

#EUCancerPlan

@SIP_PainPolicy



SIP
Societal Impact of Pain

WELCOME!

Ensuring Europe's Beating Cancer Plan (EBCP) addresses cancer pain in quality of life, survivorship, and palliative care

****Recommendations on slide 35****



The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the European Pain Federation EFIC and Pain Alliance Europe (PAE), which aims to raise awareness of pain and change pain policies. The scientific framework of the SIP platform is under the responsibility of EFIC and the strategic direction of the project is defined by both partners. The pharmaceutical companies Grünenthal GmbH and Pfizer are the main sponsors of the Societal Impact of Pain (SIP) platform.



Patrice Forget

Chair of the Societal Impact of Pain (SIP)

Brona Fullen

President, European Pain Federation (EFIC)

Mike Bennett

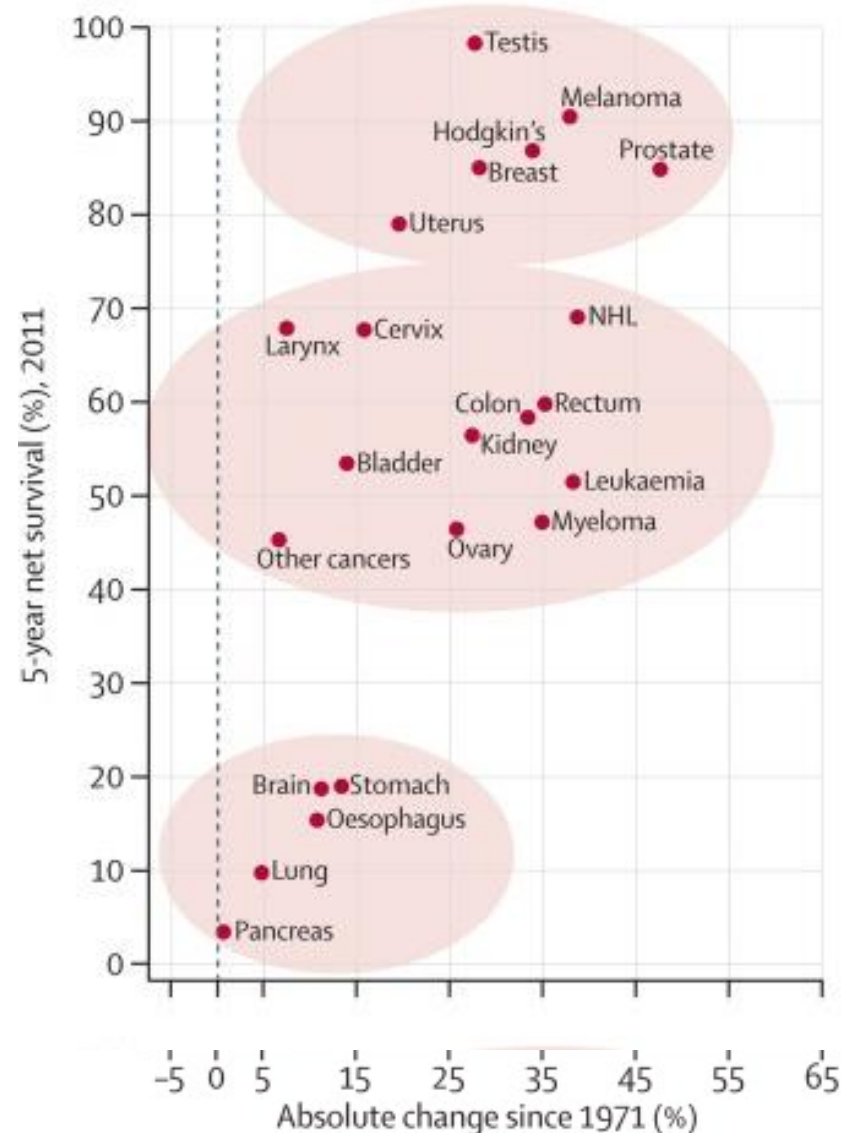
Cancer Pain Task Force Co-Chair, EFIC

**Professor of Palliative Medicine, University of
Leeds, UK**

1. INCREASED CANCER SURVIVAL

Global surveillance of trends in cancer survival 2000–14 (CONCORD-3): analysis of individual records for 37 513 025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries

