

Supportive treatment for cancer – part 3:

Treatment of pain: most common practices

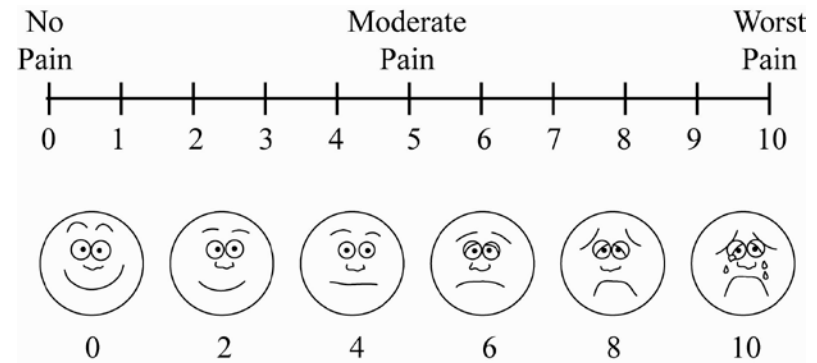
Marijke Eyssen, Nadia Benahmed, Anja Desomer

Rationale

- **Cancer-specific guidelines: College of Oncology + KCE**
- **Supportive treatment: often not specific to one cancer type**
- **Series of generic reports:**
 - **Part 1: Exercise treatment**
 - **Part 2: Prevention & treatment of adverse events**
 - **Part 3: Treatment of cancer pain**

Cancer pain

- **Reported in**
 - **53% at all stages**
 - **64% in advanced illness**
 - **33% in cancer survivors**
- **Due to**
 - **cancer**
 - **cancer treatment**
 - **other co-existing conditions**



Selected topics

- **Adults**
- **All phases of disease, except terminal care**
- **Nine treatments:**

Drugs

- Paracetamol and NSAIDs
- Opioids
- Corticosteroids
- Antidepressants
- Anticonvulsants
- Bisphosphonates

Other interventions

- Radiotherapy for painful bone metastases
- Radionuclides for painful bone metastases
- Celiac plexus block

Methods

- **Systematic Review: SRs or RCTs, Quality appraisal**
- **GRADE:**

- **Levels of evidence**

KCE

- **Grades of recommendation; wording**

Expert panel:

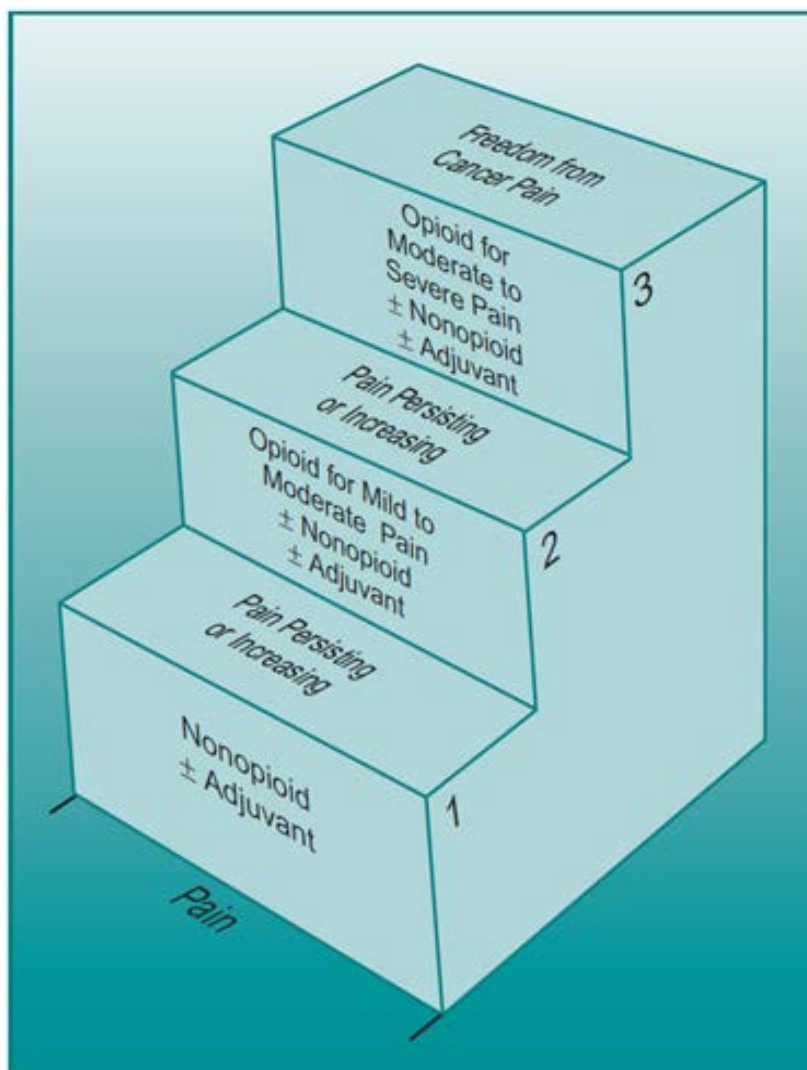
- **Professionals**
- **Representatives of patient organisations**

