

Cancer Patient Perspectives on the Opioid Treatment Agreement: Tool for Safety or Symbol of Distrust?

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Background

- Opioid treatment agreement (OTAs) are standard in chronic non-cancer pain management but not routinely used in cancer pain care.
- As cancer survival improves, more patients experience persistent cancer- and non-cancer-related pain requiring long-term opioid use.
- Hypothesis:** OTAs are acceptable to cancer patients with chronic pain and could be integrated into routine care for survivors on opioids.

Methods

- **Design:** IRB-exempt study (Protocol #20220101).
- **Setting & Period:** Tertiary cancer center, Jan 2023–Dec 2024.
- **Participants:** English-speaking adults with chronic cancer-related pain at new patient visits to outpatient pain clinic.
- **Procedures:**
 - Structured survey assessing OTA understanding, perceived risk reduction, and purpose.
 - One open-ended question on how participants would explain the OTA to others.
 - Surveys completed in person or by phone within 4 weeks of initial visit.
- **Analysis:**
 - Quantitative: Descriptive statistics (frequency, %; mean $\pm$ SD or median [IQR/range]).
 - Qualitative: Thematic review of open-ended responses.
 - Cognitive debriefing interviews (n = 10) informed final questionnaire refinement.

Demographics

Table 1. Cancer Patient Demographics (N = 89)

Variable	n (%)*
Age, median (range)	59 yrs (26-81)
Female Sex	50 (56%)
Race	
White or Caucasian	75 (84%)
Black or African American	8 (9.0%)
Asian	3 (3.4%)
Other Race	3 (3.4%)
Ethnicity	
Hispanic or Latino	11 (12%)
Not Hispanic or Latino	77 (87%)
Declined to Answer	1 (1.1%)
Comorbid Mood Disorders	19 (21%)
Anxiety	14 (16%)
Depression	9 (10%)
Other Mood Disorder	2 (2.2%)
CAGE-AID $\geq$ 2	3 (3.6%)
SOAPP Score $\geq$ 7	8 (9.3%)
ESAS, mean (SD)	30.2 (14.9)
Pain in Past Week, mean (SD)	
Worst Pain	8.4 (2.0)
Least Pain	2.7 (2.2)
Current Pain	4.8 (2.7)

* Aggregate data have <10% missing data.
SD = standard deviation; ESAS = Edmonton Symptom Assessment System; SOAPP = Screener and Opioid Assessment for Patients with Pain.

Survey Items

Table 2. Survey Items on Opioid Agreement Results

n (%)	Agree	Neither	Disagree
1. Informed about signing agreement	79 (89%)	7 (8%)	3 (3%)
2. Agreement easy to understand	84 (94%)	5 (6%)	0
3. Had enough time to read agreement	77 (87%)	3 (3%)	9 (10%)
4. Had enough explanation of agreement	75 (84%)	7 (8%)	7 (8%)
5. Bad faith consequences are clear	85 (96%)	2 (2%)	2 (2%)
6. Agreement helps clarify pain goals	79 (89%)	6 (7%)	4 (5%)
7. Better clarity about pain management	86 (97%)	1 (1%)	2 (2%)
8. Helps make more informed decisions	73 (82%)	10 (11%)	6 (7%)
9. Relevant to the patient's situation	81 (91%)	7 (8%)	1 (1%)
10. Improves safe use of controlled meds	74 (83%)	9 (10%)	6 (7%)
11. Decreases chance of misuse	69 (78%)	8 (9%)	12 (13%)
12. Random drug screens protect against misuse	72 (81%)	9 (10%)	8 (9%)
13. Protects the patient	69 (78%)	11 (12%)	9 (10%)
14. Protects the physician more than patient	24 (27%)	32 (36%)	33 (37%)
15. Is an act of punishing the patient	4 (4.5%)	6 (6.8%)	74 (84%)
16. I still have concerns/questions	25 (28%)	8 (9%)	56 (63%)

Given rounding, percentages may not add up to 100% exactly.

Does opioid agreement protect the patient or the physician?

