



Title	Palliation of Cancer Pain
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Reference	Report no 9/2005. ISBN 82-8121-075-3, ISSN 1503-9544

Aim

To assess the scientific evidence on the analgesic efficacy of medication and radiotherapy in palliative treatment of cancer-related pain. Also assessed were the economic, organizational, ethical, and legal aspects of these treatment methods, with particular reference to the Norwegian healthcare system.

Conclusions and results

Opioid analgesics are effective in relieving moderate to severe cancer pain. No differences in analgesic efficacy of different opioids, formulations, or routes of administration have been demonstrated. Morphine remains the drug of choice. Nonsteroid anti-inflammatory drugs (NSAIDs) are effective in relieving moderate cancer pain, and there seems to be no differences in analgesic efficacy between different drugs or when NSAIDs are combined with weak opioids. Documentation of the analgesic efficacy of paracetamol on cancer-related pain is sparse. Current data are inconclusive regarding the analgesic effect of adjuvant analgesics, palliative chemotherapy, and hormones. There is evidence to support that bisphosphonates provide a weak or moderate analgesic effect on pain from bone metastases. Intraspinal/epidural analgesics and neurolytic blockades, both invasive methods, are effective in relieving cancer pain in selected patients. External radiation therapy and radionuclides are effective in relieving cancer pain in patients with bone metastases. Single dose (unfractionated) radiation is equally effective as fractionated radiation for bone pain, but at a lower cost.

Methods

A systematic review focused on clinical evidence from studies reporting on cancer pain treatment identified through 2 evidence reports from the Agency for Healthcare Results and Quality (AHRQ, USA) published in 2001 and 2002 and 10 Cochrane reviews and additional MEDLINE-recorded studies published between 2001 and 2003 (own literature assessment). Randomized controlled trials and meta-analyses were

selected. However, comparative case series were included for treatment procedures where studies of higher evidence level were lacking. The collected documentation included 300 studies. Results were summarized according to 10 treatment categories.

Further research/reviews required

This systematic review shows that although a significant body of research has been identified, available documentation has failed to produce a clear answer to key questions in the management of cancer pain, demonstrating the need for further research. Future trials should agree on common criteria for reporting of pain response.