

An international standardization of assessment and classification of cancer pain: A new system emerging?

Stein Kaasa

Key elements of my talk

- Why and when do we need international recommendations?
- What is assessment and classification?
- What are the limitations of today?
- How to proceed?

-today and in the near future to facilitate an open discussion and hopefully reach consensus

Why Cancer Pain?

- Very prevalent (30 to 96%)
- Very burdensome to the patients
- Good treatment options
- Under treated
 - Not diagnosed
 - Lack of skills and knowledge
 - Lack of systematic follow up

Why classify?

- For treatment decisions
- For implementation of guidelines
 - EBM to EBP
- For clinical research
- For guideline development
 - To conduct meta analysis

Classification-what is it?

- “To classify” means to arrange groups of conditions.
- And... When a condition or a patient is classified, the physician or researcher can compare the cases and communicate the results easier and more accurate

Classification-what is it?

- The “International Classification of Diseases” (ICD-10)
- The “TNM Classification of Malignant Tumors”
- Histology and molecular classification of tumors
- The DSM system in psychiatry

Assessment is...

- Assessment is the process of documenting, usually in measurable terms, knowledge, skills, attitudes or beliefs
- In relation to health, this may include clinical examinations, blood tests and patients' self-report of symptoms and problems

Pain Intensity Scales

Visual Analogue Scale (0 – 10 cm) (VAS)

No pain _____ Worst possible pain

Numerical Rating Scale (NRS)

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst possible pain

Some practical examples of how to use classification systems

- To guide treatment in individual patients
- To predict outcomes in individual patients
- To define inclusion in clinical studies
- To communicate results from clinical studies
- To incorporate data from clinical studies in treatment guidelines

What are the limitations of today?

- No international consensus
- New tools and systems are regularly emerging and published
- This applies both to pain classification and assessment

Classification of pain in cancer patients – a systematic literature review

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Systematic literature review

- Research questions
 - Are there systems for cancer pain classification?
 - How are they developed and validated?
 - Which domains/items are included?
 - Which assessment methods are used?
 - Do the systems have impact on clinical studies?
 - Are there factors predictive for response to treatment?

Formal, partially validated classification systems

Classification for Chronic Pain: International Association for the Study of Pain	Edmonton Classification System for Cancer Pain	Cancer Pain Prognostic Scale
(IASP)*	(ECS-CP)**	(CPPS)***
Regions involved (axis I)	Pain mechanism	Mixed pain
Systems involved (axis II)	Incident pain	Worst pain severity
Temporal characteristics (axis III)	Psychological distress	Daily opioid dose
Pain intensity / time since onset of pain (axis IV)	Addictive behaviour	Emotional well-being
Etiology (axis V)	Cognitive function	

