



PRESENTER:
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INTRODUCTION:

A third of the 14 million cancer survivors in the US may report distressing and intolerable pain. The aim of this review is to understand literature on the perspectives of various chronic pain management for cancer patients.

METHODS:

A literature search was conducted using databases MEDLINE and EMBASE using the MeSH subheadings cancer pain, perspective, limiting it to humans, to include publications after 2010 to understand contemporary practices. In addition, the BOOLEAN operator “AND” t; was used to maximize the inclusion of studies at the first step. The database searches and steps of the scoping review followed the PRISMA guidelines (Fig 1).

ECLIPSE framework:

Expectation: review exploring published literature on patient perspectives on multi-disciplinary pain management treatments.

Client group: Adult cancer survivors with chronic pain

Location: Healthcare facilities

Impact: Patients have an improvement in pain and are satisfied with pain related treatments.

Professional: Healthcare provider

Service: pain management options.

The Critical appraisals skills program questions for qualitative studies were used to evaluate each qualitative study. Themes around patient perceptions of opioids and fear emerged. The Cer-QUAL approach was used to understand the confidence of evidence about patient perceptions in the themes that emerged.

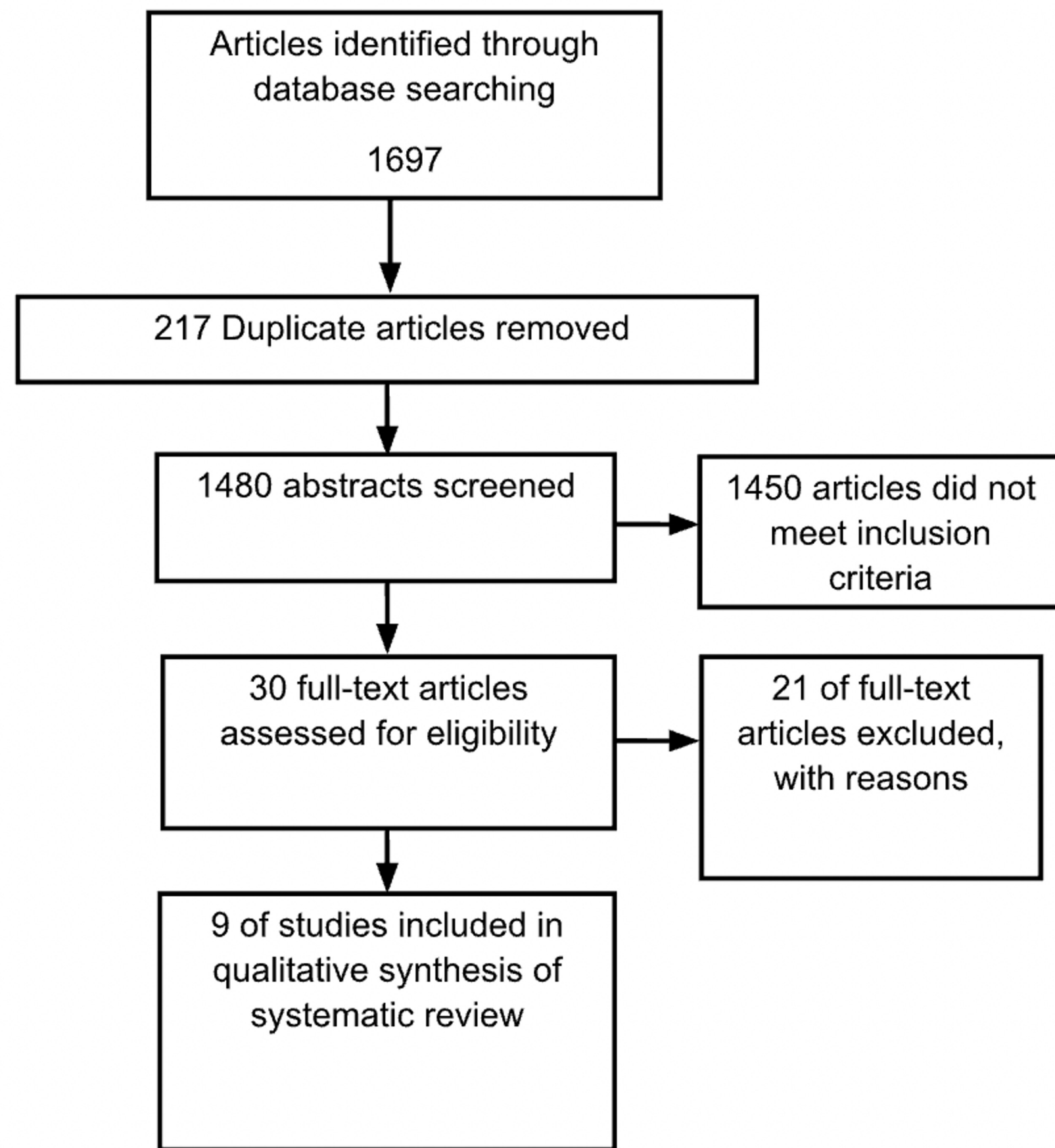
CANCER SURVIVOR PERCEPTIONS OF CHRONIC PAIN MANAGEMENT MODALITIES: A REVIEW

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Author	Country	Intervention	Aim	Mean Age	Number of subjects	Cancer	Main findings
Stoorvogel et al., 2021 ¹²	Netherlands	No treatment	Gain insight in the reasons for the absence of pain intervention among oncology patients who report unacceptable pain at the self-service registration desk.	62	20	Variety of cancers	Reluctance of the patient to discuss pain during the hospital visit. Reluctance of the patient to receive treatment. Lack of attention of the physician for the pain or other symptoms. Lack of treatment possibilities and the perception of pain as an inevitable part of the treatment.
Tang et al., 2010 ¹³	Taiwan	Pain medicine	Characterize the status of, and satisfaction with cancer pain management from the perspective of terminally ill cancer patients not under hospice care.	57.6	1370	Variety of cancers	A large majority of the patients had undertreated pain. Time of medication administration, perceived amount of medication received by the patient (too much, too little or just right), and any conflicting statements from physicians on the care team were important from the patient's point of view. Per the authors conclusion: "Taiwanese cancer patients' satisfaction with pain management was influenced more by perceived pain management practices than by pain relief itself."
Ho et al., 2020 ¹⁴	Malaysia	Morphine	Study of attitudes and perceptions of Morphine in opioid-naïve cancer patients and their respective caregivers.	61	18	Solid organ malignancy	Both patient and caregiver participants shared similar attitudes and perceptions of Morphine. Past experiences influenced the participants' perceptions of Morphine, which in turn influenced their attitudes toward future morphine use. The stigma of Morphine being associated with dependence and end-stage illness was a prevalent theme. However, most participants were still open to using Morphine for cancer pain. They prioritized adequate pain control and trusted in doctors' recommendations and professionalism.
Fiedler et al., 2015 ¹⁸	India	Opioids	Study the acceptance of analgesic therapy in in cancer and other chronic pain syndromes	55	59	71% cancer-related pain syndromes	Morphine produced few associations. They were related especially with pain and cancer and had negative connotations such as 'dangerous' and 'fear' by patients. Interestingly, paracetamol was the drug most associated with pain relief in patients versus healthcare workers.