Stakeholder panel:

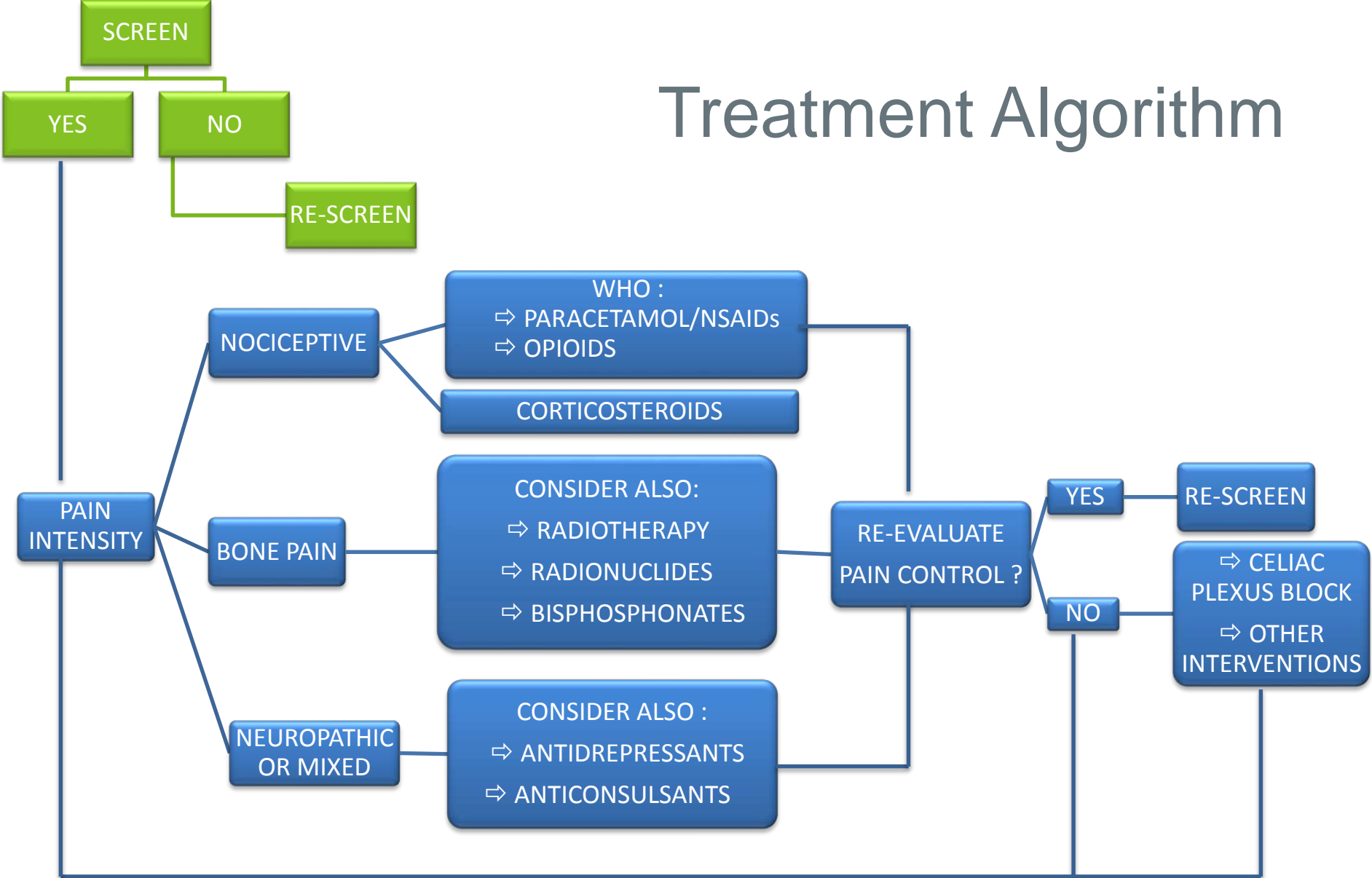
- **Representatives of professional organisations**
- **Representatives of patient organisations**
- **Patient**

