Undertreatment of Cancer Pain

Challenges and Opportunities

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The Prevalence of Pain in Adult Patients with Cancer

- One-third of cancer patients in active therapy
- Two-thirds of patients with advanced disease
- One-third of cancer survivors report pain
Average Pain Score

<table>
<thead>
<tr>
<th>Severity</th>
<th>Average Pain Score</th>
<th>Percent of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILD 1-4</td>
<td>(3.2)</td>
<td>(25.0%)</td>
</tr>
<tr>
<td>MODERATE 5-6</td>
<td>(5.5)</td>
<td>(41.5%)</td>
</tr>
<tr>
<td>SEVERE 7-10</td>
<td>(7.8)</td>
<td>(34.0%)</td>
</tr>
</tbody>
</table>

C ≠ B ≠ A

P<0.001

MSKCC (1534)
The Prevalence of Pain in Children With Cancer

- One-third of patients in active therapy
  - procedural related pain common
- Two-thirds with advanced illness
Cancer Pain in Children: Medical Problems and Suffering in Last Month
Global Cancer Mortality (millions/yr)

Data Source: World Bank
The Most Insidious Injustice — the Pain Divide

Opioid consumption per death in pain from cancer or HIV

(Country size is adjusted to reflect opioid medication use per death from cancer or HIV/AIDS, 2008 data)

Poorest 10% of countries: 54 mg
Richest 10% of countries: 97,400 mg
US/Canada: 270,000 mg

Total consumption of opioids by income group
Middle-income: 27,623 kg
Low-income: 5,79 kg
High-income: 364,351 kg

High-income countries consume 93% of the global morphine supply. 70% of deaths from cancer and 99% of HIV deaths occur in low- and middle-income countries.
Worldwide Morphine use in mg per capita
(Both Sexes: 2008)

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the WPCA concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.
Assessing Undertreatment of Cancer Pain: Global

- Patient Interviews: Human Rights Watch
- National Surveys on opioid availability
  Access and Price: ESMO/GOPI Survey
- Opioid Price Watch Index: IAHPC survey
- National and Regional Surveys: Nepal, Malaysia, Thailand, Taiwan, Vietnam, South Korea etc.
Assessment of Inadequate Cancer Pain Treatment

- Surveys of Physicians’ Knowledge Attitudes and Behaviors: US, Israel, China, France, Greece, Canada, Thailand, Malaysia, Japan, Indonesia,
- Compelling Campaigns: Ukraine
- Compelling videos: Life Before Death and Little Stars
Assessing Undertreatment of Cancer Pain Nationally

- Pain Management Index
- Assessment of palliative care programs
- Assessment of national regulatory reforms
- Prevalence Data and Qualitative studies
Undertreatment of Cancer Pain in United States

- 2011: Medical oncology outpatient survey:
  - 67% reported pain, 33% received inadequate prescribing

- 2011: Medical Oncologists survey:
  - Response to two vignettes: 60% and 80% responded inadequately
Undertreatment of Cancer Pain Paice et al JCO 2014

- Numerous studies suggest under treatment in 50% of patients with active cancer

- Risk Factors:
  - Over 65 years of age
  - African American
  - Hispanic
US Efforts to Improve Cancer Pain

- 2011 IOM Report: Relieving Pain in America
- 2013 Development of a National Pain Strategy
- Funding to the NIH Pain Consortium
- 2014 IOM Report Dying in America
US Efforts to Improve Cancer Pain

- PAINS Alliance: Pain groups to improve pain care for all
- ACS Quality of Life Initiative
- Achieving Balance in State Pain Policy State Report Cards from Pain and Policy Study Group at the University of Wisconsin
ASCO Policy Statement on Opioid Therapy:

- Protecting Access to Treatment for Cancer-Related Pain

- www.asco.org
ASCO Clinical Practice Guideline 2016

Management of Chronic Pain in Survivors of Adult Cancer

http://jco.ascopubs.org/cgi/doi/10.1200/JCO.2016.68.5206
Barriers to Opioid Availability

Access Limitations:
- Obtaining prescriptions from prescribers
- Few pharmacy carry opioids or limited supply impacting e-prescribing
- Patients given partial fill requiring new prescription for remaining supply
- Pharmacies refusing to honor 3 day emergency supply
Barriers to Opioid Availability

Access Limitations:

- Limits on number of tablets/patches per fill. Many patients limited to 100 per fill
- Limits on number of opioids (usually 2) dispensed in 30 days
- When titrating dose up cannot obtain next higher dose prior to 30 days or need prior authorization.
Barriers to Opioid Availability

Access Limitations:

- Patients report being treated as drug seekers by some pharmacies
Barriers to Opioid Availability

Reimbursement/Insurance Limitations:
Requirements for prior authorizations for many opioids is increasing, not just for more expensive opioids

Prior authorizations can take up to 72 hours (business days only) or longer to obtain: expedited review 24-48 hours; pts without meds or pay out of pocket then need new prescription
Barriers to Opioid Availability

Reimbursement/Insurance Limitations:

Very difficult to access insurance companies on Friday afternoon not available on weekends complicating hospital discharges