*Claudia Allemani, Tomohiro Matsuda, Veronica Di Carlo, Rhea Harewood, Melissa Matz, Maja Nikšić, Audrey Bonaventure, Mikhail Valkov, Christopher J Johnson, Jacques Estève, Olufemi J Ogunbiyi, Gulnar Azevedo e Silva, Wan-Qing Chen, Sultan Eser, Gerda Engholm, Charles A Stiller, Alain Monnereau, Ryan R Woods, Otto Visser, Gek Hsiang Lim, Joanne Aitken, Hannah K Weir, Michel P Coleman, CONCORD Working Group**



Net survival 2010–11, and absolute change since 1971, in England

1. INCREASED CANCER SURVIVAL

Pain from cancer treatment

VOLUME 32 · NUMBER 16 · JUNE 1 2014

JOURNAL OF CLINICAL ONCOLOGY

REVIEW ARTICLE

Pain in Cancer Survivors

Paul A. Glare, Pamela S. Davies, Esmé Finlay, Amitabh Gulati, Dawn Lemanne, Natalie Moryl, Kevin C. Oeffinger, Judith A. Paice, Michael D. Stubblefield, and Karen L. Syrjala

40% have pain within first year following treatment
- chemotherapy, surgery, radiotherapy

But <10% have pain after 5 years following treatment
wide variation in prevalence though

