Pain Issues in Cancer Survivors

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Conflict of Interest Disclosure

- Author Conflict of Interest:
  - Linda Vanni,  No conflict
Objectives

- Describe the physiology of cancer survivors’ pain.
- Identify factors that contribute to the reluctance of healthcare providers to manage cancer survivors’ pain.
- Discuss potential solutions regarding cancer survivors, ability to receive safe, effective pain management.
The Scope of the Issue

- 66% of 11.7 million people living with a diagnosed cancer in the US at the beginning of 2007, are expected to still be alive at least 5 years after their cancer diagnosis.

- By the year 2020, it is estimated that there will be 18.1 million survivors at an annual cost of $157.77 billion.

- As of January 2012, 13.7 million cancer survivors.

SEER Stat Fact Sheet, NCI, 1/2012
Mariotto, et al., J.NCI, 2011
NCI, Journal of Cancer Epidemiology 2013
Based on data from SEER 18 2004-2010. Gray figures represent those who have died from all cancer sites. Green figures represent those who have survived 5 years or more.
Surveyed 200 U.S. cancer survivors

43% experienced pain since diagnosis, 20% suffered chronic, cancer-related pain at least two years later

Women had increased pain, more pain flares and were more depressed about the pain

Blacks reported higher pain severity and more treatment side effects

Cancer surgery most significant source of pain (53.8% for whites) and (46.2% for blacks)
Annals of Oncology, 2009

- EPIC, European Pain In Cancer
- Covering 12 countries, 2006-2007
- 5084 pts. contacted, 2864 with pain >5 completed survey, 573 completed in-depth survey
- 30% felt too much pain to care for themselves
- 4 out of 10, too large of burden to others
51% pain prevents thinking, 52% pain impacts effectiveness at work

63% inadequate pain control and/or breakthrough pain

Of the 74% receiving opioids, 37% experience constipation, 25% not prescribed a laxative by their clinician

33% N & V, 20% sedation
- 50% felt clinicians do not consider their quality of life as important aspect of their overall care plan
- 38% felt clinicians would rather treat cancer than pain. What does this mean for survivors?
- 26% believed that clinicians do not know how to treat moderate to severe pain
Additional Studies

- Moryl, et al, 2010, Sloan–Kettering: Comprehensive information lacking about the prevalence of persistent pain, it is known to depend on the type of cancer, co-morbid conditions and the initial pain management.


- Pain is common in first few years after treatment
- 5 to 10% experience severe pain that interferes with functioning
- Pharmaco therapy is principle treatment
- 40% of cancer survivors live longer than 10 years
  What are the concerns over extended opioid use?
- Aim should be restoring function
Most common symptoms reported by survivors:

- Fatigue (16%), Disturbed Sleep (15%), Cognitive Difficulties (13%), Pain (13%)

“It is acceptable for someone actively going through cancer treatment to have pain medications, but when they transition to being survivors, that acceptance goes away. If they ask for pain medication again, doctors may worry that they are getting addicted.” Wagner

Science Daily, 6/3/2011
Cancer Pain and Quality of Life

Uncontrolled cancer pain can result in:

- Loss of physical and social functioning
- Increased psychological distress
- Depression and suicide
- Impact on families
- Patients and families seeking unscheduled medical care
Causes of Persistent Cancer Pain

- Chemotherapy induced peripheral neuropathy (CIPN)
- Radiation-induced pain
- Hormone therapy-induced arthralgia
- Graft vs Host Disease (GVHD)-related pain
- Surgery-related pain

<table>
<thead>
<tr>
<th>Type</th>
<th>Cause</th>
<th>Characteristics</th>
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<tbody>
<tr>
<td>Somatic</td>
<td>Nociceptor activation</td>
<td>Aching or gnawing, localized</td>
</tr>
<tr>
<td>Visceral</td>
<td>Tumor impingement</td>
<td>Aching, vaguely localized, often referred</td>
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<tr>
<td>Deafferentation</td>
<td>Tumors, radiation, or chemotherapy</td>
<td>Severe or dull shooting pain on background of burning, aching sensations</td>
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Adapted from Payne
Chemotherapy

- Neuropathies, peripheral
  Difficultly walking, potential for falls. Difficulty with cold weather

