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NCCN Guidelines Panel: Adult Cancer Pain

On behalf of the Society of Interventional Oncology, we respectfully request the NCCN Adult Cancer Pain Guideline panel review the enclosed data for inclusion in the management of adult cancer pain.

Specific Change 1: Pain-D 20/99

Regarding local bone pain, consider local RT, nerve block....vertebral augmentation, or percutaneous thermal ablation (e.g. radiofrequency ablation, cryoablation, microwave, MR guided high intensity frequency ultrasound) or just percutaneous ablation replacing radiofrequency ablation.

References:

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- Kurup AN, Morris JM, Callstrom MR. Ablation of musculoskeletal metastases. *AJR Am J Roentgenol.* 2017 Oct;209(4):713-721.
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Specific Change 2: Pain-M 46/99

Interventional Strategies (may want to consider making a section of “non-opioid interventions”, especially given the recent emphasis on such therapies in the opioid crises, which have crossed over to the oncology space.

Interventional Consultation

Radiofrequency ablation → Percutaneous thermal ablation of bone lesions (e.g. radiofrequency ablation, microwave, cryoablation, MR guided high intensity frequency ultrasound)

Change Percutaneous vertebroplasty/kyphoplasty to “percutaneous vertebral augmentation and/or cementoplasty for bone lesions”

Footnote #2:

Remove “or lengthy”

Add “poor physical performance status”

Specific Change 3: MS-3 49/91

Assessment: Add “and quality of life” to the following sentence: “All patients must be screened for pain at each contact.”

Management/Intervention: To “Prevention of expected analgesic side effects, especially constipation in the setting of opioid use ...” add “and ambulatory instability increasing risk of fall-related injuries”

Specific Change 4: MS-5 51/91

Consider adding Fact-BP after paragraphs on BPI and PROMIS:

Rationale: “A validated clinical assessment tool for bone related pain and its effect on quality of life is the Functional Assessment of Cancer Therapy – Bone Pain (FACT-BP) Quality of Life Measurement in Patients with Bone Pain. It was developed to specifically assess cancer-related bone pain and its effects on patient QoL. The FACT-BP is a 16-item scale reflected clinical change as evidenced by differences in performance status.”

References:

- Broom R. [J Pain Symptom Manage.](#) 2009 Aug;38(2):244-57”

Specific Change 5: MS-26 (73/99) and MS-28 (75/99) need to be updated on the clinical utility and expanding clinical evidence re: vertebral augmentation/cementoplasty and percutaneous ablation

Expand on the utility of non-ionizing thermal ablative therapies as alternative and/or adjunctive to radiation therapy or in event of inability/refusal to receive additional radiation therapy.

References:

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- [A feasibility study of percutaneous Radiofrequency Ablation followed by Radiotherapy in the management of painful osteolytic bone metastases.](#) Eur Radiol. 2011 Sep;21(9):2004-10.
- Greenwood TJ, Wallace A, Friedman MV, Hillen TJ, Robinson CG, Jennings JW. Combined Ablation and Radiation Therapy of Spinal Metastases: A Novel Multimodality Treatment Approach. Pain Physician 2015; 18:573-581

Specific Change 6: Vertebral augmentation

References:

- Sorensen ST, Kirkegaard AO, Carreon L, Rousing R, Andersen MO. Vertebroplasty or kyphoplasty as palliative treatment for cancer-related vertebral compression fractures: a systematic review. The Spine Journal 000 (2019) 1–9.

We would like to thank the NCCN panel members for their time and effort in reviewing this submission.

Sincerely,

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