- **CEBAM validation → EBM Practicenet**

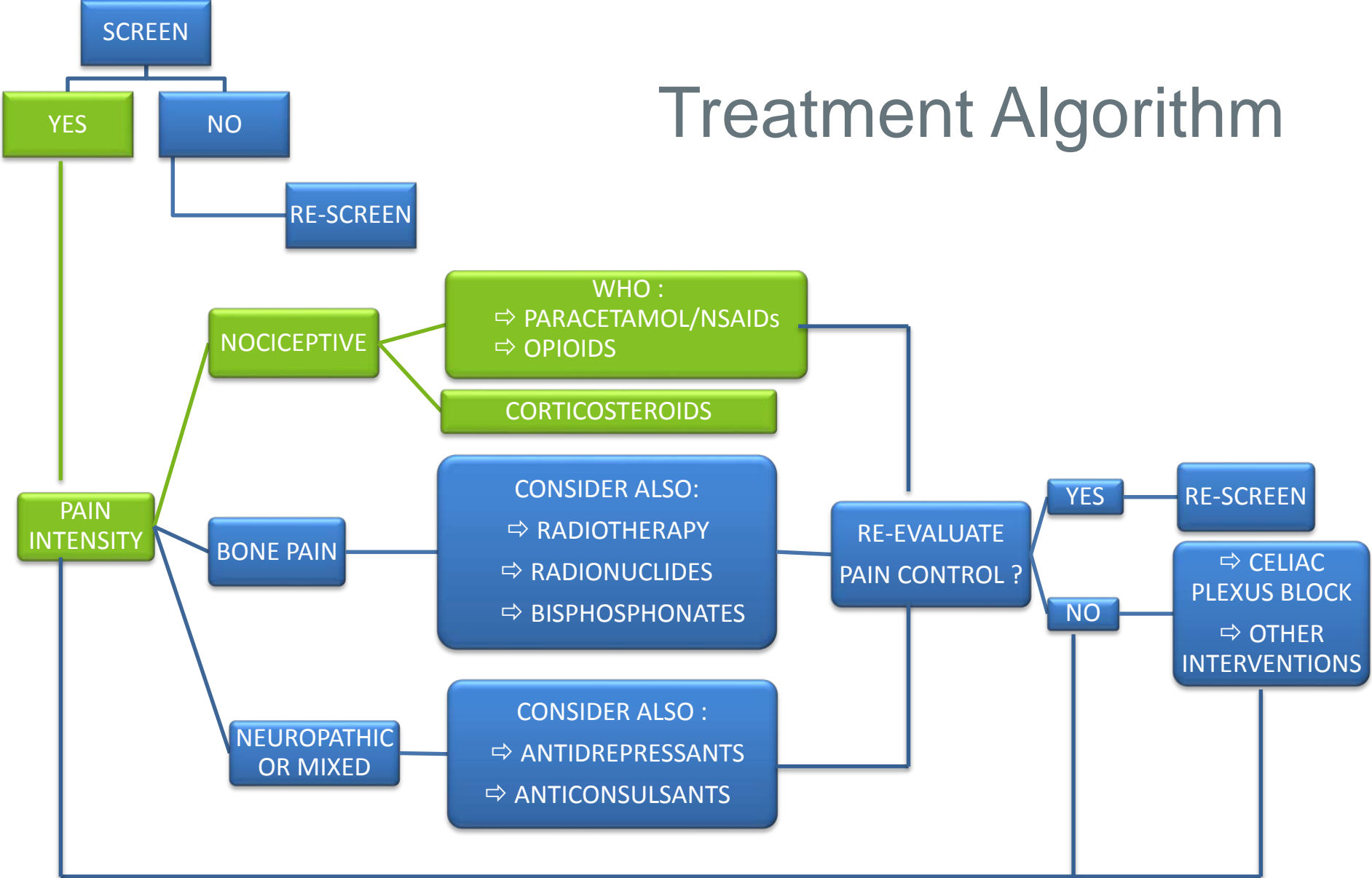
Results: WHO Analgesic ladder



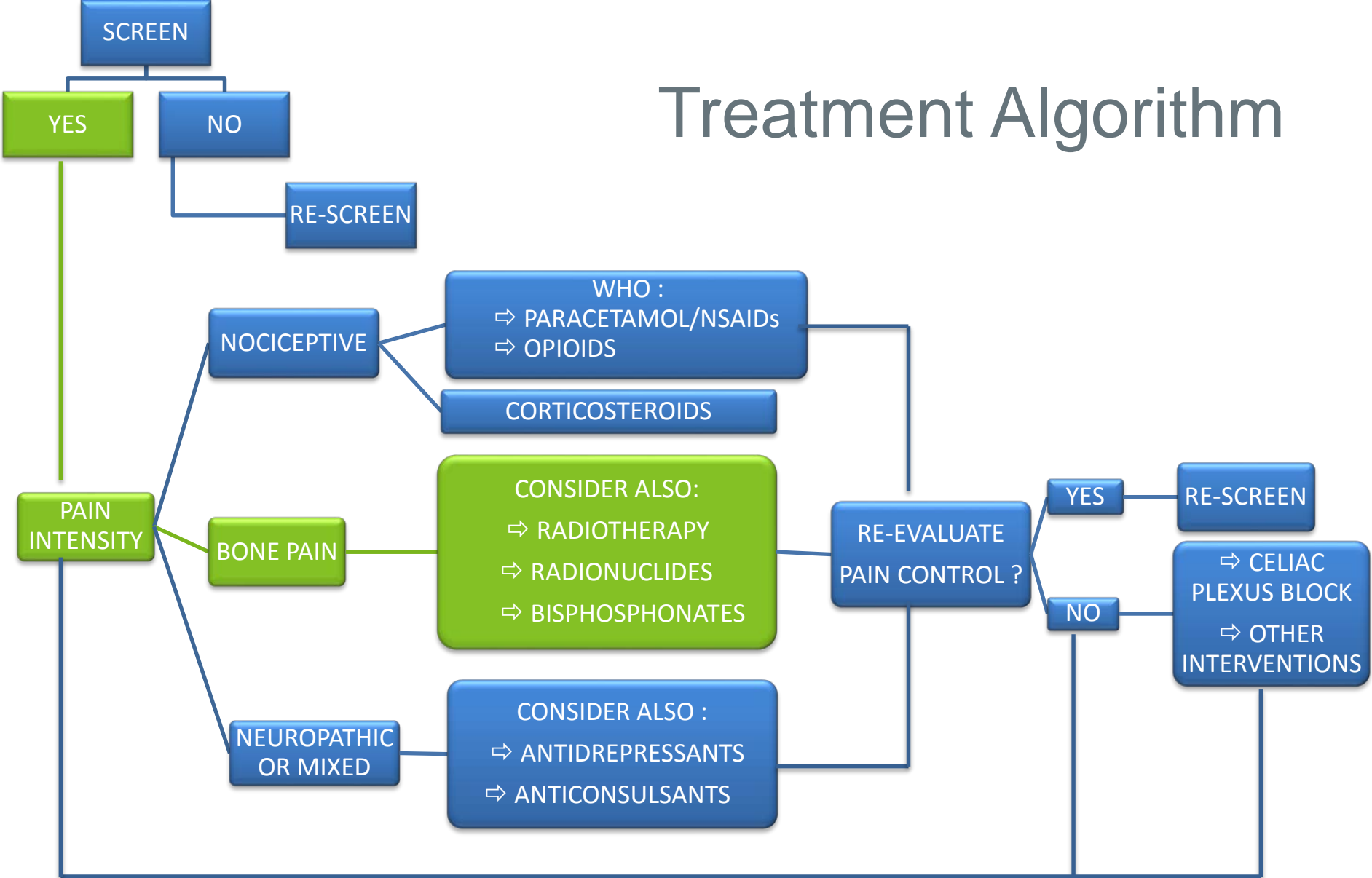
Treatment Algorithm



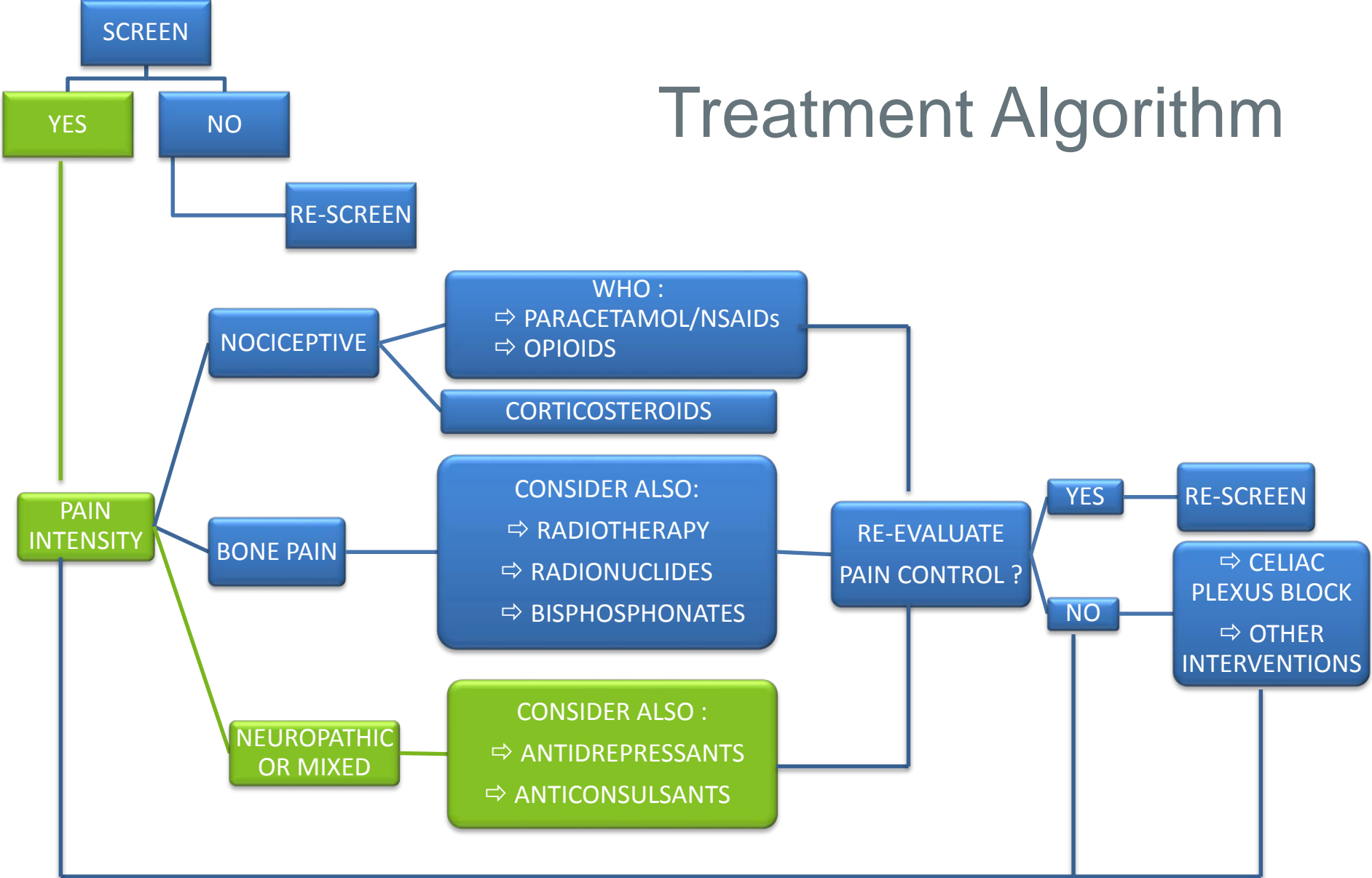
Treatment Algorithm



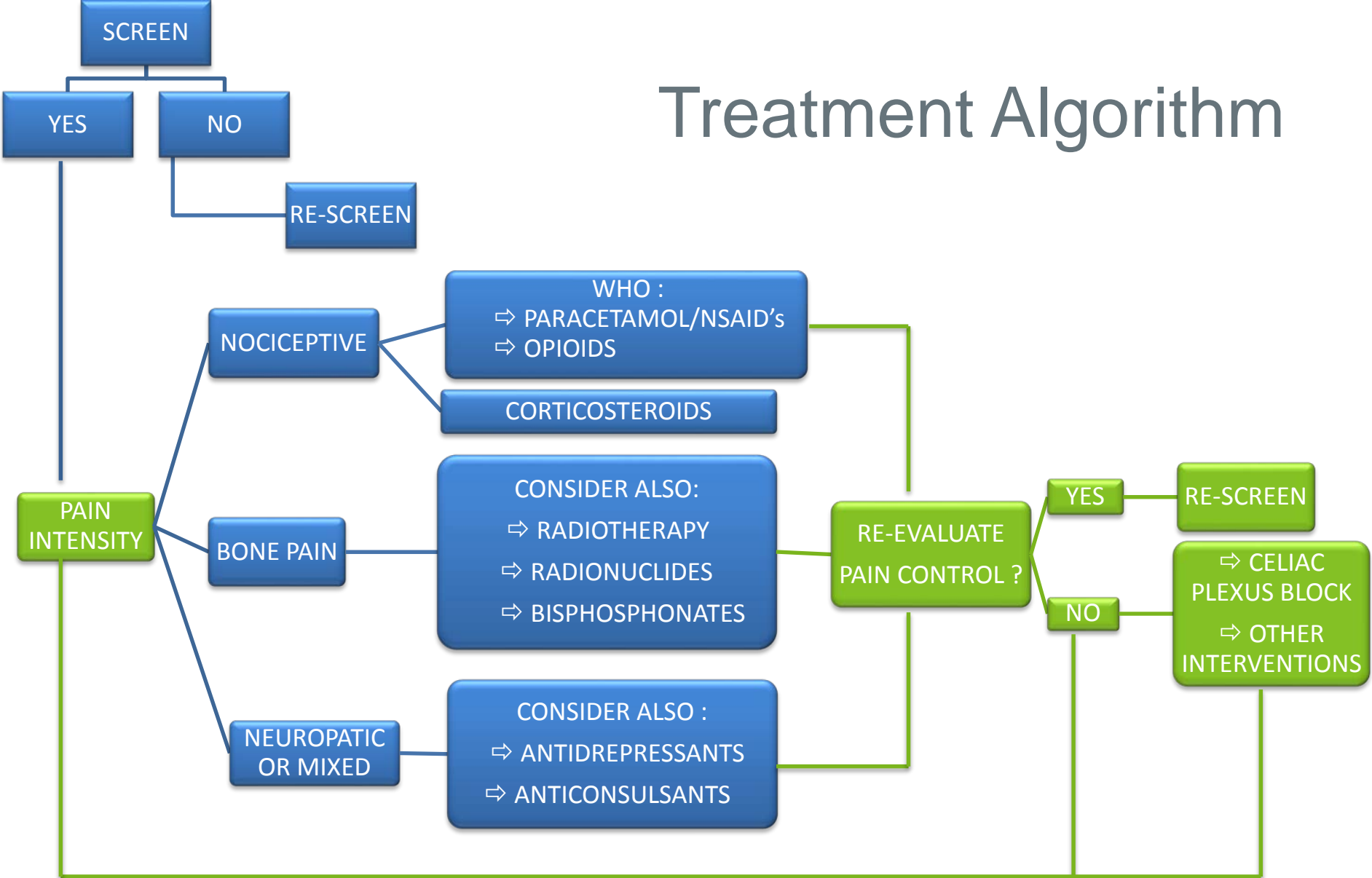
Treatment Algorithm



Treatment Algorithm



Treatment Algorithm



Limitations

- Evidence supporting recommendations mostly low or very low quality