- Altered tastes and smell

Appetite issues
Radiation Therapy

- Plexopathies—delayed onset, months to years
- Altered sensations
- Strictures
Hormone Related Pain
Aromatase Inhibitors

Approximately 50% of breast cancer patients taking adjuvant AIs for their cancer report new or worsening musculoskeletal pain

(J Clin Oncol 2010;28:4120-4128)

Clinical Pain Medicine
ISSUE: OCTOBER 2012 | VOLUME: 10:10
Issues with long term opioid therapy

- Now that the disease is stable, who is going to write the scripts, and for how long?
- Does survivor pain management fall to the PCP?
- Chronic side effects
- Tolerance
- Going back to work, employee drug screens
- Money
- Stigma, worry about addiction
- Driving, drinking
- Keeping the medication safe, diversion
- Sexual dysfunction
Sexual/Intimacy Issues

- “If You Don’t Ask Me . . . Don’t Expect me to Tell”
- Pilot Study of the Sexual Health of Hospice Patients
- Qualitative data, nurses often feel uncomfortable
Sexual/Intimacy Issues cont.

- Assessment of sexual issues vital
- Illicit the conversation
- Don’t assume the patient is too ill
- Different definition of sexual health
- Pt’s may feel their body is a source of disappointment, disgust and pain
- Facilitating sexual health during illness can replace bodily pain with pleasure
Chronic graft-versus-host disease following allogeneic stem cell transplantation may resemble various autoimmune conditions. The patient above exhibits symptoms of scleroderma: thickening of the skin on the hands with fascial involvement.

*OncoLog*, April 2013, Vol. 58, No. 4
Surgical Pain

- Post-mastectomy Pain Syndrome (PMP)
- Post-thoracotomy pain
- Phantom limb/breast
- Neuropathic
- Dysphasia (62.5%), Head and neck
Post-Mastectomy Pain Syndrome

Paraesthesia (47%), Chronic Pain (29%), arm & shoulder swelling (25%), Phantom Sensation (19%), Allodynia (15%)

Mejdahl et al *BMJ* 2013:346:f1865

Already known: after treatment for breast cancer 25-60% of women experience persistent pain. What study added: Pain not static. 1/3 of women with pain 2 years after treatment, reported no pain six years after treatment. Young age & lymph node high risk
Phantom Limb Pain
2015 Patient Cost by Type of Service

Medicare Benefits by Service, 2015
Current Law Estimate: $605.9 billion

- Skilled Nursing Facility: 5%
- Managed Care: 25%
- Inpatient Hospital: 24%
- Hospice: 3%
- Home Health: 3%
- Outpatient Hospital: 7%
- Physician: 9%
- Other: 9%
- Drug Benefit: 14%
Individually Tailored Combinations

- Opioids
- Coanalgesics
- Physical Therapy
- Intervventional Procedures
- Psychosocial Interventions
- Integrative Therapies
- Alternative Modalities
Cannabinoid & Opioid Synergism

- Combination cannabinoid-opioid therapy maybe effective for neuropathic pain
- The two systems may work synergistically in converging brain pathways.
- The cannabinoids have a distinct mechanism of action, targeting ubiquitous cannabinoid (CB) receptors in the central nervous system and periphery
- Opioid analgesics less effective for neuropathic pain
Who is responsible?

- Opioid issues
- Is the knowledge base there for the PCP or other practitioners to treat survivor pain?
- Visits to the oncologist are now less frequent
- Are we talking about the need for surveillance and monitoring?
- Is this a role for the pain specialist?
- The volumes will continue to increase
Survey of 1,130 oncologists and 1,020 PCPs to assess the practice of survivorship care for cancer patients

- 64% of oncologists discussed survivor plan with patients
- 12% of PCPs

Oncologists stated they had received detailed training about late and long-term effects of cancer survivors

Oncologists also had written care plans

If PCPs received survivorship plans from oncologists reported they were more likely to discuss survivorship with patients
NCCN Survivorship: Pain

- 2014 Version
- Template for treatment of survivorship pain
- Highlighting functionality
- Guidelines are EBP to be utilized by different disciplines
- Uses a multi-modal, multidisciplinary approach
- Addresses long-term survivor opioid use
- Empowerment tool for patients
Thank you very much!

Questions???