The Science and Art of Managing Pain Throughout the Cancer Experience

Carol P. Curtiss, MSN, RN-BC
Ann Marie Harootunian, RN-BC, MS, FNP-C

Conflict of Interest Disclosure

• Presenter’s conflicts of interest:
  • Carol Curtiss reports no conflicts of interest
  • Ann Marie Harootunian reports no conflicts of interest

Educational Objectives

• At the conclusion of this activity participants should be able to:
  • Identify current evidence-based guidelines for assessing and managing cancer pain
  • Describe causes of cancer pain throughout the cancer experience
  • Discuss strategies to manage different types of cancer pain
Cancer – NOT just one disease

- > 100 different diseases, differ by site AND within site
- Differ by biological properties of tumor & patient (e.g., ability to produce/overproduce specific proteins, presence or absence of tumor genetic mutations, cell signaling defects)

Cellular level

Outcomes

- Curable
- Non-curable with quick demise
- Non-curable and a chronic illness for months/years
- Significant psychosocial and financial burdens throughout

Having cancer, I’ve learned...

- a whole new medical education I never wanted
- to be flexible– things don’t always go as planned
- to be spontaneous. I may never get another chance
- the value of friendship and the strength of a hug
- hope is powerful word
- how to receive
- I don’t have to live with cancer pain – there’s help!

Responses from a cancer support group exercise

Cancer and the Meaning of Pain

- People with cancer come to us scared, want to get well, and need our help. The cancer experience remains part of life forever. It means living with uncertainty and doubt.
  - A cancer diagnosis meets the criteria in DSM-IV for PTSD
  - A patient’s prior experience with pain, cultural or religious attitudes toward pain (and pain relief), existential suffering, patient and family preexisting attitudes toward pain and the use of analgesics influence the ability of clinicians to manage pain[^1]

Cancer pain is complex

Physical

Multiple Losses

Emotional

Social

Financial

Spiritual

Cancer Pain

Cancer Pain: A GROUP of Pain Syndromes

Prevalence:
20-50% with cancer, 80% with advanced cancer, unknown in long term survivors

Mild, Moderate, Severe, Multiple sites

Acute Persistent, Both

Due to cancer, Ca treatment, Unrelated

Nociceptive • Somatic • Visceral

Neuropathic

Constant, intermittent, incident-related, or breakthrough


Continuum of Cancer Pain Possibility

Prevention and Risk Reduction
Tobacco control Diet Physical activity Sun and environmental exposures Alcohol use Chemo prevention Immunization

Screening
Age and gender screening Genetic testing

Diagnosis
Biopsy & diagnostics Crisis of cancer Coping with changes Learning a new language Cost of care Wait & worry

Treatment
Effects of surgery Radiation Chemotherapy Targeted therapy Immunotherapy Invasive procedures

Survivorship
Fear of recurrence Procedures screening for new cancers Chronic pain syndromes The "new" me

End-of-life care
"Total" pain Advance care planning Effective, efficient & safe pain care at EOB Fears & misperceptions

Pain at the End of Life
Examples of Cancer-related Pain

- Bone metastases
  - Vertebral collapse
  - Fractures
  - Cord compression

- Liver metastases, pancreatic cancer
  - Liver capsular distention
  - Severe neuropathic pain
  - Metabolic disturbances

- Compression of normal tissue
- Disruption of blood supply
- Disruption of body processes
- Distention of normal tissue/body parts

Examples of Treatment-related Pain

- Diagnostic procedures
- Surgery
  - Acute post-op pain
  - Persistent pain
  - Post mastectomy or thoracotomy syndromes
  - Brachial/lumbar plexopathies
  - Lymphedema
- Radiation therapy
  - Skin reactions, changes, fibrosis
- Chemotherapy/hormone therapy
  - Neuropathies, arthralgias, myalgias
  - Mucositis, stomatitis, skin and nail changes
  - Osteoporosis
- Immunotherapies
  - Muscle, joint aches; Skin reactions; Headache
  - Herpes Zoster

