

Guides for

Developing a plan to manage cancer pain effectively

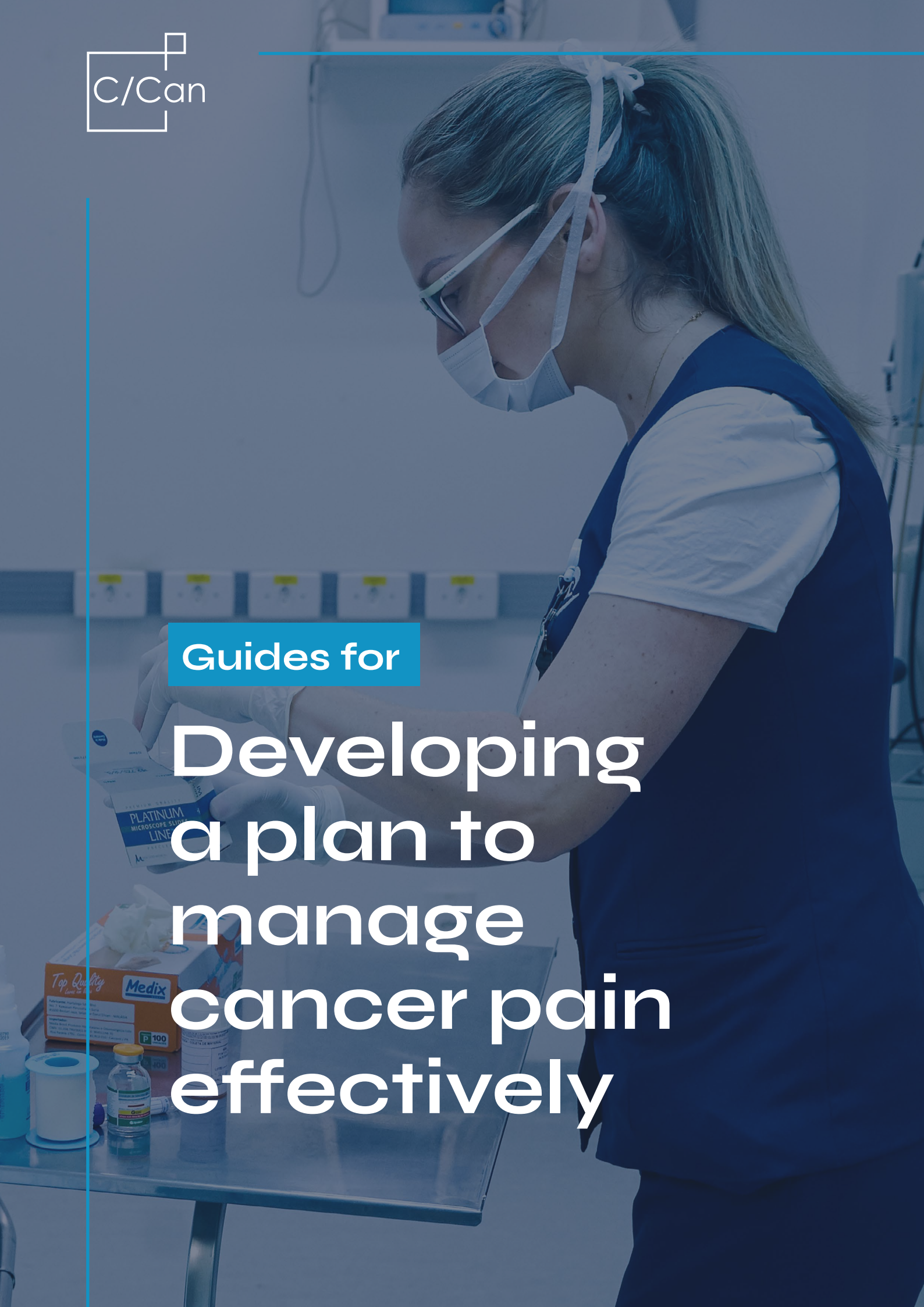


Table of Contents

Purpose of this guide	3
1. Introduction	4
2. Situational Analysis	5
3. Planning and Implementation	7
4. Establishing a system for Monitoring, Evaluation and Reporting	10
5. References	11

