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: Pain-D 21/99

Regarding local bone pain. Please add below references.


Specific Change: Pain-M 47/99

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.
Footnote #2:
Add “poor physical performance status”

Specific Change: MS-3 51/99
Assessment: Add “and quality of life” to the following sentence: “All patients must be screened for pain at each contact.”

Specific Change: MS-4 52/99
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: MS-26 (74/99) and MS-28 (76/99)
After sentence “Ablation techniques may also be helpful…”, add the following: “Prospective trials of percutaneous ablative techniques, many using thermal energy, have shown decreased patient pain from bone metastases in patients who did or did not receive prior radiation therapy. Non-ionizing thermal ablative techniques may serve as an alternative and/or adjunct to radiation therapy or be offered in patients who refuse or cannot receive radiation therapy. Early data suggest a synergistic effect with radiation therapy, and these different treatment modalities may prove to be complementary. Similarly, vertebral augmentation/cementoplasty provides pain relief with the additional benefit of improved stabilization which may prevent or halt pathologic fracture.”

References:

Specific Change : Vertebral augmentation
References:

Specific Change: MS-25 73/99
Please consider rephrasing the paragraph starting with “Ablative strategies …” to “Ablative strategies such as image guided ablation may also be performed to reduce pain and prevent SREs. Image guided ablation of bone lesions has proved successful in pain management, especially for those failing to achieve adequate analgesia without intolerable effects. “

Specific Change : MS-27 75/99
Interventional Strategies: Please consider changing “RF ablation” to” image guided ablation”

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

Sincerely,
Jack Jennings, MD, PhD
Anil N. Kurup, MD
Majid Maybody, MD