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New EAPC Cancer Pain Guidelines Assessment and classification

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EAPC
EUROPEAN ASSOCIATION
FOR PALLIATIVE CARE

NORWEGIAN CANCER SOCIETY

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What is pain to the patient?

- Subjective experience
- Pain is feared by most cancer patients



International Association for the Study of Pain (IASP)
Gunnarsdottir et al. Pain 2002
Edvard Munch, 1910 (?)

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Review

Use of opioid analgesics in the treatment of cancer pain: evidence-based recommendations from the EAPC

Augusto Caraceni, Olof Dale, Stein Kaasa, Marco Maltoni, Davide Tassinari, Marco Porta, Lukas Radbruch, Maria Nabal, Giovambattista Zepetella, Michael Bennett, Per Sjøgren, Laura Lozza, Phil Larkin, Patrick Stone, Kathleen Mark, Renal Fallon, Joseph Porta-Sales, Anneli Kari Knudsen, Edvard Munch, 1910 (?)

How we provide the updated version of the guidelines of the European Association for Palliative Care (EAPC) on the use of opioids for the treatment of cancer pain. The update was undertaken by the European Palliative Care Research Collaborators. Previous EAPC guidelines were reviewed and compared with other currently available guidelines, and treatment recommendations were revised by formal international expert panel. The content of the guidelines was defined according to several topics, each of which was assigned to collaborators who developed systematic literature reviews with a common methodology. The recommendations were developed by a writing committee that combined the evidence derived from the systematic reviews with the panelists' evaluations in a consensus process, and was endorsed by the EAPC Board of Directors. The guidelines are presented as a list of 30 evidence-based recommendations developed according to the Grading of Recommendations Assessment, Development and Evaluation system.

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Pain management in cancer patients

Evidence based recommendations from the EAPC

- Classification, assessment and pain outcomes measures
- Pharmacological therapy
 - Non opioid analgesics (NSAID, paracetamol, cannabinoids)
 - Opioids (16 already published recommendations, Caraceni et al Lancet Oncology 2012)
 - New opioids and opioid combinations (tapentadol, naloxone/oxycodone)
 - Adjuvants (steroids, ketamine)
- Role of antineoplastic therapies
 - Chemotherapy
 - RT
 - Bisphosphonates and denosumab
- Role of invasive analgesic techniques

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1. OPIOID OF FIRST CHOICE **AUGUSTO CARACENI**
2. TITRATION **PÅL KLEPSTAD**
3. ALTERNATIVE ROUTES **LUKAS RADBRUCH**
4. ROTATION **OLA DALE**
5. EQUIANALGESIC RATIOS **SEBASTIANO MERCADANTE**
6. METHADONE **NATHAN CHERNY**
7. TRANSDERMAL OPIOIDS (FENTANYL AND BUPRENORPHINE) **MARCO MALTONI/DAVIDE TASSINARI**
8. TAPENTADOL **AUGUSTO CARACENI**
9. OXYCODONE/NALOXONE **AUGUSTO CARACENI**
10. INCIDENT BREAKTHROUGH PAIN **GIOVAMBATTISTA ZEPPESELLA**
11. KETAMINE **MICHAEL BENNETT**
12. DRUGS IN NEUROPATHIC PAIN **MICHAEL BENNETT**
13. NSAIDS/PARACETAMOL **MARIA NABAL**
14. WHO STEP I DRUGS **LUKAS RADBRUCH**
15. WHO STEP II DRUGS **MARCO MALTONI/DAVIDE TASSINARI**
16. WHO STEP II VS WHO STEP III **MARCO MALTONI/DAVIDE TASSINARI**
17. OPIOID INDUCED NAUSEA AND VOMITING **MARIE FALLON**
18. OPIOID INDUCED CONSTIPATION **PHIL LARKIN**
19. CENTRAL SIDE EFFECTS MANAGEMENT **PATRICK STONE**
20. LIVER FAILURE **KATHLEEN MARK**
21. RENAL FAILURE **MARIE FALLON**
22. SPINAL OPIOIDS **PER SJØGREN**
23. RADIOTHERAPY **LAURA LOZZA/JO-ÅSMUND LUND**
24. BISPHOSPHONATES **JOSEPH PORTA-SALES**
25. CORTICOSTEROIDS **ØRNULF PULSEN**
26. INVASIVE ANALGESIC INTERVENTION **GEANA PAULA KURITA, SEBASTIANO MERCADANTE, PÅL KLEPSTAD**
27. PAIN ASSESSMENT AND CLASSIFICATION **ANNE KARI KNUDSEN**

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Can we expect any changes?

