Managing Chronic Pain in Cancer Survivors

Pamela Stitzlein Davies, MS, ARNP
Supportive & Palliative Care
Seattle Cancer Care Alliance / University of Washington
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

National Cancer Institute, Office of Cancer Survivorship; cancercontrol.cancer.gov
National Comprehensive Cancer Network, Survivorship Guidelines, 2015. nccn.org
U.S. Cancer Survivors 1971-2014 + Projected to 2024

Estimated Number of Cancer Survivors in the US

Projections

National Cancer Institute, Cancer Survivorship; cancercontrol.cancer.gov/ocs/statistics/statistics.html
Increasing Numbers of Survivors Due To

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

From: National Cancer Institute, Cancer Survivorship Research; http://cancercontrol.cancer.gov/ocs/prevalence/prevalence.html
# Trends in Five-year Relative Cancer Survival Rates (%), 1975-2010

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<thead>
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</thead>
<tbody>
<tr>
<td>All sites</td>
<td>49</td>
<td>55</td>
<td>68</td>
</tr>
<tr>
<td>Breast (female)</td>
<td>75</td>
<td>84</td>
<td>91</td>
</tr>
<tr>
<td>Colon</td>
<td>51</td>
<td>60</td>
<td>65</td>
</tr>
<tr>
<td>Leukemia</td>
<td>34</td>
<td>43</td>
<td>60</td>
</tr>
<tr>
<td>Lung &amp; bronchus</td>
<td>12</td>
<td>13</td>
<td>18</td>
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<tr>
<td>Melanoma of the skin</td>
<td>82</td>
<td>88</td>
<td>93</td>
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<tr>
<td>Non-Hodgkin lymphoma</td>
<td>47</td>
<td>51</td>
<td>71</td>
</tr>
<tr>
<td>Ovary</td>
<td>36</td>
<td>38</td>
<td>45</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Prostate</td>
<td>68</td>
<td>83</td>
<td>100*</td>
</tr>
<tr>
<td>Rectum</td>
<td>48</td>
<td>58</td>
<td>68</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>72</td>
<td>79</td>
<td>79</td>
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*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