1. INCREASED CANCER SURVIVAL

Pain from cancer treatment



IASP®

PAIN® 155 (2014) 2461–2470

PAIN®

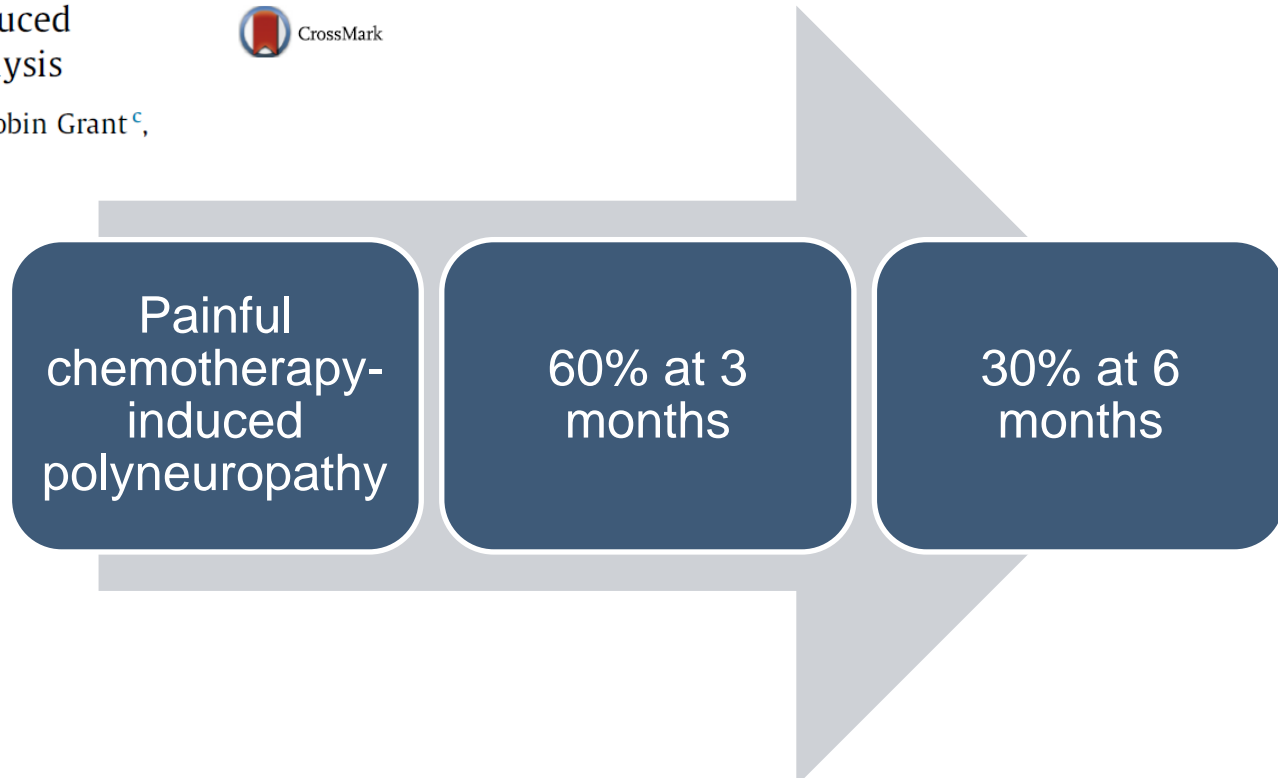
www.elsevier.com/locate/pain

Comprehensive review

Incidence, prevalence, and predictors of chemotherapy-induced peripheral neuropathy: A systematic review and meta-analysis

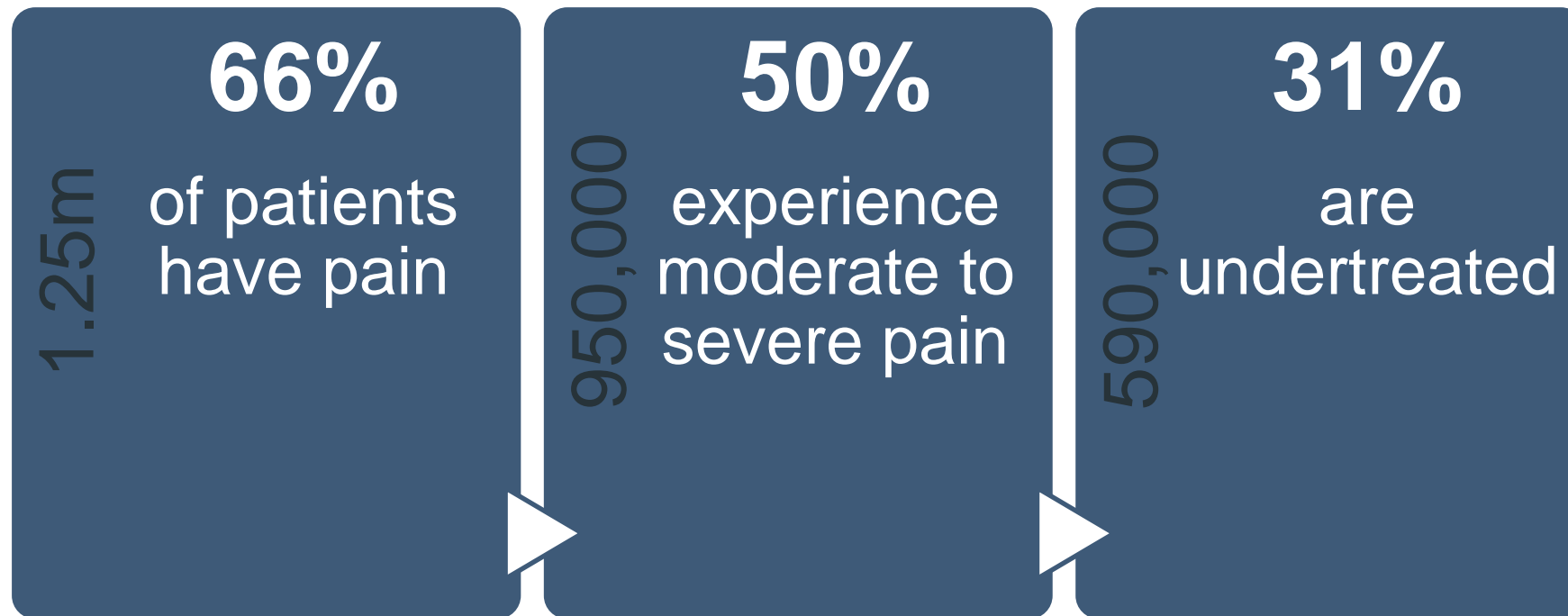


Marta Seretny^{a,*}, Gillian L. Currie^b, Emily S. Sena^b, Sabrina Ramnarine^a, Robin Grant^c, Malcolm R. MacLeod^b, Leslie A. Colvin^c, Marie Fallon^a