Purpose of the guide

The purpose of this document is to summarise the steps and procedures for establishing a policy and plan to ensure pain relief for cancer patients by applying global experience from the field to the diverse situations in low- and middle-income countries (LMICs) within the framework of the City Cancer Challenge Foundation (C/Can) project in response to the urgent need to increase access to palliative care to cancer patients in the cities covered by C/Can projects. The recommendations made in this document are the result of a technical revision made by an external expert in palliative care nominated by the Institute of Palliative Medicine (World Health Organisation Collaborating Centre for Community Participation in Palliative Care and Long Term Care), Suresh Kumar, in consultation with the C/Can team and Patricia Bonilla, and based on the inputs by the palliative care groups in C/Can's cities: Wah Wah Myint Zu and Julian Agudelo. This guide is expected to be interpreted, analysed and tailored on the basis of the local context and the need to build a multi-stakeholder consultative process within the city.

1. Introduction

Modern medicine has the know-how to control the pain associated with cancer in most situations. Despite the medical system having the capability to manage it, cancer pain remains a very prevalent symptom adding to suffering in patients with cancer¹.

It is unethical to leave a patient in pain, given that the methods that exist to control pain even at the home care level are relatively simple and affordable. Freedom from controllable pain should be a human right. Clear policies and action plans need to be established at the national/ regional and institutional levels to ensure this.

This document summarises the process of laying down a policy and plan to ensure pain relief for cancer patients by applying existing evidence in the area to diverse situations in LMICs. The process should be followed the following steps:

- 1 Situational analysis
- 2 Planning the Implementation
- 3 Monitoring, Evaluation and Reporting design

It is hoped that this document will help clinicians in cancer centres in different cities to establish:

- › Policies and action plans to ensure capacity building in pain management in cancer centres and peripheral units with the help of policymakers;
- › locally appropriate guidelines/ protocols for management of cancer pain;
- › Training programs on the management of cancer pain for health care professionals.

2. Situational Analysis

One-day national/ regional workshop on the current capacity to treat cancer pain including the availability of analgesics and to explore locally relevant and realistic possibilities ahead.

Organise a workshop with representatives of all possible stakeholders. The following need to be invited.

- 1 Officials from the Ministry of Health
- 2 Officials from the Ministry of Law
- 3 Drug regulators/ Drug Controllers
- 4 Directors of cancer centres
- 5 Representatives of oncologists
- 6 Representatives of palliative care physicians
- 7 Representative family doctors/GPs
- 8 Representatives of professional medical association(s)
- 9 Representatives of professional nursing association(s)
- 10 Representatives from pharmaceutical industry
- 11 International faculty /resource person(s)

The workshop is to generate a report on the state of the art, the size of the problem and an action plan to fill the gaps.

The agenda to include:

- 1 Review of Cancer burden for the country/ region
- 2 Essential analgesics to treat cancer pain available in the country/ region.
- 3 Review of existing interruptions on the availability of medicines in the list in the central and peripheral regions.
- 4 Possible legislative changes required to ensure uninterrupted availability of appropriate analgesics including opioids to cancer patients in pain.
- 5 Generation of Standard Operating Procedure for procuring, storing, and dispensing opioid medicines.
- 6 Plan for estimation, procurement, storage and dispensing of analgesics through the existing system.
- 7 Incorporation of a plan to diagnose, treat and monitor pain in all centres treating cancer ('Pain-free cancer centres').
- 8 Indicators for monitoring.

Additional suggestions for consideration at the workshop:

- An essential list of pain control drugs should be established. The WHO Essential Drug List for pain relief under palliative care drugs can be used as a template and adapted to the local situation. It is desirable to include all the essential drugs for pain control in the list of Price Controlled Drugs.
- Technically, immediate-release morphine is recommended as the main drug in most situations, as it is quick acting, and relatively inexpensive. Once the pain is controlled either with morphine alone or in combination with other drugs like Non-Steroidal Anti-Inflammatory agents, the patient can be switched to slow-release morphine tablets, if necessary.
- It will be necessary to review the regulations for the prescription of morphine and other opioids so that it will be easy to prescribe these drugs by all appropriately trained doctors, enabling pain relief to be incorporated into all levels of the health care system. This requires doctors to be trained to prescribe opioid drugs including morphine and the drugs be available widely, e.g., at least in all the district hospital pharmacies.
- The quantity of opioids required to treat cancer pain in a region/ country can be roughly estimated by taking the average daily dose for control of cancer pain for a patient as being 100 mg/day of morphine/ morphine equivalent, to be given for an average period of 100 days. Calculated this way, 1 kg of morphine/ morphine equivalent of opioid drugs would cover 100 patients.

