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Prospective, observational study of pain and analgesic prescribing in medical oncology outpatients with breast, colorectal, lung, or prostate cancer. M. Fisch, J. W. Lee, M. Weiss, L. I. Wagner, V. T. S. Chang, D. Cella, J. Manola, L. M. Minasian, W. J. McCaskill-Stevens, T. R. Mendoza, C. S. Cleeland; The University of Texas MD Anderson Cancer Center, Houston, TX; Dana-Farber Cancer Institute, Boston, MA; Marshfield Clinic Minocqua Center, Minocqua, WI; Northwestern University Feinberg School of Medicine, Chicago, IL; VA New Jersey Health Care System, East Orange, NJ; Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL; National Cancer Institute, Bethesda, MD; National Cancer Institute, Division of Cancer Prevention, Bethesda, MD

Abstract Text:

Background: Pain is a prevalent symptom in cancer patients, yet pain management patterns in outpatient oncology are poorly understood. Methods: A total of 3123 ambulatory patients with invasive cancer of the breast, prostate, colon/rectum, or lung were enrolled into a prospective observational study, regardless of phase of care or stage of disease. At initial assessment and 4-5 weeks later, patients completed a 25-item measure of pain, functional interference, and other symptoms. Providers recorded analgesic prescribing. The pain management index was calculated to assess treatment adequacy. Results: Sixty-seven percent of patients (2026 of 3023 patients at risk) expressed pain or required analgesics, and 670 of those had inadequate analgesic prescribing. Overall, 404 patients (13.4%) were prescribed strong opioids, and 584 patients (19.3%) had moderate or severe pain. Treatment adequacy did not change between the baseline and follow-up visits. For non-Hispanic white patients, the odds of having inadequate pain treatment were approximately half the odds for minority patients after adjusting for other explanatory variables in the multivariate model (odds ratio, 0.51; 95% CI, 0.37 to 0.70; p=0.002). Other significant predictors of inadequate pain treatment were good performance status, being treated at a minority treatment site, and having non-advanced disease without concurrent treatment. Conclusions: Most outpatients with common solid tumors must confront issues related to pain and the use of analgesics. There is significant disparity in pain treatment adequacy, with minority patients being twice as likely to be undertreated. These findings persist over one month of follow-up, highlighting the complexity of these problems.