1. INCREASED CANCER SURVIVAL

Pain from advanced cancer



1.9m deaths from cancer each year in Europe

Greco 2014, van den Beuken-van Everdingen 2016

2. PATIENT EXPERIENCE

Influences on pain control



2. PATIENT EXPERIENCE

Daily trade-offs

Concept of trading-off

ORIGINAL ARTICLE

Exploring interference from analgesia in patients with cancer pain:
a longitudinal qualitative study

Ana Manzano, Lucy Ziegler and Mike Bennett

Journal of
Clinical Nursing



Palliative Medicine
1-9
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sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/0269216316628407
pmj.sagepub.com
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Review Article

**Patient and caregiver perspectives on
managing pain in advanced cancer:
A qualitative longitudinal study**

Julia Hackett¹, Mary Godfrey² and Michael I Bennett¹

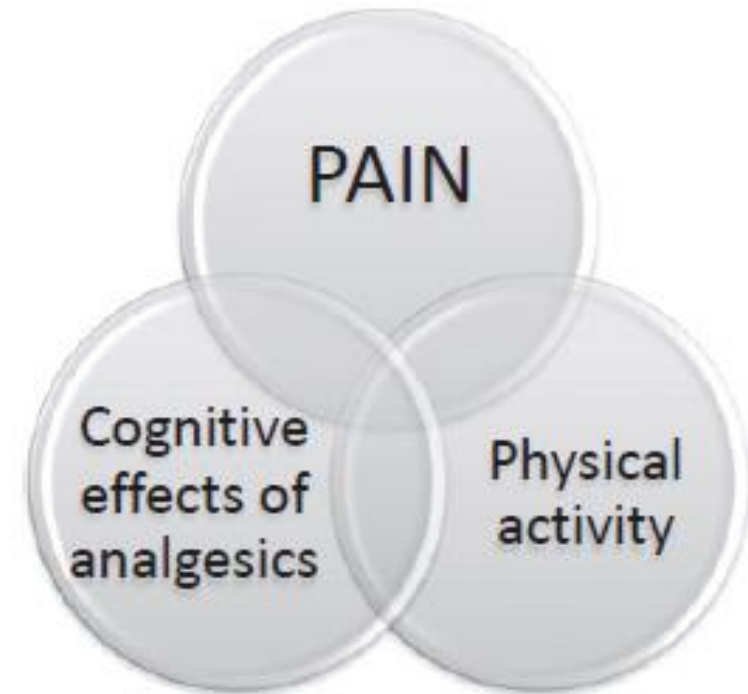


Figure 2 Triad of elements balanced in cancer pain.

2. PATIENT EXPERIENCE

Identifying the correct pain management context



End of life care

Clinician led management

Accepts side effects in order
to have pain relief



Chronic tumour related pain

Supported self-management

Tolerates only modest side
effects for pain control



Cancer survivor

Self-managing

Prefers to be free of
analgesia



3. ASSESSMENT AND OUTCOME STANDARDS

ICD-11 Classification

Narrative Review

PAIN[®]



The IASP classification of chronic pain for *ICD-11*: chronic cancer-related pain

Michael I. Bennett^a, Stein Kaasa^{b,c,d}, Antonia Barke^e, Beatrice Korwisi^e, Winfried Rief^e,
Rolf-Detlef Treede^{f,*}, The IASP Taskforce for the Classification of Chronic Pain

Correctly identifying the nature and cause of pain in a cancer patient or cancer survivor is important to achieve optimal pain control

