

Moving on – how do improved definitions impact predictive validity of the ECS-CP?

Robin Fainsinger, Cheryl Nekolaichuk, Lara Fainsinger, Viki Muller, Pablo Amigo, Amanda Brisebois, Sarah Burton Macleod, Sunita Ghosh, Rebekah Gilbert, Yoko Tarumi, Vincent Thai, Gary Wolch,. Division of Palliative Care Medicine, University of Alberta, and Covenant Health Palliative Institute, Alberta Health Services, Edmonton, Canada

Background: The Edmonton Classification System for Cancer Pain (ECS-CP) has been extensively validated and consists of five pain features: mechanism of pain, incident pain, psychological distress, addictive behavior and cognitive function. Basic research continues to demonstrate the complexity of bone and nerve pain, exposing the oversimplification of our present conventionally accepted classification of the pain mechanism. The lack of consensus in the diagnosis of neuropathic pain in cancer patients remains a challenge in classifying cancer pain with the NeuPSIG grading system offering the basis for a standardized approach to improve assessment and potentially treatment outcomes. Inter-rater variation in the assessment of incident pain has been identified as a problem and could be improved with better use and refinement of the guidelines. **Aims:** We hypothesized that the enhanced definitions for neuropathic and incident pain would improve the predictive validity of these features with regard to time to achieve stable pain control and use of complex analgesic regimens. **Methods:** 300 advanced cancer patients were recruited from 2 acute care hospitals and a Tertiary Palliative Care Unit. A palliative care specialist completed an ECS-CP for each enrolled patient including grading of neuropathic pain into possible, probable or definite according to the NeuPSIG criteria. **Results:** **Conclusion:**

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