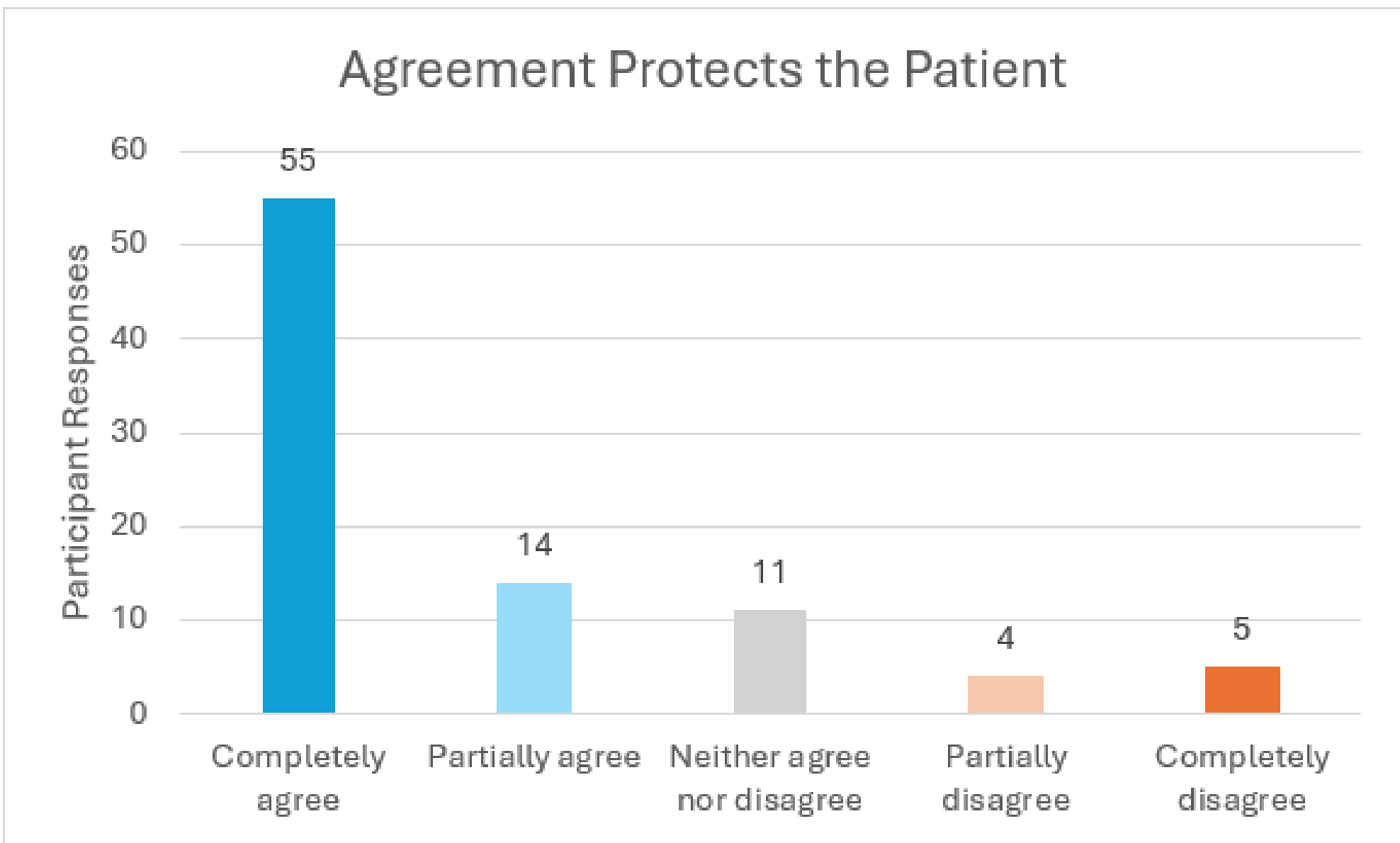


Figure 1. Likert-Scale Responses to the Item: “The pain agreement protects me.”