3. ASSESSMENT AND OUTCOME STANDARDS

European standards on cancer pain management

DOI: 10.1002/ejp.1346

REVIEW ARTICLE

WILEY **EJP**
European Journal of Pain

Standards for the management of cancer-related pain across Europe—A position paper from the EFIC Task Force on Cancer Pain

Michael I. Bennett^{1*} | Elon Eisenberg^{2*} | Sam H. Ahmedzai³ | Arun Bhaskar⁴ |
Tony O'Brien^{5,6,7} | Sebastiano Mercadante⁸ | Nevenka Krčevski Škvarč⁹ |
Kris Vissers¹⁰ | Stefan Wirz¹¹ | Chris Wells¹² | Bart Morlion¹³

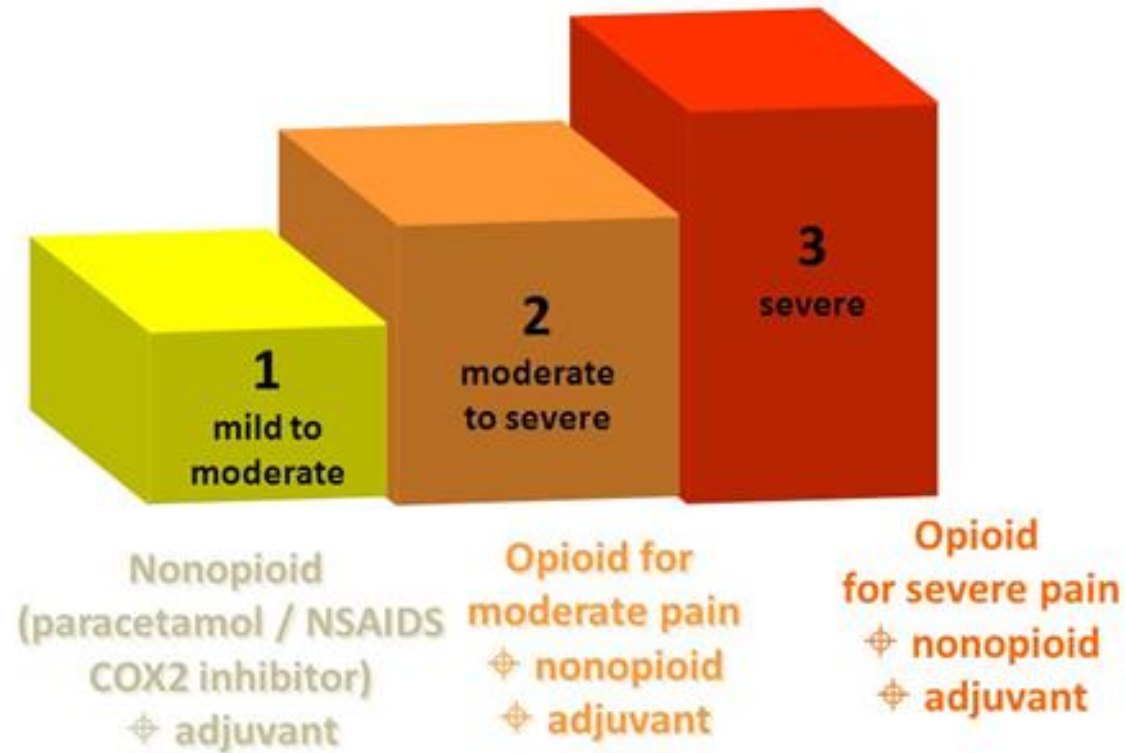
Eur J Pain. 2019;23:660–668.