- Some examples

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Journal of Pain and Symptom Management Vol 46 No 1 July 2012

Review Article

Do Corticosteroids Provide Analgesic Effects in Cancer Patients? A Systematic Literature Review

Ørskov Paulsen, MD, Niels Aas, MD, PhD, Søren Kaasa, MD, PhD, and Ole Dale, MD, PhD

Palliative Care Unit (P.C.U.), Department of Medicine, Ullevål Hospital, Oslo, European Palliative Care Research Centre (EPCRC), Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Trondheim, Department of Oncology (O.U.), Oslo University Hospital, Oslo, Faculty of Medicine (F.M.), University of Oslo, Oslo, Department of Oncology (O.U.), and Department of Neurobiology and Emergency Medicine (NEM), Ullevål Hospital, Trondheim University Hospital, Trondheim, Norway

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Background:

Systematic literature review: analgesic effects of corticosteroids in cancer pain?

Display Settings: Abstract Send to: [x]

J Pain Symptom Manage. 2012 Nov;46(5):443-51. doi: 10.1016/j.painman.2012.06.016. Epub ahead of print.

Do Corticosteroids Provide Analgesic Effects in Cancer Patients? A Systematic Literature Review.

Paulsen Ø, Aas N, Kaasa S, Dale O
 Palliative Care Unit, Department of Medicine, Trondheim Hospital, Oslo, Norway; European Palliative Care Research Centre, Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Trondheim, Norway. Electronic address: orskov.paulsen@ntnu.no

Abstract
CONTEXT: Corticosteroids are frequently used in cancer patients for their analgesic properties. The evidence for analgesic effects of corticosteroids in patients with cancer pain has not been established.

OBJECTIVES: To assess the evidence for the use of corticosteroids in cancer pain management.

METHODS: A systematic literature review was conducted using the Medline, Embase, and Cochrane databases. The search strategy was based on the following keywords: corticosteroids, cancer pain, analgesic, and systematic review. The search was limited to English language articles published between 1980 and 2012. The search was conducted by two independent reviewers.

RESULTS: The search identified 10 studies. Two of these studies were included in the review. The studies included in the review were not adequately reported. However, one of the studies included in the review showed that corticosteroids given in medium doses were well tolerated in patients with cancer pain. The results indicate that corticosteroids may have analgesic effects, but the evidence is weak.

CONCLUSIONS: The evidence for the use of corticosteroids in cancer pain management is weak. A weak recommendation (GRADE) is made for the use of corticosteroids in cancer pain management.

Copyright © 2012 U.S. Cancer Pain Relief Committee. All rights reserved. 0895-5162/12/4605-443-09\$36.00/0

Paulsen, Ø et al, Journ P Sympt Manage 2012, Epub ahead of print

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Background:

Other indications

- Corticosteroids may be effective in relieving fatigue for a short period of time, documentation is weak
 Radbruch 2008
- Evidence to support the use of corticosteroids in short courses as an appetite stimulant (systematic review)
 Yavuzsen 2005

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VOLUME 33 NUMBER 20 OCTOBER 10 2014

JOURNAL OF CLINICAL ONCOLOGY ORIGINAL REPORT

Efficacy of Methylprednisolone on Pain, Fatigue, and Appetite Loss in Patients With Advanced Cancer Using Opioids: A Randomized, Placebo-Controlled, Double-Blind Trial

Ørskov Paulsen, MD, Espeland, Jan, Havelil, Bostad, Søren, Aas, Ole, Ørskov, Paulsen, and Søren Kaasa

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Day 0

Patients with pain ≥ 4 (NRS 0-10)


