

Chronic post cancer treatment pain – how can we increase unity across pathways?

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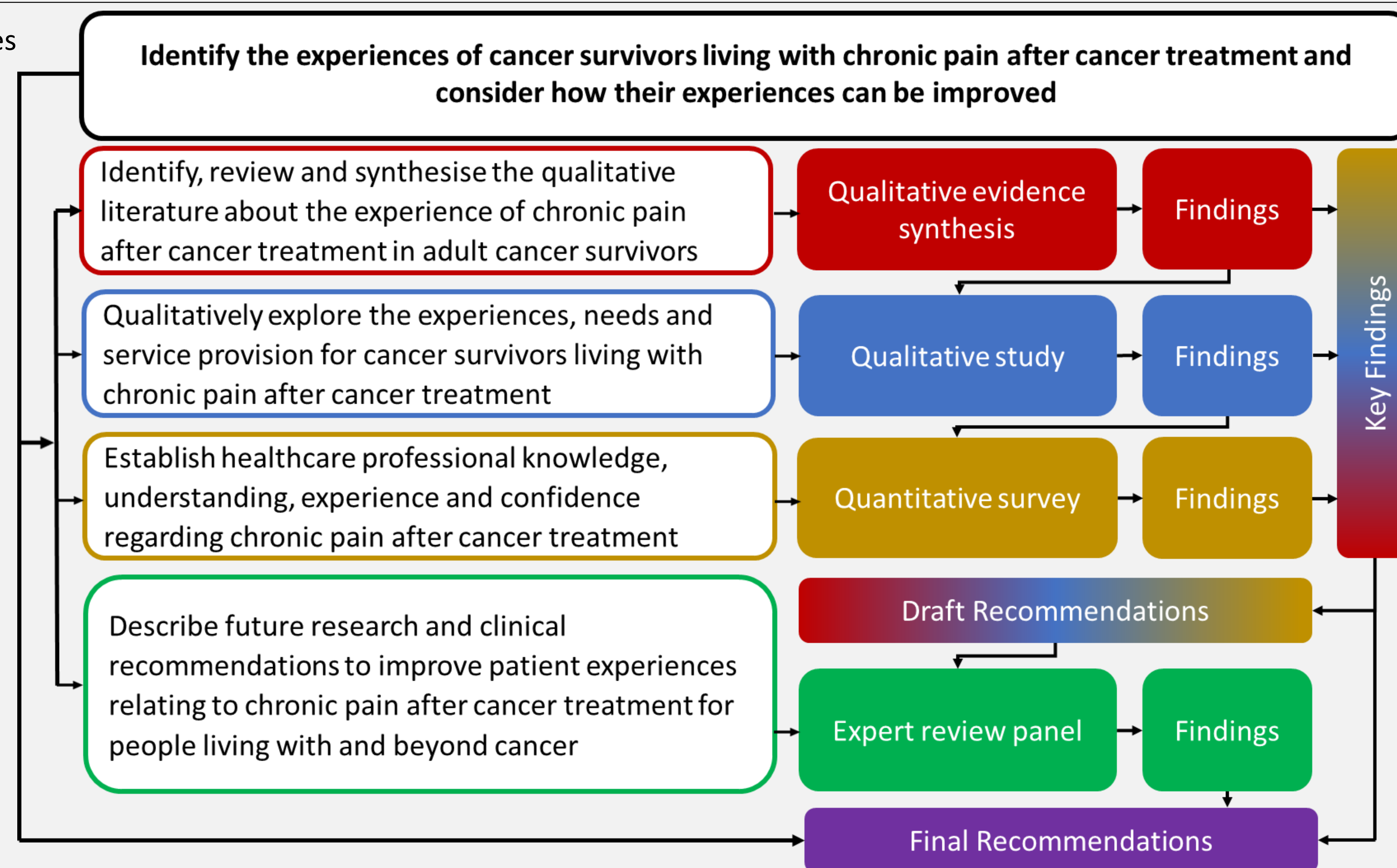
BACKGROUND

Chronic pain is a common side effect of cancer treatment^{1,2}. Pain is frequently cited as a top concern and unmet need for cancer survivors^{3,4}.

METHOD

Three sequent PhD research studies were conducted to understand support needs of cancer survivors living with chronic pain after cancer treatment: a qualitative evidence synthesis, a qualitative interview study with cancer survivors living with chronic pain after treatment and a quantitative survey with healthcare professionals. Findings from each study informed the development of the next study and clinical recommendations to improve experiences were drafted. These were discussed and refined in expert review panels and final clinical recommendations were produced (figure 1).

Figure 1: Overview of PhD studies



RESULTS

A qualitative evidence synthesis found a paucity of studies (n=4), all of which focused solely on women with breast cancer. Pain sensations evoked memories of cancer diagnoses, treatment and subsequent threats to mortality and indicated this made pain harder to manage.

Qualitative interviews with cancer survivors (n=19) identified difficult and frustrating interactions with healthcare services: survivors did not feel informed or prepared about ongoing pain, nor heard or believed. Support was hard to identify and access, and the responsibility of this was left to the survivor. They experienced being bounced between services, often slipping between the gaps in provision, and reported healthcare professionals had little knowledge about pain after cancer. However, validation of their pain by healthcare professionals was key to improving experiences.

Healthcare professionals (n=135) acknowledged the significant clinical burden of chronic pain but demonstrated mixed levels of understanding of its impact. Approximately a quarter reported they never, or rarely, talked, listened or signposted about chronic pain after cancer.

Findings informed draft recommendations. These were reviewed and refined within expert review panels consisting of cancer survivors living with chronic pain after cancer and clinical, research and education experts (n=20). There was consensus that the recommendations reflected the PhD findings and the complexity of implementation was acknowledged.

CLINICAL RECOMMENDATIONS

Resultant clinical recommendations are summarised as PAINS:

- Prepare and inform people living with and beyond cancer about the risks of chronic pain after cancer treatment
- Acknowledge and listen to experiences of living with chronic pain after cancer
- Increase healthcare professional knowledge about the risks, impact and management of chronic pain after cancer treatment
- Name and diagnose chronic pain after cancer treatment to educate, inform and validate experiences
- Supported self-management interventions are required to support those living with chronic pain after cancer treatment



1) Van Den Beuken-Van Everdingen et al. (2016) Update on Prevalence of Pain in Patients With Cancer: Systematic Review and Meta-Analysis. 51(6) 1070-1090.e9 2) Haenen et al. (2022) Pain prevalence and characteristics in survivors of solid cancers: a systematic review and meta-analysis. Supportive care in cancer. 31 (1) 3) Cox-Martin et al. (2020) Chronic pain, health-related quality of life, and employment in working-age cancer survivors. Journal of Cancer Survivorship.14 (2)179-187 4) Dugué et al. (2022) Head and neck cancer survivors' pain in France: the VICAN study. Journal of Cancer Survivorship.16 (1) 119-131.