Importance of:

- Pain screening
- Pain assessment
- Management plan
- Tailored treatment
- Regular review

4. OPIOID ANALGESIA

The WHO analgesic ladder



4. OPIOID ANALGESIA

Opioid access before death is still difficult

Research Paper

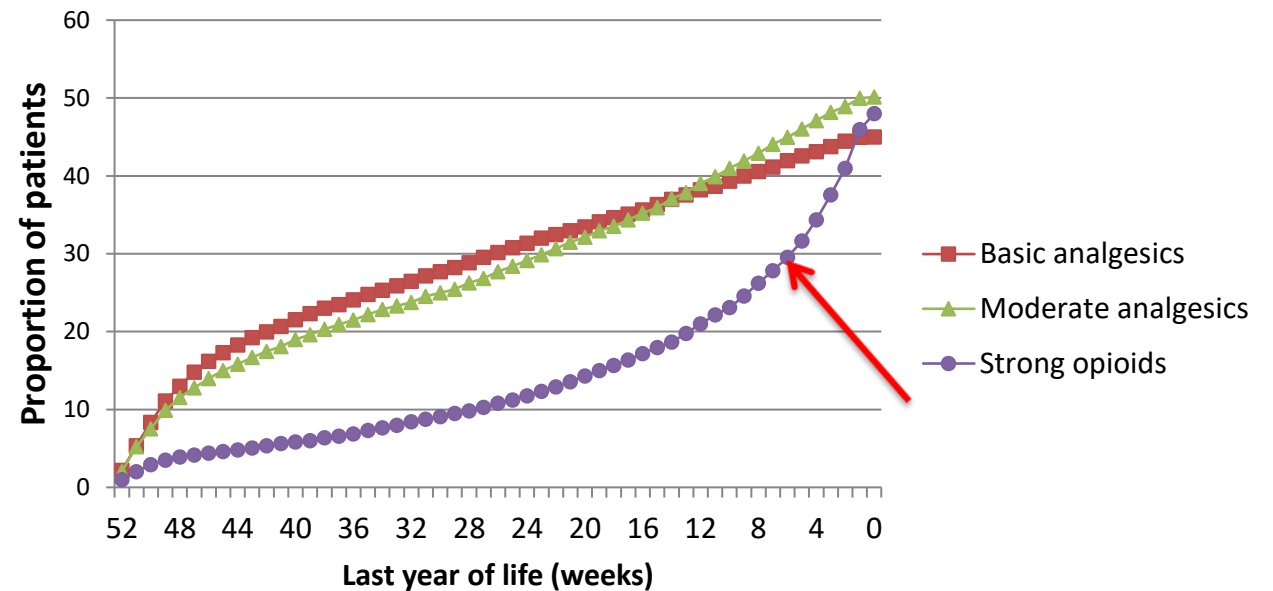
PAIN

Opioid prescribing for patients with cancer in the last year of life: a longitudinal population cohort study

Lucy Ziegler^{a,*}, Matthew Mulvey^a, Alison Blenkinsopp^b, Duncan Petty^b, Michael I. Bennett^a

November 2016 • Volume 157 • Number 11

n=6080 patients



6 weeks before death, only 30% of cancer patients had been treated with a strong opioid

4. OPIOID ANALGESIA

Opioids not appropriate for longer term pain

The WHO analgesic ladder

1 mild to moderate
Nonopioid (paracetamol / NSAIDs, COX2 inhibitor) + adjuvant

2 moderate to severe
Opioid for moderate pain + nonopioid + adjuvant

3 severe
Opioid for severe pain + nonopioid + adjuvant

Pain in last months of life **YES**

The WHO analgesic ladder

1 mild to moderate
Nonopioid (paracetamol / NSAIDs, COX2 inhibitor) + adjuvant

2 moderate to severe
Opioid for moderate pain + nonopioid + adjuvant

3 severe
Opioid for severe pain + nonopioid + adjuvant

Chronic tumour related pain (>1 year) **?**

The WHO analgesic ladder

1 mild to moderate
Nonopioid (paracetamol / NSAIDs, COX2 inhibitor) + adjuvant

2 moderate to severe
Opioid for moderate pain + nonopioid + adjuvant

3 severe
Opioid for severe pain + nonopioid + adjuvant

Chronic cancer treatment related pain **NO**

‘Longer term pain’ poorly defined; chronic pain > 3 months

- A small proportion of people may obtain good pain relief with opioids in the long-term if the dose can be kept low and especially if their use is intermittent
- Risk of harm increases substantially at doses above 120mg/day of morphine, but often no increased benefit

