

Fact Sheet

Cancer Pain

About

You should never accept pain as a normal part of having cancer. All pain can be treated, and most pain can be controlled or relieved. When your pain is controlled, you can sleep and eat better, enjoy being with family and friends, and continue with your work and hobbies. —American Cancer Society, Pain Control: A Guide for People with Cancer and Their Families.¹

“Cancer is the second most common cause of death in the U.S., exceeded only by heart disease.⁵”

Pain is one of the problems that patients with cancer fear the most.² For some patients, the prevalence and severity of the pain increases as the cancer progresses. In addition, patients may experience pain at several sites at the same time, each pain may have a different mechanism, and each pain may occur in distinct patterns. According to guidelines published by the American Pain Society, clinicians should assess

patients with cancer for all types of acute and chronic pain and select appropriate treatment regimens based on the underlying mechanisms causing the pain.²

In a report released in January 2003, the Institute of Medicine listed pain control in advanced cancer as one of twenty health care areas in need of substantial quality improvement.³ The report cited:

- Many with cancer experience substantial pain throughout the course of their illness and that pain is widely dreaded.
- Cancer-related pain affects 20% to 50% of patients at the time of their diagnosis and during subsequent treatment and 55% to 95% of those in the advanced stages of their disease.
- Living with overwhelming pain is demoralizing, removes dignity, and interferes with daily life activities.

American Pain Society 2005 Updated and Expanded Recommendations for improving the Quality of Acute and Cancer Pain Management:⁴

- Recognize and treat pain promptly (emphasis on comprehensive assessment and importance of preventive and prompt treatment based on evidence for neuroplasticity)
- Involve patients and families in pain management plan (emphasis on customization of care and participation of patient in treatment plan)
- Improve treatment patterns (eliminate inappropriate practices, provide multimodal therapy)
- Reassess and adjust pain management plan as needed (respond not only to pain intensity but to functional status and side effects)
- Monitor processes and outcomes of pain management (new standardized QI indicators and comments about forthcoming national performance indicators)

Facts

The American Cancer Society estimated that about 569,490 Americans are expected to die of cancer in 2010, more than 1,500 people a day. Cancer is the second most common cause of death in the U.S., exceeded only by heart disease. In the U.S., cancer accounts for one of every four deaths. Approximately 1.4 million new cases of cancer are diagnosed each year in the U.S.⁵

According to the International Association for the Study of Pain, an estimated 6.6 million people from around the world die from cancer each year. Pain can occur at any point during the course of the illness.⁶

Estimates of the prevalence of cancer pain have varied widely, mainly because of a lack of standardization in definitions of pain and in the measures used to assess it, and because of the similarity of related pain conditions. Other factors contributing to the wide variation in results include the heterogeneity of cancer diagnoses (breast, lung, etc.) and the types of treatment settings in which the studies were conducted (outpatient, inpatient, or community settings). In general, the prevalence of pain at the time of cancer diagnosis and early in the course of disease is estimated to be approximately 50%, increasing to 75% at advanced stages. A recent meta-analysis found

American Cancer Society Facts about Cancer Pain Treatment:¹

- Cancer pain can almost always be relieved or lessened.
- Controlling your cancer pain is part of your cancer treatment.
- Keeping pain from starting or getting worse is the best way to control it.
- You have a right to ask for pain relief.
- Side effects from pain medicines can be managed and often even prevented.
- Your body does not become immune to pain medicine.

the prevalence of pain in cancer survivors to be 33%. One strategy for evaluating the prevalence of pain in cancer patients is to consider the following categories: pain related to the cancer, to its treatment, or to unrelated causes.⁶

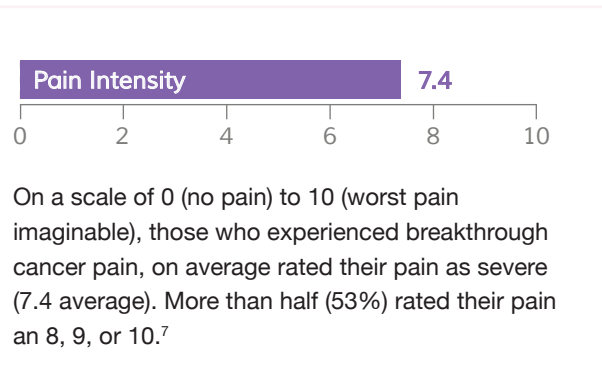
Risk factors associated with the undertreatment of cancer pain include belonging to a minority group, being female, or being elderly. Groups at high risk, who warrant special consideration, include the socioeconomically disadvantaged, children, the elderly and the uninsured.²