3. Planning and Implementation

Step I: generation of guidelines for management of cancer pain

It is necessary to produce locally relevant guidelines for physicians on the management of cancer pain in the light of existing evidence. This document can be prepared by adapting the Revised WHO Cancer Pain Management Guidelines to local situations. Hard copies / soft copies of the guidelines generated need to be made available to health care professionals and revised every three years².

The document should cover the following:

- 1 Guidelines for the evaluation and documentation of pain in adults and children.
- 2 List of analgesics and adjuvant drugs available in the country/ region with their pharmacological profiles.
- 3 Recommendations for the pharmacological and non-pharmacological management of cancer pain in adults using available medicines and interventions.
- 4 Recommendations for the pharmacological and non-pharmacological management of cancer pain in children using available medicines and interventions.

A task force can be created to prepare and revise the guidelines. The task force needs to have medical, radiation and surgical oncologists, palliative care physicians, pain physicians, pharmacists and external expert(s).

Step II: training doctors, nurses and pharmacists

Separate training programs need to be organised for doctors, nurses and pharmacists involved/ interested in managing cancer patients.

SHORT (3 HOURS) TRAINING PROGRAMS FOR DOCTORS

The following topics to be covered

- 1 Assessment / Documentation of cancer pain: How to incorporate regular documentation of cancer pain in case notes; VAS and body chart; Faces Pain Scale-Revised (FPS-R).
- 2 Concept of total pain: How to explore factors contributing to suffering in cancer pain.
- 3 Differentiation: Identification of Nociceptive pain / neuropathic pain.
- 4 Principles of pharmacological management of cancer pain, nociceptive and neuropathic.
- 5 Opioid conversion ratios.
- 6 Familiarising the guidelines for management of cancer pain.
- 7 Case discussions.

SHORT (THREE HOURS) TRAINING PROGRAMS FOR NURSES

The following topics to be covered:

- 1 Assessment / documentation of cancer pain: how to incorporate regular documentation of cancer pain in case notes; VAS and Body chart; Faces Pain Scale-Revised (FPS-R)
- 2 Concept of total pain: how to take explore factors contributing to suffering in cancer pain.
- 3 Basic pharmacology, including the side effect profile of drugs used to treat pain.
- 4 Routes of administration of drugs used to treat pain.
- 5 Basic principles of pharmacological management of cancer pain in adults and in children.
- 6 Familiarising the guidelines for management of cancer pain.

SHORT (THREE HOURS) TRAINING PROGRAM FOR PHARMACISTS

The following topics to be covered:

- 1 Purchasing, storing, dispensing and maintaining the stock register for opioid drugs an update on rules and regulations.
- 2 How to establish a system to estimate, purchase, store, dispense and maintain the stock register for opioid drugs.
- 3 Basic Pharmacology including the side effect profile of drugs used to treat pain.
- 4 Routes of administration of drugs used to treat pain.
- 5 Basic Principles of pharmacological management of cancer pain in adults and in children.
- 6 Opioid conversion ratios.
- 7 Familiarising the guidelines for management of cancer pain.

4. Establishing a system for monitoring, evaluation and reporting:

A system for monitoring, evaluation and reporting needs to be in place as part of the national/ regional/ institutional framework. Possible indicators for monitoring and evaluation include:

- 1 Policy changes and National/State action programmes established.
- 2 Number of doctors, nurses and pharmacists trained.
- 3 Annual consumption of opioids (total amount expressed in oral Morphine equivalents).
- 4 Number of cancer patients covered.

It is important that a baseline is established objectively for above indicators when starting the project.

5. References

-
- ▶ Van den Beuken-van Everdingen et al, Update on Prevalence of Pain in Patients with Cancer: Systematic Review and Meta-Analysis. J Pain Symptom Manage. 2016 Jun;51(6):1070-1090.e9. doi: 10.1016/j.jpainsymman.2015.12.340.
-
- ▶ World Health Organisation. WHO Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents, 2019, WHO Geneva <https://www.who.int/publications/i/item/9789241550390>
-



<https://citycancerchallenge.org/>