Methylprednisolone 16 mg x 2

Placebo

Day 7

Evaluation

- Unchanged opioid medication
- All patients prescribed on demand opioids



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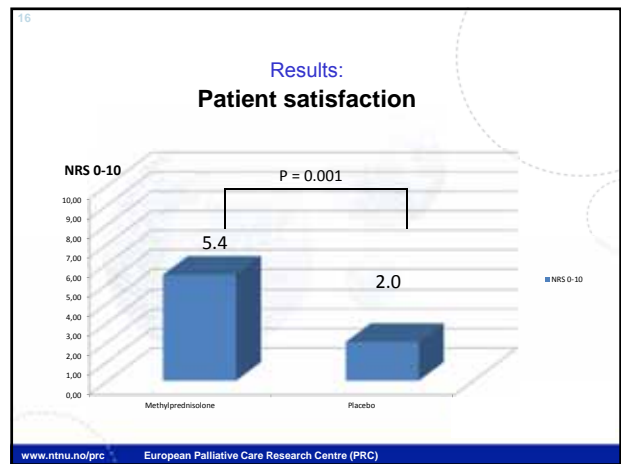
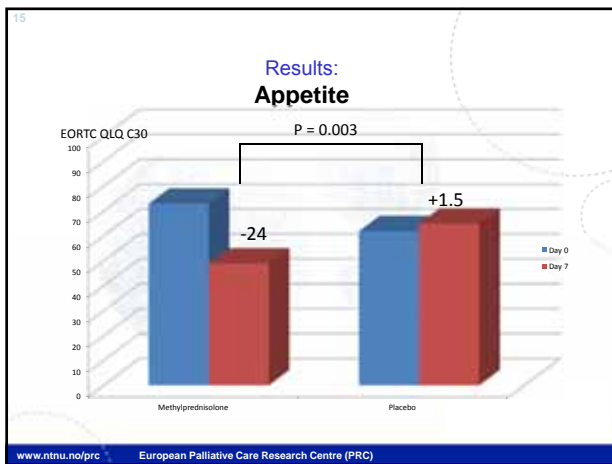
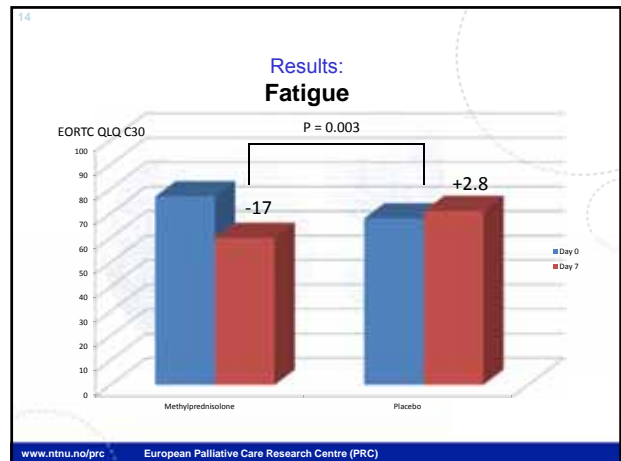
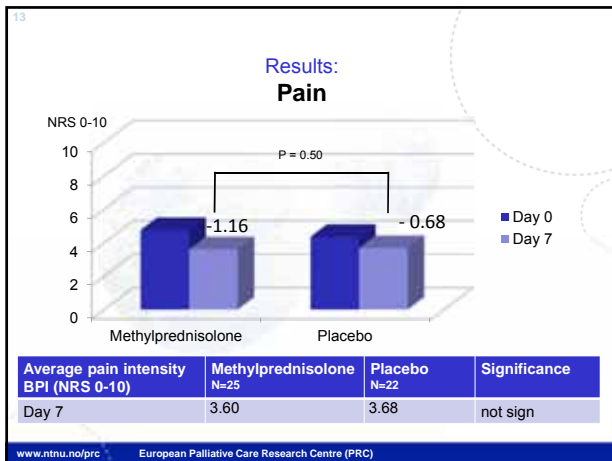
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Methods:

Assessments and outcomes

- Measured day 7
- Primary outcome:
 - Average pain intensity NRS 0-10
- Secondary outcomes:
 - Analgesic consumption Oral morphine equivalents
 - Fatigue EORTC QLQ-C30
 - Appetite EORTC QLQ-C30
 - Overall satisfaction NRS 0-10

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Conclusion:

- Methyprednisolone 32 mg did not show any additional pain relief in cancer patients with metastatic disease treated with opioids
- Patients receiving corticosteroids
 - had clinical and statistical significant improvement in fatigue and appetite
 - had significant better treatment satisfaction

