Comparison of revised Edmonton Classification System for Cancer Pain (ECS-CP) features across diverse settings

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Aim: Assess the predictive validity of revised definitions for neuropathic and incident pain in the ECS-CP and additional variables not presently included, in a pilot sample of 300 palliative patients in the Edmonton Zone Palliative Care Program (EZPCP) in Edmonton, All Canada.

Hypothesis: Patients with less problematic pain features (as classified by the ECS-CP); lower pain intensity and depression scores; and absence of a smoking history will require a shorter time to achieve stable pain control, require less complicated analgesic regimens; and use lower opioid doses than patients with more complex pain syndromes. We hypothesize that frequencies of pain classification features would vary across sites and location of care, with the tertiary palliative care unit (TPCU) having more complex pain features than other acute settings.

Methods: 300 advanced cancer patients were recruited from 3 palliative care sites: Royal Alexandra Hospital (RAH), University of Alberta Health Services (UAH), Grey Nuns Hospital, Tertiary Palliative Care Unit (TPCU), or TPCU. A physician/palliative care consultant completed the revised ECS-CP (Figure 1) on initial assessment, weekly follow up (as required) and on final assessment. Additional information included: patient demographics, patient-generated symptom assessment; opioid and adjuvant analgesics; other pain control methods and a Personalized Pain Goal (PPG). PPG defined as: what the patient considered a suitable level of pain. Data were directly entered into web-based data form and analyzed using SPSS.

Results: Of 300 advanced cancer patients: the mean age was 69; 61% of patients had a smoking history (Table 1); 77% of patients (n=231) had a pain syndrome and thus a complete ECS-CP (Table 3); Half of patients (50%) with neuropathic pain (NP) met the definition for Definite NP (Table 4); The other ECS-CP features for all sites (n=231) included: Incident pain (26%), Psychological distress (16%), Addictive behavior (8%), Cognition normal (87%); The TPCU had a higher percentage of patients (32%) with severe pain (pain intensity of 7-10) on initial assessment (Table 5). As anticipated there were substantial differences in ECS-CP features between the TPCU and other sites (Table 6) in the complexity of classification features.

Discussion: • The variability in pain classification features across sites does demonstrate the increased complexity of pain syndromes in the TPCU; • The lessons learned with the internet data collection system will be very useful in future national and international studies; • The PPG data validated the previous stable pain control definition for the majority of patients. However, the significant number of patients with highly variable pain control expectations reinforces the need to integrate this marker into individual clinical care.

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Acknowledgements:
- Covenant Health Palliative Institute
- Covenant Health Research Trust Fund Grant
- Office of the Provost and VP (Academic) Summer Research Award
- Human Resources and Skills Development Canada: Canada Summer Jobs Program
- Jerri-Lynn Goulart, Rachel Elston & Hue Quan
- Nurse consultants at the RAH & UAH

Figure 1. ECS-CP.

Table 1. Patient Demographics (Initial Assessment).

Table 2. Patient Demographics (Cancer Diagnosis).

Table 3. ECS-CP Pain Mechanism for Patients with Pain syndrome on Initial Assessment (n=231).

Table 4. Initial ECS-CP Features for Patients with Neuropathic Pain (n=48) Comparison with NeuPSIG guidelines.

Table 5. Pain Intensity Categories On Admission (n=229*): For 3 Consecutive Days: Cognitively Intact

Table 6. Percentage of ECS-CP features present at each site (n=231): PPG (n=389) 1.00 1.00

Table 7. Frequency Distribution of the Personalized Pain Goal (PPG) (n=169)