post-thoracotomy, post-amputation: up to 80%
 - Breast cancer: up to 63%
 - Post-neck dissection: up to 52%
 - Chemotherapy induced peripheral neuropathy

Survivor Pain Clinical Recommendations - 1

- Make a medical diagnosis for the cause of pain and accurately define its location.
- Promptly address new and worsening complaints and determine the cause.
- Always consider cancer recurrence or secondary malignancy in the differential diagnosis.

Survivor Pain Clinical Recommendations - 2

- Once cancer recurrence has been ruled out, follow the recommendations for treating chronic non-cancer pain
- Use multimodal and interdisciplinary approaches
- Reduce the opioid dose (if indicated) to the lowest effective levels for pain complaints that remain stable

Survivor Pain Clinical Recommendations - 3

- Use non-pharmacologic therapies
 - Exercise program, physical therapy
 - Thermal therapy (heat, cold)
 - Complementary and alternative measures
 - Counseling for anxiety, depression, coping

Survivor Pain Clinical Recommendations - 4

- Be alert to survivors' fear of cancer recurrence, as this commonly underlies pain behaviors.
- Reassure and redirect them after a thorough evaluation of the pain complaint, and consultation with the oncologist as appropriate.



Pain in the Cancer Survivor: Key Points

- Chronic pain is common in the survivor
- Pain is typically from the cancer treatment rather than the disease
- Treatment strategies are aligned more with chronic pain management principles (than cancer pain management)
- With the caveat that all new or worsening pain must be evaluated thoroughly to rule out recurrence