Pain and survivorship is an important issue. The National Cancer Institute estimates that approximately 11.4 million Americans who have ever had cancer are alive today.⁵

Both adults and children with cancer may experience acute and chronic pain associated with their disease and its treatment. Overall estimates of pain in people with cancer range from 14% to 100%.²

Cancer pain is present in 20-75% of adult patients at the time of diagnosis, in 17-57% of patients who are being treated for the disease, and in 23-100% of patients in advanced and terminal stages of cancer.²

Additionally, 23-90% of cancer patients also experience periodic breakthrough cancer pain (BTCP) - sudden, at times excruciating, flares that occur even when pain medication is used to control a generally-consistent level of pain.²



A survey from the American Pain Foundation among people who had cancer and breakthrough cancer pain found that 75% said BTCP is one of the most challenging aspects of having cancer.⁷

The survey also found that those who experienced breakthrough cancer pain experience severe, frequent and unpredictable pain that occurs suddenly

and reaches peak severity quickly: 96% experience BTCP at least once a month and about seven in 10 (71%) experience BTCP at least once a week.¹⁶

The undertreatment of cancer pain causes needless suffering and has deleterious consequences for both patients and their family caregivers. Unrelieved cancer pain leads to anxiety and depression in family caregivers and increases the burden on caregivers.²

Additional Resources

American Brain Tumor Association

8550 W. Bryn Mawr Ave. Ste 550
Chicago, IL 60631
Phone: (800) 886-2282
Phone: (847) 827-9910
Fax: (847) 827-9918
E-mail: info@abta.org
www.abta.org

American Cancer Society Action Network

901 E St NW, Ste 500
Washington, DC 20004
(202) 661-5700
www.acscan.org

American Pain Society

4700 West Lake Avenue
Glenview, IL 60025
Phone: (847) 375-4715
Fax: (866) 574-2654, (847) 375-6479
www.ampainsoc.org

Association of Oncology Social Work

100 North 20th St.
Suite 400
Philadelphia, PA 19103
Phone: (215) 599-6093
Fax: (215) 564-2175
E-mail: info@aosw.org
www.aosw.org

The Brain Tumor Society

124 Watertown Street, Suite 2D
Watertown, MA 02472
Phone: (800) 770-TBTS (8287)
Phone: (617) 924-9997
Fax: (617) 924-9998
E-mail: info@braintumor.org
www.tbts.org

American Cancer Society

250 William Street NW, Suite 600
Atlanta, GA 30303
Phone: (800) ACS-2345
E-mail: (send via website)
www.cancer.org

American Pain Foundation

201 N. Charles Street
Suite 710
Baltimore, MD 21201-4111
Toll-free phone: 1-888-615-PAIN (7246)
Phone: (410) 783-7292
Fax: (410) 385-1832
E-mail: (send via website)
www.painfoundation.org

American Society of Clinical Oncology

2318 Mill Road, Suite 800
Alexandria, VA 22314
Phone: (571) 483-1300
Phone: (888) 282-2552
E-mail: membermail@asco.org
www.asco.org

Association of Pediatric Hematology/ Oncology Nurses

4700 West Lake Avenue
Glenview, IL 60025-1485
Phone: (847) 375-4724
Fax: (847) 375-6478
E-mail: info@aphon.org
www.aphon.org

Breast Cancer Action

55 New Montgomery Street, Suite 323
San Francisco, CA 94105
Phone: (877) 2STOP BC
Phone: (415) 243-9301
Fax: (415) 243-3996
E-mail: info@bcaction.org
www.bcaction.org

Breast Cancer Network of Strength

135 S. LaSalle Street, Suite 200
Chicago, IL 60603
Phone: (312) 986-8338
Fax: (312) 294-8597
www.networkofstrength.org

Cancer Hope Network

Two North Road - Suite A
Chester, NJ 07930
Phone: (800) 552-4366
Phone: (908) 879-4039
Fax: (908) 879-6518
E-mail: info@cancerhopenetwork.org
www.cancerhopenetwork.org