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Four of several reasons for undertreatment of cancer pain

- Insufficient knowledge about the pathophysiology of cancer pain and of principles of pain treatment
- Lack of optimal communication with and about patients
- Lack of standardised diagnostic tools
- Inadequate implementation of evidence-based guidelines for pain management into clinical practice

Oldenmenger et al. *Eur. J. Cancer* 2009
 Fainsinger et al. *Eur. J. Cancer* 2008
 Du Pen et al. *J Clin Oncol* 1999

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The diagnostic process 'It is all about classification'

```

    graph TD
      A[The patient experiences a symptom] --> B[The patient consults a physician]
      B --> C[Medical history  
Clinical examination  
Supplementary investigations]
      C --> D[Diagnosis/classification]
  
```

Stadium	1	2	3
Stage I	15	40	100
Stage II	15	40	100
Stage III	15	40	100
Stage IV	15	40	100
Stage V	15	40	100
Stage VI	15	40	100
Stage VII	15	40	100
Stage VIII	15	40	100
Stage IX	15	40	100
Stage X	15	40	100

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Assessment

- Constitutes the basis for the correct classification
- Measurement: Process of collecting and documenting information needed to conclude
- For subjective symptoms the gold-standard is
 - Patient Reported Outcome Measures (PROMs)

Hjermstad et al. *Curr. Opin. Support. Palliat. Care* 2009
 Fayers PM, Machin D, editors. *Quality of Life. The assessment, analysis and interpretation of patient-reported outcomes* 2007

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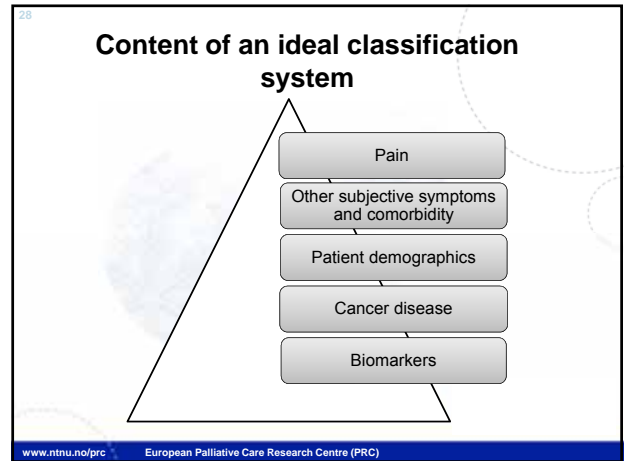
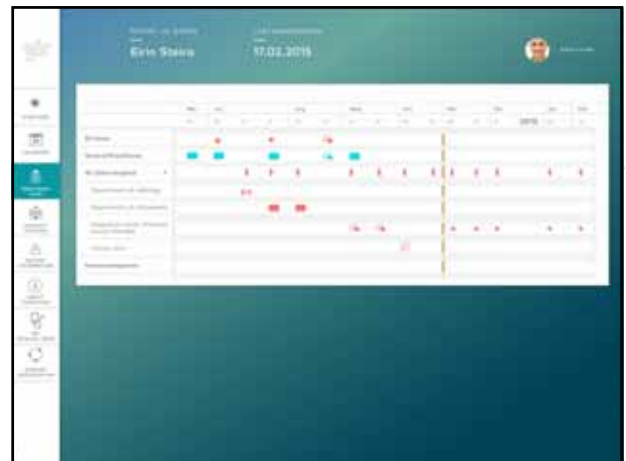
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Update of systematic literature reviews

Pain assessment tools in palliative care: an urgent need for consensus

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Pain Medicine (2015), 22, 295-300

Classification of pain in cancer patients – a systematic literature review

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Preliminary results

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Search strings

- **Assessment**
 - Pain measurement/ or (pain adj5 (assess* or measur*)) .ti,ab.
 - exp Neoplasms/ or cancer.ti,ab.
 - exp Clinical trial/ or Comparative study/ or Evaluation studies/ or Multicenter study/ or Validation studies/
- **Classification**
 - exp Pain/cl or ((classif\$ adj5 pain) or (cut point\$ adj5 pain) or (staging adj5 pain) or (categor\$ adj5 pain) or (character\$ adj5 pain) or (grad\$ adj5 pain)).ti,ab.
 - cancer.ti,ab. or exp Neoplasms/
 - exp Clinical trial/ or Comparative study/ or Evaluation studies/ or Multicenter study/ or Validation studies/

