

Many evidence-based pharmacologic and nonpharmacologic strategies exist to manage acute, chronic, refractory, and breakthrough cancer pain. This supplement includes an overview of cancer pain assessment, which is the foundation of pain management. Following the overview are four systematic reviews covering 462 studies on cancer pain management. The Oncology Nursing Society Putting Evidence Into Practice (PEP) expert panel summarized the evidence and provided recommendations for practice based on PEP guidelines.

AT A GLANCE

- Cancer-related pain is a significant problem that can be well managed when evidence-based strategies are implemented.
- Evidence-based interventions for cancer pain management fall into four categories: acute, chronic, refractory, and breakthrough.
- Clinicians should use this supplement as a reference to manage pain in daily practice.

KEYWORDS

cancer-related pain; pain management; Putting Evidence Into Practice

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Cancer-Related Pain

Assessment and management with Putting Evidence Into Practice interventions

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The World Health Organization (2016) estimates that more than 90% of cancer pain can be controlled with routine interventions. Despite the number of interventions available to manage cancer pain, patients continue to suffer because these evidence-based interventions are not routinely integrated into practice. An investigation of 114 oncology units in the United States, representing 810 patients with cancer, revealed that the average pain score for patients on the inpatient oncology unit was 5.87 (on a scale of 0–10, with 10 indicating worst possible pain), and 25% of patients spent more than 50% of the time in constant or severe pain, indicating a significant need to improve pain management efforts (Brant, Potter, Tavernier, & Beck, 2012). A meta-analysis of 52 studies on cancer pain prevalence indicated that patients with cancer experience pain after curative treatments (33%) and while undergoing treatment (59%), and 64% of patients with advanced disease experience pain (van den Beuken-van Everdingen et al., 2007). This *Clinical Journal of Oncology Nursing* supplement provides an updated foundation about cancer pain management. It includes the assessment of cancer pain and four systematic reviews on the management of cancer pain. An overview of the systematic reviews, the systematic review methods, and the results are described.

This supplement begins with the cancer pain assessment, followed by the four

systematic reviews on pain management. Assessment of pain is the first step in effective management. Because cancer pain is a multidimensional experience influenced by biologic, psychological, social, and environmental factors, a detailed assessment is essential to adequately understand the patient's pain experience. Cancer pain may be considered acute, chronic, refractory, or breakthrough. Some patients may experience all of these types of pain at once, which adds to the challenge of assessing this complex symptom accurately. Comprehensive assessment of pain in special populations (e.g., nonverbal patients, patients with substance use disorders) is also included. Attention toward addiction and opioid use disorders (OUDs) may interfere with optimal pain management in patients with cancer; therefore, clinicians must understand the disease of addiction, how to assess for potential OUDs, and how to balance risks and benefits of opioid therapy for patients with cancer (Brant, 2016). A fear of addiction by providers can curb prescribing patterns and seriously affect the comfort of patients who need opioids and other medications to control pain. On the other hand, OUDs exist, and nurses and other healthcare professionals must understand this serious dilemma. Every clinician should know how to assess for the presence of OUDs, and understand that cancer pain remains seriously undermanaged and that patients continue to suffer (Brant, 2016).