Belcher et al., 2020 ¹⁵	USA	Opioids	Characterize the pain experience, beliefs about pain and pain control, and associated symptoms among African American patients with multiple myeloma taking around-the-clock opioids.	57.7	34	Multiple myeloma	Most participants reported pain-related barriers to effective pain management, including participants' dislike of taking pills, fear of addiction, bothersome side effects, and worry about decreased effectiveness over time.

Author	Country	Intervention	Aim	Mean Age	Number of subjects	Cancer	Main findings
Bulls et al., 2023 ¹⁶	USA	Opioids	Understand patient and support person perceptions of opioid prescribing and OUD in the context of cancer pain management.	66.2	20	Solid organ malignancy	Opioids can be highly addictive. Patients endorsed wariness of prescription opioids specific to cancer pain management, stating that they found prescription opioids "kind of scary." Patients considered the risks and benefits of prescription opioids for advanced cancer pain to be unique. Opioid pain management was typically justified for cancer-related pain. Some patients expressed hesitancy that opioid medications are managed by primary care providers.
Bulls et al., 2022 ¹⁷			Explore experiences with opioid stigma.				Patients reported feeling comfortable talking with their current prescribers (typically oncologists) about opioids for pain. Some patients described stigmatizing experiences in other health care settings (e.g., a pain clinic or the pharmacy). Patients described stressors around opioid related stigma and potential problems in the future. Patient participants were concerned about their clinician's views of them and wanted to ensure that they would not be viewed as seeking more drugs.
Bao et al., 2018	USA	Acupuncture	Preferences for acupuncture as compared with medication use and identified factors predictive of this preference	62.8	592	Breast	27% preferred acupuncture, 26% preferred medication and 47% had no clear preference for pain management. Younger age (<60), white race, college or-above education, higher acupuncture expectancy, natural treatment belief, holistic health belief, social norm scores and lower perceived barrier scores were all statistically significantly associated with preference for acupuncture over medication for pain management (P<0.05). Interestingly, employment status was not associated with pain management preference.
Miller et al., 2021	USA	Spirituality	Via a qualitative approach, examined the connection between women's spirituality and their perceived pain.	61	9	Stage III or IV breast cancer	Spirituality was found to impact the experience of pain. Major themes: 1. framing when facing pain 2. spirituality elicited peace and tranquility during pain 3. spirituality as pain self-management tool 4. service activity aspects of spirituality helped women cope with pain.

Figure 1: PRISMA diagram detailing the search process



RESULTS:

- 9 total studies met inclusion criteria after full-text review (References in table)
- Major themes:
 - Fear of opioids and opioid related side effects
 - Acceptance that pain is part of the disease process
- No studies were found on perceptions around pain psychology, cancer rehabilitation, chiropractic care, massage, aromatherapy, non-opioid medications, interventional pain management

Review finding	Patients reported fear of opioid medications, and worry about opioid related adverse events and side effects
CERQual assessment	Moderate
Explanation	This finding was graded moderated because of concerns regarding sampling bias
Studies contributing	Ho, Fiedler, Belcher, Bulls

CONCLUSION:

Overall, the literature on patient perceptions of various pain management modalities is scant. The themes emerged from our systematic review on treatment of pain with opioid class of medications.