Cancer Pain: The Evidence

- National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (www.nccn.org)
  - Adult Cancer Pain, V. 1.2018 (January 22, 2018)
- American Society of Clinical Oncology (ASCO) Clinical Practice Guidelines
  - Management of chronic pain in survivors of adult cancers
  - Prevention and management of chemotherapy-induced peripheral neuropathy in survivors of adult cancers

Other Guidelines

- Guideline on Management of Pain in Cancer and/or Palliative Care
- MASCC/ISOO Clinical Practice Guidelines for the Management of Mucositis Secondary to Cancer Therapy
- ASPMN and HPNA Position Statement: Pain Management at the End of Life
- Multiple guidelines for non-specific persistent pain
  - Many exempt cancer pain or pain at the end of life

Common Recommendations from Multiple Guidelines

- Screen for pain and document at each encounter
- Complete a comprehensive initial assessment
  - Components of the multidimensional nature of pain
  - Cancer treatment and comorbid conditions
  - Psychosocial and psychiatric history
  - Identify etiology, if known
- Understand chronic pain syndromes from cancer & treatment

Recommendations (cont’d)

- Engage patients and family/caregivers
- Interdisciplinary planning and assignment of responsibility
- Non-pharmacologic interventions (Prescribe or refer for expertise)
- Pharmacologic interventions (Non-opioids, adjuvant and opioids)
- Universal precautions for risk of opioid misuse, abuse
- Interventional techniques: (e.g. celiac plexus block)
- Goal: Enhance comfort, improve function, limit adverse effects and ensure safety


National Cancer Institute, Cancer Pain (PDQ®); ASCO Chronic Pain Guidelines for Cancer Survivors, 2016. www.asco.org/chronic-pain-guidelines
To have great pain is to have certainty.  
To hear that another person has pain is to have doubt


---

**Ongoing ASSESSMENT**

*Essential* for success

- Ask detailed questions about...
  - Pain
  - Pain relief
  - The biopsychosocial effects of pain on the person
  - The person
  - The plan

---

**Cancer Pain Management**

- Assess ALL of the dimensions of cancer and cancer pain
  - Physical, psychosocial, spiritual, cultural, financial
- Develop a comprehensive plan with the patient and family
  - Coach and educate the patient and family regarding self-care, counseling and support, non-pharmacologic interventions, pharmacological interventions based on individual assessment
- Identify and document responsibility and accountability of HCP and patient
- Plan follow-up, maintain continuity, and ACT for unrelieved pain
Treatment – Look at the Cause

- Bone metastases
  - NSAIDs, Corticosteroids, Opioids, Radiation therapy, Bone modifying agents
- Pancreatic cancer
  - Opioids +/- non-opioids
  - Interventional (celiac plexus block)
- Procedural
  - Analgesics, sedatives
  - Virtual reality, relaxation, imagery

Non-pharmacologic therapies, counseling & support for all

- Nociceptive pain unresponsive to non-opioids
  - Opioids, dosed to individual response
  - Interventional
- Post mastectomy/thoracotomy syndromes, neuropathies
  - Anticonvulsants, Antidepressants, Local anesthetics

Case study: Jackie

- This original video illustrates the multidimensional aspects of cancer pain on the person with cancer and their loved ones.
- With special thanks to Jackie for her willingness to share her experiences and to teach each of us.

Jackie

- 65 year old active and athletic woman with cancer of the omentum
- Married with adult children
- Treatments
  - Surgery
  - IV and intraperitoneal chemotherapy
  - Recurrence
  - Immunotherapy (nivolumab & bevacizumab in a clinical trial)
  - Treatment failed – new clinical trial planned
Discussion

- Issues related to physical pain
- Issues related to psychosocial and spiritual pain
- Implications for financial toxicity
- Strategies nurses can implement to address the complex characteristics of cancer pain