**Centers for Disease Control
and Prevention**

1600 Clifton Road
Atlanta, GA 30333
Phone: (800) CDC-INFO; (800) 232-4636
TTY: (888) 232-6348
E-mail: cdcinfo@cdc.gov
www.cdc.gov

Gilda's Club Worldwide

252 West 37th Street, 17th Floor
New York, NY 10018
Phone: (888) GILDA-4-U
Fax: (917) 305-0549
E-mail: info@gildasclub.org
www.gildasclub.org

The Leukemia & Lymphoma Society

1311 Mamaroneck Avenue, Suite 310
White Plains, NY 10605
Phone: (800) 955-4572
Fax: (914) 949-6691
E-mail: (send via website)
www.leukemia-lymphoma.org

Cancer Care

275 Seventh Avenue
Floor 22
New York, NY 10001
Phone: (800) 813- 4673
Phone: (212) 712-8400
Fax: (212) 712-8495
E-mail: info@cancercare.org
www.cancercare.org

Cancer Support Community

1050 17th St NW
Washington, DC 20036
Phone: (202) 659-9709
Fax: (202) 974-7999
www.cancersupportcommunity.org

Colon Cancer Alliance

1025 Vermont Ave., NW, Suite 1066
Washington, DC 20005
Phone: (877) 422-2030
www.ccalliance.org/

**International Association
for the Study of Pain**

111 Queen Anne Ave N., Suite 501
Seattle, WA 98109-4955
Phone: (206) 283-0311
Fax: (206) 283-9403
Email: IASPdesk@iasp-pain.org

**LIVESTRONG –
The Lance Armstrong Foundation**

2201 E. Sixth Street
Austin, TX 78702
Phone: (866) 673-7205
Phone: (877) 236-8820
www.livestrong.org

The Melanoma Research Foundation

1411 K Street, NW Suite 500
Washington, DC 20005
Phone: (202) 347-9675
Fax: (202) 347-9678
www.melanoma.org

The Multiple Myeloma Research Foundation

383 Main Avenue
5th Floor
Norwalk, CT 06851
Phone: (203) 229-0572
Fax: (203) 972-1259
E-mail: info@themmrf.org
www.multiplemyeloma.org

MyLifeLine.org Cancer Foundation

55 Madison St.
Suite 750
Denver, CO 80206
www.mylifeline.org/

**National Cancer Institute
NCI Public Inquiries Office**

6116 Executive Boulevard Suite 300
Room 3036A
Bethesda, MD 20892-8322
Phone: (800) 422-6237
Phone: (800) 4-CANCER
www.cancer.gov

**National Consortium
of Breast Centers, Inc.**

P.O. Box 1334
Warsaw, IN 46581-1334
Phone: (574) 267-8058
Fax: (574) 267-8268
E-mail: NCBC@breastcare.org
www.breastcare.org
www.ncbcinc.org

National Ovarian Cancer Coalition, Inc.

2501 Oak Lawn Avenue, Suite 435
Dallas, TX 75219
Phone: (888) OVARIAN
Phone: (214) 273-4200
Fax: (214) 273-4201
E-mail: nocc@ovarian.org
www.ovarian.org

Oncology Nursing Society

125 Enterprise Drive
Pittsburgh, PA 15275-1214
Phone: (866) 257-4ONS
Phone: (412) 859-6100
Fax: (877) 369-5497
Fax: (412) 859-6162
E-mail: customer.service@ons.org
www.ons.org

Pancreatic Cancer Action Network

1500 Rosecrans Avenue, Suite 200
Manhattan Beach, CA 90266
Phone: (877) 272-6226
Phone: (310) 725-0025
Fax: (310) 725-0029
E-mail: info@pancan.org
www.pancan.org

The Prostate Net

P.O. Box 2192
Secaucus, NJ 07096-2192
Phone: (888) 477-6763
Fax: (270) 294-1565
E-mail: support@prostatenet.org
www.prostate-online.org

**Susan G. Komen
Breast Cancer Foundation**

5005 LBJ Freeway, Suite 250
Dallas, TX 75244
Phone: (877) 465-6636 (GO KOMEN)
Fax: (972) 855-4300
www.komen.org

Us Too Prostate Cancer Organization

5003 Fairview Avenue
Downers Grove, IL 60515
Hotline: (800) 80-US-TOO or (800) 808-7866
Phone: (630) 795-1002
Fax: (630) 795-1602
E-mail: ustoo@ustoo.org
www.ustoo.org

Resources verified July 2011.

References

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