* IASP Classification of Chronic Pain, IASP Press, 1994

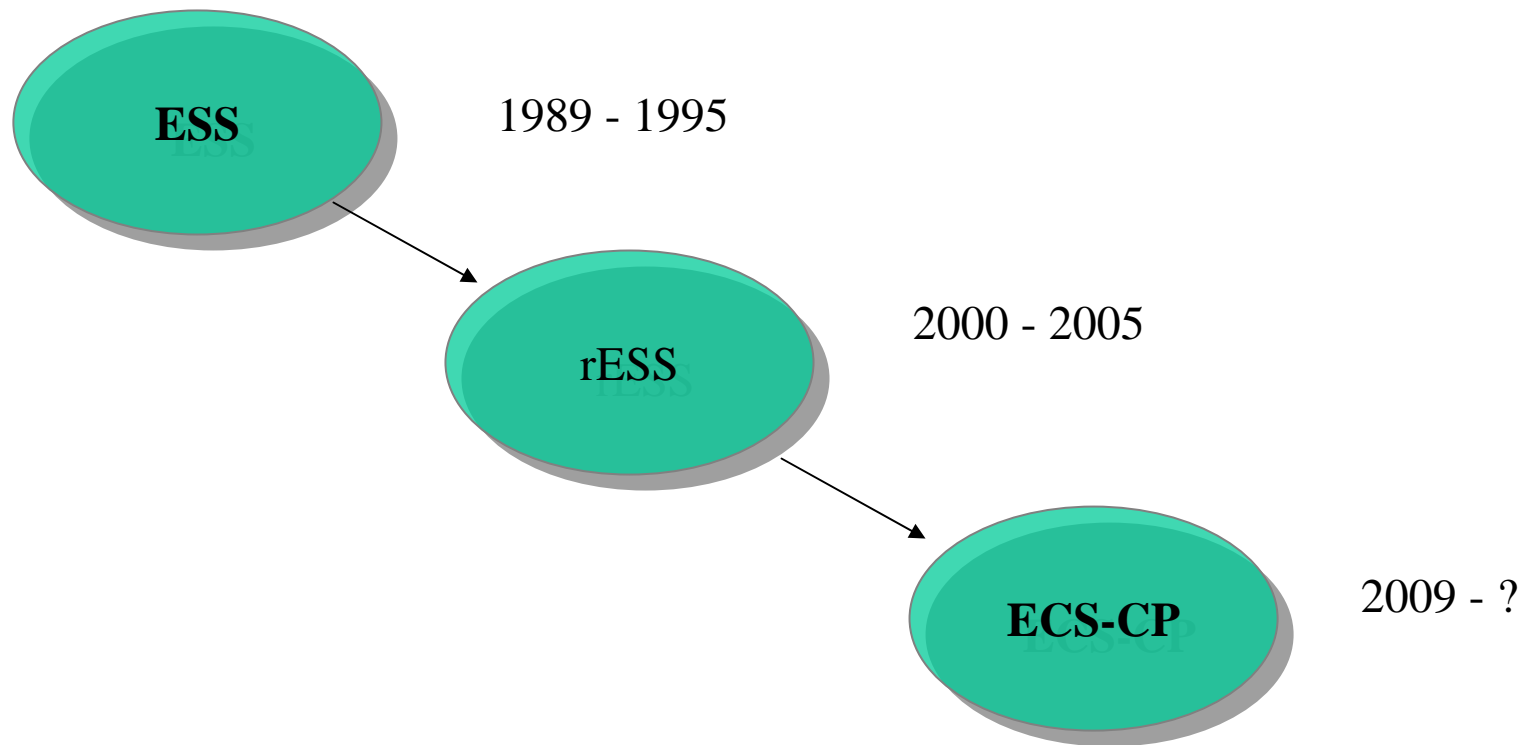
** Fainsinger et al. Support Care Cancer, 2008

*** Hwang et al. J Pain Symptom Manage, 2002

Conclusions

- Lack of consensus
- Different content
- Different aims
- None of the identified systems widely applied

Development of the Edmonton Classification System for Cancer Pain (ECS-CP)



Classification of cancer pain – how can we improve?

The EPCRC research strategy

- Experts' opinions
- Patients' opinions
- Analyses of existing data sets
- Empirical data collections

Kaasa et al. JCO, 2008

Pain assessment tools in palliative care: an urgent need for consensus

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Pain measurement instruments in cancer

- Holen J et al JPSM 2006
 - 80 different pain assessment tools were identified
- Hjerstad M et al on behalf of EPCRC 2008
 - 11 new tools were identified

Assessment and classification of cancer breakthrough pain. A systematic literature review

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Collaborative (EPCRC)

In press:Pain

Research questions

- Which terms and definitions have been used for cancer BTP?
- Are there any validated assessment tools for cancer BTP?
- Which domains of BTP do the tools cover, and which items do they contain?
- How have the identified tools been applied in clinical studies?
- Are there any classification systems for cancer BTP?
- *51 papers went into the final evaluation*

None of the assessment tools were independently clinically validated

- Ten assessment tools were identified
- Content -most common domains
 - Intensity
 - Treatment related factors
 - Temporal factors
 - Localization
- Seven of the assessment tools only used in one study

How to move next - on Cancer Pain Classification and Assessment?

