



# Managing Advanced Cancer Pain in a Nurse-led Primary Palliative Care Intervention: Preliminary Analysis

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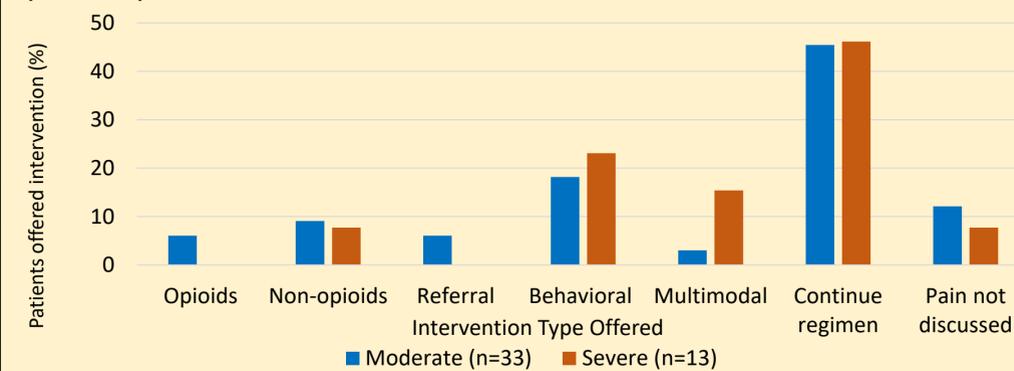


## Background

- Up to 90% advanced cancer patients experience pain<sup>1</sup>, but barriers to effective cancer-related pain management persist.<sup>2</sup>
- Our team, led by Dr. Schenker, designed and trialed the nurse-led primary palliative care intervention “Care Management by Oncology Nurses to Address Supportive Care Needs (CONNECT)” to improve symptom management, including pain, for patients with advanced cancer<sup>3</sup>
- The goal of this analysis is to leverage CONNECT data to identify strategies that will optimize pain management approaches in future advanced cancer patient interventions

## Results – Interventions Offered

Figure 1. Pain management strategies offered to patients with moderate-to-severe pain during Visit 1 (N=46)



## Conclusions

- For a subset of patients with advanced cancer, pain remains undermanaged.
- Despite the presence of moderate-to-severe pain, improving pain is not always patients’ highest priority for symptom management
- Reasons pain was not prioritized include: prioritization of other common symptoms (e.g. fatigue); expectations and acceptance of pain during advanced cancer treatment; satisfaction with current pain strategies; lack of discussion of other complementary pain management options
- Patient-centered advanced cancer pain care should emphasize patient goals and perspectives, behavioral resources, coordination of care, and treatment of symptoms likely to positively impact pain

## Methods

- 672 patients with advanced cancer were enrolled in the nurse-led CONNECT trial from 7/25/2016 – 10/6/2020 at 18 UPMC Hillman Cancer Center clinics in Western PA
- The CONNECT trial included 3 visits; this analysis focuses specifically on Visit 1
- Pain intensity and patient perspectives, along with interventions offered by nurses, were assessed using ESAS scores and visit transcripts
- To be included in this analysis, patients were required to have an ESAS pain score  $\geq 4$  and Visit 1 transcripts available (Preliminary analysis N = 46)

## Results – Patient Perspectives

### Other, Higher Priority Symptoms Described

“So, looking at your ESAS here, you have quite a few things circled here that’s going on. What one, in particular, would you like to work on today?...”  
 “Tiredness, I guess.” (*Participant’s pain ESAS score was 4*)

### Patient Expectations

“Anything below a 5 [on the ESAS pain scale] I don’t consider pain in any way.”

### Coordination of Care

“...And [my oncologist] said, ‘Oh, you should see your primary care.’ And I asked my primary care, and she says, ‘You should talk to your oncologist.’ And I just feel like I’ve been getting a big runaround.”

## Next Steps

- Analyze remaining Visit 1 transcriptions from cohort
- Analyze Visit 2 and Visit 3 transcriptions for patients who develop pain after Visit 1
- Identify successful strategies and missed opportunities for pain management that impact subsequent ESAS scores in patients with advanced cancer
- Assess opportunities for symptom co-treatment

## Results – Pain Severity

In preliminarily analyzed cohort (N=46):

- 33 patients (71.7%) reported moderate pain, ESAS pain score 4-6;
- 13 patients (28.2%) reported severe pain, ESAS pain score 7-10

## References

- <sup>1</sup>Nersesyan H and Slavin KV. *Ther Clin Risk Manag.* 2007;3(3):381-400.
- <sup>2</sup>Corli O et al. *Ann Oncol.* 2016;27(6):1107-1115.
- <sup>3</sup>Schenker Y et al. *JAMA Intern Med.* 2021;181(11):1451-1460.