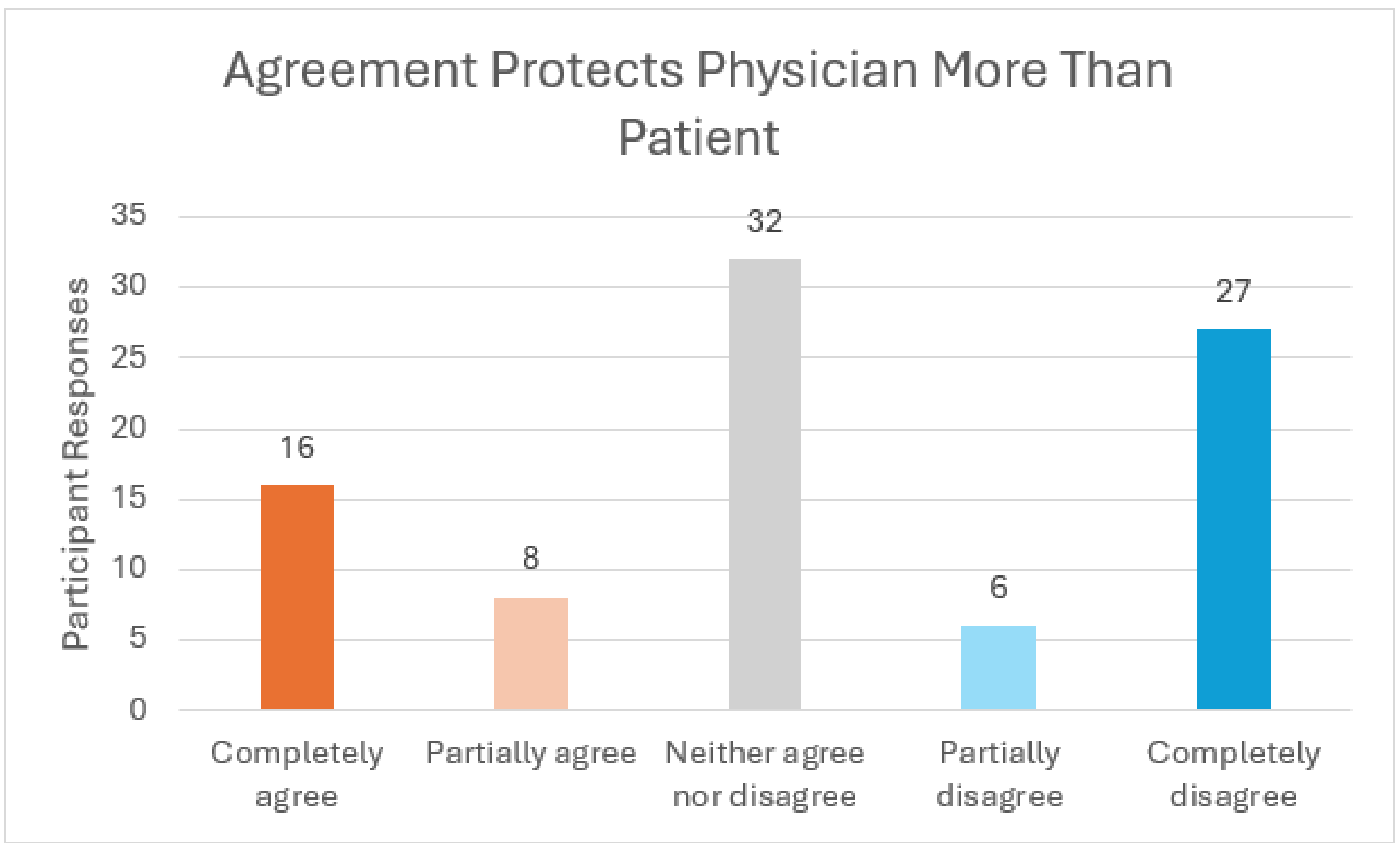


Figure 2. Likert-Scale Responses to the Item: “The pain agreement protects me physician more than it protects me.”

Results

- **Sample:** 89 participants; median age 59 (26–81); 56% female; 84% White; 12% Hispanic/Latino.
- **Clinical characteristics:**
 - Mood disorder comorbidity 21%; 9% SOAPP positive.
 - Mean worst pain 8.4/10; mean ESAS 30.2 (high pain burden).
- **Perceptions of OTA:**
 - Easy to understand (94%); consequences clear (96%); clarified pain plan (97%).
 - Safe use supported (83%); random drug screens protective (81%).
 - Agreement protects *patient* (78%); protects *physician* (27%).
 - 28% had remaining questions or concerns.
- **Qualitative themes:**
 - Personal responsibility – “Read it carefully.”
 - Perceived value – “It protects patient and the doctor.”
 - Perceived obligation – “You don’t have a choice.”
- **Interpretation:** Overall acceptance with areas for improved communication and transparency.

Conclusion

- Most participants found the OTA clear and relevant, but perceptions of its purpose varied.
- **78%** felt protected by the agreement, while **27%** believed it mainly protected the physician.
- Qualitative feedback reflected both fairness and coercion themes.
- Findings highlight need for **transparent, patient-centered communication** in opioid prescribing for cancer pain.

Acknowledgements

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