- A stepwise process
- One first version



- Revisions over years
 - Like the TNM system

International meeting on the issue, Milan, Sept 9 to 10 ,2009

- Key professional organizations and research groups
- Key regulatory bodies
- Key researchers and clinical experts
 - Organized by EAPC RN, EPCRC and Mario Negri Institute

Statement 1

- *There is a need for international consensus on how to classify and assess cancer pain.*

Statement 2

- *Identical methodology should be applied in research and clinical practice.*

Statement 3

- *The four key domains for Cancer Pain Classification are*
 - *Pain intensity*
 - *Pain mechanism (neuropathic pain)*
 - *BTP*
 - *Psychological distress*
- *Further work is needed to reach a first version*
 - *Based upon the Edmonton Staging System*

Statement 4

- *Pain intensity should always be assessed*
- *Using a 0 to 10 point numerical rating scale (NRS) with the following anchoring points*
 - *0 = 'no pain'*
 - *10 = 'pain as bad as you can imagine'*

Statement 5

- *Average pain intensity in the last 24 hours is recommended as a standard for the classification system for cancer pain*

Statement 6

- *Pain assessment is recommended to be performed by the patient. If self assessment is contraindicated (cognitive dysfunction, drowsiness etc) proxy ratings may be conducted. If this option is selected, the specific methodology and evidence for the validity of the method chosen should be specified.*

Statement 7

- *If changes in pain over time is to be monitored, pain intensity is proposed as the primary outcome.*

Statement 8

- *Either paper-and-pencil or patient interview (e.g., telephone interview, when appropriate) collection is proposed, although the same assessment procedure(s) should be used if changes over time are being assessed.*
- *Computer based technology should be developed and validated according to the content of the proposals in this publication.*

Additional commitments

- *In order to achieve homogeneity between languages the EAPC will, in collaboration with the European Palliative Care Research Centre (PRC), collect language translations for this (and other recommended measures over time) in a pain item bank*
- *An international committee to further develop the emerging systems will be appointed*

Need to be applied in daily clinic and in research-that are some of the success criteria

- Research
 - Recommendation from main foundations
 - Advised by reviewers
 - Advised by editors
 - Applied by researchers
- When planning the projects
- During the analysis
- In published papers

For use in clinical practice

- Easy to complete
- Direct transferable into the decision making process
- Influence daily clinical practice

New confirmatory data will soon be published

- The Edmonton group-n=1000 (R Fainsinger et al) (submitted)
- The EPCRC-n=2000(AK Knudsen et al) (submitted)
- The four dimensions are confirmed: Intensity, BTP, neuropathic pain and psychological distress
- Some candidate domains are: Cognition, opioid dose, pain adjuvants, sleep, cancer diagnosis and site of metastasis

How do we proceed?

- As up to now – by developing new systems for pain classification and pain assessment?
- Use what we have in a come-first-serve basis?
- An international consensus on how to describe (classify) the palliative care population – like in oncology?

EAPC RN and PRC



The screenshot shows a web browser window with the URL <http://eapcrn.org/>. The page title is "EAPC Research Network" and it is identified as "Part of The European Association for Palliative Care (EAPC)". The main header features a graphic of a green map of Europe and a globe of the Earth. A navigation menu on the left includes links for Home, Publications, About the EAPC Research Network, Research Projects, News, Contact Information, Steering Committee, and Junior Forum. The main content area has a "Home" heading and a message stating the page is under construction. It provides a link to <http://www.eapcnet.org/researchNetwork/research.html> for more information. Below this, there is a section titled "Dear Palliative Care Research Colleagues" which discusses the goals of the EAPC Research Network and lists several objectives: conducting multi-centre research, contributing to the development of the EAPC RN, meeting research colleagues, and learning more about the EAPC RN. It also mentions an open meeting at the 11th Congress of the EAPC in Vienna and provides an "Invitation to open meeting i Vienna".

PRC – European Palliative Care Research Centre and EAPCRN

- Distributing PRC / EAPC Research Network newsletter via email approximately every other month
- Sign up for the newsletter at the PRC website: www.ntnu.no/prc
- International PhD program
- Planning and conducting international prospective descriptive and interventional studies

Thank you for your attention