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Inclusion criteria

- Human subjects ≥ 18 years
- Cancer patients with chronic cancer-related pain
- Clinical studies with ≥ 100 sample size
- Publication during
 - 2007-2014 for pain assessment
 - 2006-2014 for pain classification
- Article in English

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Preliminary results Pain assessment

The flowchart for Pain assessment shows the following steps:

- Records identified through database searching (n=1600)
- Records after duplicates removed (n=2927)
- Records screened (n=338) - Records excluded (n=1318)
- Full-text articles assessed for eligibility (n=129) - Full-text articles excluded, with reasons (n=)
- Studies included in qualitative synthesis (n=)

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Preliminary results Pain classification

The flowchart for Pain classification shows the following steps:

- Records identified through database searching (n=959)
- Records after duplicates removed (n=798)
- Records screened (n=348) - Records excluded (n=197)
- Full-text articles assessed for eligibility (n=84) - Full-text articles excluded, with reasons (n=7):
 - 3 no pain classification
 - 1 secondary analysis
 - 1 non-cancer patient
 - 2 full text not available
- Studies included in qualitative synthesis (n=29)

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Preliminary results - cancer pain classification

The diagram shows 29 studies categorized into four groups:

- Exploratory studies (n=11)**: 1 PMI, 3 ECS-CP, 1 OEI
- Breakthrough pain studies (n=7)**: 1 ECS-CP
- Neuropathic pain studies (n=3)**: 0
- Descriptive studies (n=8)**: Pain intensity in 5; 1 PMI, 1 ECS-CP

 Legend: ECS-CP: Edmonton Classification System for Cancer Pain; OEI: Opioid Escalation Index; PMI: Pain Management Index.

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Preliminary conclusions - classification

- 36 full-text papers identified for further investigation
- No new cancer pain classification system identified
- Pain intensity, breakthrough pain, neuropathic pain key domains
- Further work needed to agree upon a common and feasible classification system for cancer pain

Kaasa et al. Expert conference... *BMJ Supp&Pal Care* 2011
Knudsen et al. Which variables...? *Pain* 2012

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PAIN Publish Ahead of Print
 DOI: 10.1093/pain/ptw001

A classification of chronic pain for ICD-11

Rolf-Detlef Treede^{1*}, Winfried Rief^{2,3*}, Antonia Barke^{2,4*},
 Qasim Aziz⁵, Michael I. Bennett⁶, Rafael Benoliel⁶, Milton Cohen⁶, Stefan Evers⁷, Nanna B.
 Finncrup⁸, Michael B. First⁹, Maria Adele Giamberardino¹⁰, Stein Kaasa¹¹, Eva Kossek¹²,
 Patricia Lavandhomme¹³, Michael Nicholas¹⁴, Serge Perrot¹⁵, Joachim Scholtz¹⁶, Stephan
 Schug¹⁷, Blair H. Smith¹⁸, Peter Svensson¹⁹, Johan W.S. Vlaeyen²⁰, Shao-Jun Wang²¹

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A classification of chronic pain

- «Persistent or recurring pain lasting longer than 3 months»

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Divided into 7 groups

- Chronic primary pain
- Chronic cancer pain
- Chronic postsurgical and posttraumatic pain
- Chronic neuropathic pain
- Chronic headache and orofacial pain
- Chronic visceral pain
- Chronic musculoskeletal pain

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Chronic cancer pain

- Pain caused by the cancer
- Pain caused by cancer treatment

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Chronic cancer pain

- Subdivided into
 - Location
 - Visceral
 - Bony
 - Somatosensory (neuropathic)
 - Continuous (background pain)
 - Intermittent (episodic pain)

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From evidence-based medicine to evidence-based practice

- The ideal cancer pain classification system should contribute to the implementation of evidence-based guidelines into clinical practice
- Integrated Care Pathways (ICP) as an implementation plan
- Information technology may facilitate this implementation

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A computer based assessment and classification system to support ICPs for cancer care – to the best for the patients

