

Nekolaichuk C. Moving On – The Next Step in Developing an International Classification System for Cancer Pain (Lecture 5)

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The Edmonton Classification System for Cancer Pain (ECS-CP) consists of five pain features: mechanism of pain, incident pain, psychological distress, addictive behavior and cognitive function. The primary objective of this pilot validation study was to assess the study feasibility and generalizability of the ECS-CP in a diverse sample of palliative care patients, using modified ECS-CP definitions for neuropathic pain and incident pain; and two different outcome measures: stable pain control based on a standardized pre-defined cut point and stable pain control based on a patient-specific personalized pain goal (PPG). We hypothesized patients with less problematic features as classified by the modified variables would require a shorter time to achieve stable pain control and use less complicated analgesic regimens and that patients' PPGs would differ substantially from a pre-defined cut point. 300 advanced cancer patients were recruited from 3 palliative care sites in Edmonton, Canada: Royal Alexandra Hospital (n=100), University of Alberta Hospital (n=100), and Tertiary Palliative Care Unit, Grey Nuns Hospital (n=100). A palliative care specialist completed an ECS-CP for each enrolled patient. Additional information collected included patient demographics; initial pain, anxiety, depression and well-being intensity; performance status; alcohol addiction history; smoking history; initial 24 hour opioid use; use of adjuvant analgesics and other methods of pain control; and the patient's PPG. Data were directly entered into an electronic data form and analyzed using SPSS-19: mean age 69 (SD=13); 55% male, 45% female. Most patients had gastro-intestinal cancer (32%), followed by lung (24%) and genito-urinary (18%) cancer. 77% of patients (n= 231) had a pain syndrome: Nociceptive pain (76%); Neuropathic pain (21%); Incident pain (26%); Psychological distress (16%); Addictive behavior (8%); Cognition normal (67%). Additional findings and implications for the further refinement of a standardized pain classification system will be presented.