ASCOS Issues New Guideline on Chronic Pain Management in Adult Cancer Survivors

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ALEXANDRIA, Va. – The American Society of Clinical Oncology (ASCO) today issued a new clinical practice guideline on management of chronic pain in adult cancer survivors. It deals comprehensively with the pain people experience after cancer treatment, and is unique in its focus on chronic pain among cancer survivors. The guideline recommends a full range of evidence-based strategies for safe and effective treatment of persistent pain.

As a result of remarkable advances in cancer diagnosis and therapy, today there are a record 14 million cancer survivors in the United States. However, an estimated 40% of survivors continue to experience persistent pain as a result of treatment, which can be detrimental to their quality of life.1

ASCO’s recommendations comprise both long-standing and new approaches, including: routine screening for chronic pain, the use of alternative pain management approaches such as hypnosis and meditation, the use of medical cannabis in certain settings in states where it is legal, and assessing the potential for opioid overuse.

"Many oncologists and primary care physicians are not trained to recognize or treat long-term pain associated with cancer," said Judith A. Paice, PhD, RN, a co-chair of the ASCO Expert Panel that developed the guideline. “This guideline will help clinicians identify pain early and develop comprehensive treatment plans, using a broad range of approaches.”

The guideline recommendations were developed by a multidisciplinary panel of experts in medical oncology, hematology/oncology, pain medicine, palliative care, hospice, radiation oncology, social work, symptom management research, rehabilitation, psychology, and anesthesiology, as well as a patient representative. The panel conducted a systematic review of medical literature published from 1996 to 2015.

Although there are other guidelines that address the relief of pain associated with advanced cancer as well as chronic pain in non-cancer conditions, this is one of the only guidelines to focus on the growing population of cancer survivors with chronic pain. This guideline is also unique in describing the wide range of pain syndromes associated with cancer treatments.

Key guideline recommendations include:

- Clinicians should screen for pain at each encounter with a patient. Recurrent disease, second malignancy or late onset treatment effects should be evaluated, treated and monitored.
- Clinicians may prescribe non-pharmacologic interventions such as physical medicine and rehabilitation, integrative therapies (e.g., acupuncture and massage), interventional therapies, and psychological

approaches (e.g., guided imagery, hypnosis, and meditation).

- Systemic non-opioid analgesics (NSAIDS, acetaminophen) and adjuvant analgesics (selected antidepressants and anticonvulsants), may be prescribed to relieve chronic pain and/or improve physical function.
- Clinicians may prescribe a trial of opioids in carefully selected cancer patients who do not respond to more conservative pain management and who continue to experience pain-related distress or impairment of physical function.
- Clinicians should assess the risk of adverse effects of opioids used in pain management and incorporate universal precautions to minimize abuse, addiction and adverse consequences.
- Clinicians may follow specific state regulations that allow access to medical cannabis or cannabinoids for patients with chronic pain after considering the potential benefits and risks of the available formulations.

“Of great importance is the attention to appropriate assessment, not only of the individual’s pain, but also of their potential for over-reliance on opioids,” said Dr. Paice. “This guideline outlines precautions that help ensure cancer survivors with persistent pain use opioids safely and effectively, while limiting access to those who are struggling with addiction.”

The guideline, *Management of Chronic Pain in Survivors of Adult Cancers: American Society of Clinical Oncology Clinical Practice Guideline*, was published today in the *Journal of Clinical Oncology*, and is available online along with supplementary materials.

ASCO encourages feedback on its guidelines from oncologists, practitioners, and patients through the [ASCO Guidelines Wiki](#).

For an embargoed copy of the guideline, please contact [Ashley Yum](mailto:Ashley.Yum@asco.org) or call her at 571-483-1376.


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**About ASCO:**

Founded in 1964, the American Society of Clinical Oncology (ASCO) is committed to making a world of difference in cancer care. As the world’s leading organization of its kind, ASCO represents more than 40,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at [www.ASCO.org](http://www.ASCO.org), explore patient education resources at [www.Cancer.Net](http://www.Cancer.Net), and follow us on [Facebook](http://Facebook.com/ASCO), [Twitter](http://Twitter.com/ASCO), [LinkedIn](http://LinkedIn.com/ASCO), and [YouTube](http://YouTube.com/ASCO).