

Maintaining Access to Pain Management for Cancer Patients & Survivors



Cancer and Pain Treatment

Pain is one of the most feared symptoms for cancer patients and survivors – nearly 60% of patients in active treatment and 30% of patients who have completed treatment experience pain.¹ Pain can be caused by the cancer itself, for instance when tumors interfere with normal body function. Pain can also be caused by cancer treatments. Research has concluded that about one-quarter of women who have had breast cancer surgery have significant and persistent breast pain six months after the procedure.²

Despite the fact that millions of cancer patients and survivors experience chronic pain, it remains a highly stigmatized issue. But given proper attention most pain can be treated and relieved. Integrative pain care that includes non-drug therapies along with medications is effective in keeping patient pain under control. While not the only tool, opioid medications are recognized as a mainstay of treatment for moderate to severe cancer pain and can be a beneficial treatment for managing serious, persistent pain for patients in active cancer treatment as well as cancer survivors. If not treated, chronic pain can have long-term negative effects, including prolonged recovery and a weakened immune system. It can also affect a patient's quality of life; their ability to eat, sleep, work and carry on every aspect of their daily life.

As a nation, we must take steps to identify balanced solutions that address the opioid epidemic, while also not impeding access to opioid medications for cancer patients, cancer survivors, and others with serious illness. The American Cancer Society Cancer Action Network (ACS CAN) welcomes the opportunity to represent the voices of cancer patients and survivors in such efforts.

Balanced Public Policy Response

ACS CAN supports balanced policies that address the public health concerns relevant to the opioid epidemic and that do not impede access to pain medications for patients and survivors who need them, such as:

- Funding federal research to develop new evidence-based pain treatments, pharmacological and non-pharmacological
- Increasing provider education on pain management and palliative care
- Ensuring that public and private insurance programs cover the range of evidence-based pain treatments in a way that is accessible and affordable for patients and does not set arbitrary limits on those with cancer-related pain
- Creating and maintaining prescription drug monitoring programs that allow doctors and pharmacies to work together to curb misuse and abuse, while also helping to ensure care coordination

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¹ Institute of Medicine. (2011). *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research*. National Academy of Sciences.

² Miaskowski C, Cooper B, Paul SM, et al. (2012). Identification of Patient Subgroups and Risk Factors for Persistent Breast Pain Following Breast Cancer Surgery. *J Pain*; 13(12) pp 1172-1187.