SUMMARY

Cancer-related pain represents a wide spectrum of patients and mechanisms

- and must be assessed in context of any underlying disease

Opioids remain cornerstone of analgesic management in those with active disease

- if used alongside supported self-management and tailored prescribing
- but opioids for longer term pain need careful review to minimise long term consequences

POLICY ACTIONS TO CONSIDER

ICD-11 classification and EFIC management standards have been developed and agreed

- Potentially important steps forward for improving patient outcomes
- BUT:
- Need incorporation into Beating Cancer Plan as we move to the implementation phase if patient care is to improve across Europe

Thank you

m.i.bennett@leeds.ac.uk

Joop van Griensven
President, Pain Alliance Europe (PAE)

PERSPECTIVES FROM MEPS

MEP Dolors Montserrat (Spain, EPP), Member of ENVI, Co-chair, ENVI Health Working Group, Member of BECA & Member of MEPs against cancer

MEP Sirpa Pietikäinen (Finland, EPP), Member of MEPs Against Cancer

MEP Sara Cerdas (Portugal, S&D), Vice-Chair of BECA, Member of ENVI & Co-chair, Health Working Group, Member of MEPs against cancer (*video message*)

MEP Alessandra Moretti (Italy, S&D), BECA Member and Coordinator for S&D, Co-Chair of the European Parliament Intergroup Challenge Cancer (*video message*)

PERSPECTIVES FROM THE COMMISSION AND MEMBER STATES

Stefan Schreck, Adviser for Stakeholder Relations, DG SANTE

Ortwin Schulte, Head of the Health Unit at the Permanent Representation of Germany to the EU

Eduardo Netto, Deputy Director of Oncological Diseases National Programme, Directorate-General of Health, Portugal

Tit Albreht, Head of the Centre for Health Care, National Institute of Public Health, Slovenia

Pain as an element of NCCPs and survivorship care plans

Ass. Prof. Tit Albreht, MD, PhD, National Inst. of Public Health
E-mail: tit.albreht@nijz.si

Pain in cancer (care)

Cancer is a disease closely related to the problems of pain management:

- Pain as a symptom of disease
- Pain as a consequence of treatment (e.g. surgery)
- Pain as a side effect of treatment
- Pain as a chronic phenomenon in remission
- Pain as a symptom in terminal disease

Pain addressed in NCCPs

- Usually, the issue and problem of pain is addressed as a part of palliative care services
- This creates a stigma for those patients who need only pain management for a condition, which is not related to an active disease
- It would be much more adequate to place pain management in the segment covering survivorship

Definitions of survivorship

- Definition of the JA CanCon (www.cancercontrol.eu): A cancer survivor is defined as anyone with a diagnosis of cancer and who is still alive. This includes patients having completed primary therapy and who are free of disease as well as those patients living with recurrent and/or advanced disease.
- Definition according to WHO: Rehabilitation (though not cancer specific) is defined as “a process aimed at enabling them [people with disabilities] to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels.” In fact, cancer may be seen as a chronic illness with patients enduring physical and psychological symptoms years after treatment.

Pain management in survivorship care plans



- Placement of pain management among survivorship care and services as a change of paradigm
- Development of personalised Survivorship care plans, which – among other topics – include also pain management of any origin but related to the management of cancer
- Comprehensive follow-up care guidelines need to include also pain management for all patient needs



Concluding remarks

- As cancer is a chronic disease and many cancer patients need to live with the disease, it is important to recognise and manage:
 - Identification of the cause for pain
 - Anticipate pain when it may appear as a side- or late-effect of treatment
 - Provide adequate service for cancer patients needing comprehensive and personalised pain management

RESPONSES FROM THE AUDIENCE / Q&A



15h25-15h40: Responses from the audience / Q&A

PARALLEL BREAKOUT SESSIONS

- 1. Quality of life** – Andrew Davies, Co-Chair of the European Cancer Organisation’s Network on Survivorship and Quality of Life
- 2. Survivorship** – Charis Girvalaki, EU Affairs Manager, & Grazia Scocca, Legal Expert, European Cancer Patients Coalition (ECPC)
- 3. Palliative care** – Mike Bennett, Cancer Pain Task Force Co-Chair, EFIC