- Consider medical needs but also psychosocial, emotional and spiritual needs
- Almost no publications on combined interventions
- Organisation of health services out of scope
 - Encourage multidisciplinary approach



Policy recommendations

- **College of Oncology**
 - **Facilitator for implementation of guideline.**
 - **New evidence is posted online, awaiting the guideline update (pre-assessment at least every 5 years).**
- **Scientific societies**
 - **User friendly tools tailored to specific groups of health-care professionals**
 - **Dissemination through websites, continuous medical education,...**
- **Research community**
 - **High-quality studies**

Colophon

- **Author(s):** Marijke Eyssen, Nadia Benahmed, Anja Desomer
- **Publication date:** 18 november 2013
- **Domain:** Good Clinical Practice (GCP)
- **MeSH:** Neoplasms; Pain; Pain management; Analgesics; Radiotherapy
- **NLM Classification:** QZ 266
- **Language:** English
- **Format:** Adobe® PDF™ (A4)
- **Legal depot:** D/2013/10.273/84
- **Copyright:** KCE reports are published under a “by/nc/nd” Creative Commons Licence
<http://kce.fgov.be/content/about-copyrights-for-kce-reports>.

This document is available on the website of the Belgian Health Care Knowledge Centre.



THANK YOU!



eunethta
EUROPEAN NETWORK FOR HEALTH TECHNOLOGY ASSESSMENT



INAHTA