Patrice Forget **Chair of SIP**

HIGH-LEVEL SUMMARY FOR BREAKOUT SESSION 1 - CANCER PAIN AND QUALITY OF LIFE

One positive aspect from the Beating Cancer Plan related to cancer pain and quality of life

- *The EBCP is patient-centric and addresses important issues such as quality of life and inequalities*

One key area for improvement of the EBCP related to cancer pain and quality of life

- *The EBCP should focus more on how patients and their families live rather than on how long*

Concrete recommendations for implementing the EBCP related to cancer pain and quality of life..

- *Civil society and patient representatives should play a more central role in proposing a way forward for pain management solutions*

HIGH-LEVEL SUMMARY FOR BREAKOUT SESSION 1 - CANCER PAIN AND SURVIVORSHIP

One positive aspect from the Beating Cancer Plan related to cancer pain and survivorship

- *Comorbidities and complications are addressed in the cancer plan*

One key area for improvement of the EBCP related to cancer pain and survivorship

- *There is room for improvement in the Flagship initiatives*

Concrete recommendations for implementing the EBCP related to cancer pain and survivorship..

- *Recognition of pain as one of the cancer-related complications*
- *Ensuring the patient is at the forefront of the system, and incorporating patient specificities*
- *Ensuring collaboration at national level together with the SIP national platforms to implement the plan*

HIGH-LEVEL SUMMARY FOR BREAKOUT SESSION 1 - CANCER PAIN AND PALLIATIVE CARE

One positive aspect from the Beating Cancer Plan related to cancer pain and palliative care

- *N/A*

One key area for improvement of the EBCP related to cancer pain and palliative care

- *Greater prominence and recognition of cancer pain and palliative care within EBCP*
- *Incorporate ICD-11 classification and EFIC cancer pain standards into EBCP*

Concrete recommendations for implementing the EBCP related to cancer pain and palliative care..

- *Work with national representatives to lobby governments on importance of cancer pain management and palliative care as part of comprehensive cancer care.*

Paul Cameron **Chair of the Advocacy Committee, EFIC**

SYNOPSIS AND RECOMMENDATIONS

Paul Cameron, Chair of the Advocacy Committee at EFIC, summarised recommendations from the panel and breakout sessions:

- Patients should have access to high quality cancer pain management across Europe, throughout the cancer patient journey (from diagnosis to palliative care, and in survivorship)
- Civil society and patient associations should play a central role in the implementation of Europe's Beating Cancer Plan (for example, via the Commission's Stakeholder Contact Group and via opportunities arising from the new EU for Health Program 2021-2027)
- The ICD-11 classification of cancer-related pain, and exchange of best practices, such as the EFIC Standards for the management of cancer-related pain across Europe, should be considered during the implementation of Europe's Beating Cancer Plan (for example, via Flagship 1 and the Knowledge Centre on Cancer)
- Pain, and in particular, cancer pain, should be adopted as a quality indicator in European health systems performance and assessment processes (for example, via Flagship 5 and the EU Network linking National Comprehensive Cancer Centres, and Flagship 9 and the Cancer Inequalities Registry)
- Cancer pain should be recognised as a cancer-related complication (for example, via Flagship 5 and the creation of new European Reference Networks looking at challenging cancer conditions)
- Specialised education and training for healthcare professionals in the field of pain management should be encouraged across Europe (for example, via Flagship 5 and the EU Inter-speciality Cancer Training Programme)
- In the immediate future, continued engagement with governments across Europe via national representatives is critical for effective implementation of Europe's Beating Cancer Plan (for example via SIP National Platforms and SIP partner organisations' national representatives)

Joop van Griensven **President, PAE**

THANK YOU

Thank you!

Contact details: jamie.wilkinson@efic.org